do not coincide, nor must we assume that every case of infectious disease is notified to the Department. For what they are worth I place the reported cases alongside the number of deaths.

Nature of Disease.	Number of Cases notified.	Number of Deaths.	Percentage of Deaths to Cases.
Enteric fever	656	53	8·08
Scarlet fever	1,873	25	1·33
Diphtheria..	681	55	8·08
Bubonic plague	2	2	100·00
Hydatids	26	15	57·70

Cost per Head and per 10,000 of Population for Notification Fees.

Year.	Per Head. d.	Per 1,000. £ s. d.	Year.	Per Head. d.	Per 1,000. £ s. d.
1902–3 ..	.. 0·401	1 13 5·9	1905–6 ..	.. 0·077	0 6 5
1903–4 ..	.. 0·256	1 1 4·8	1906–7 ..	.. 0·092	0 7 8
1904–5 ..	.. 0·098	0 8 2·7	1907–8 ..	.. 0·109	0 9 1

LEPROSY.

I am glad to say that under the careful attention of Dr. Upham, the case located on Quail Island in March, 1906, has lately shown signs of great improvement. As soon as Professor Deycke's report with regard to "nastin" was published I cabled Home for some, and the patient was placed under treatment. Dr. Upham reports a marked improvement already.

In speaking of Professor Deycke's discovery the *British Medical Journal* of the 4th April, 1908, says,—

From time immemorial the search for a remedy for leprosy has been carried on. When we consider the hideousness, the chronicity, and the practically hopeless nature of the disease, this is not to be wondered at. Although almost every year brings forth a new "cure," and although in the aggregate such cures amount to legion, we have to confess that hitherto the quest has been in vain. It is true that certain drugs do appear to have some influence on the progress of the disease, and it is equally true that a small proportion of lepers recover, yet it can hardly be affirmed that we can cure leprosy even in a limited sense, or any more than it can be said that we can cure cancer. When Hansen discovered the germ cause of the disease, and more particularly when it was found that tuberculin produced in certain cases of leprosy a definite reaction, it was thought by many that in that substance we might find the long-sought-for remedy, or, at all events, an indication of the direction in which search should be made. Unfortunately, the attempts to find the remedy were baffled from the outset, for it has been found impossible to cultivate the germ from which such a remedy might be manufactured. It is true that Rost and others claim to have grown the lepra bacillus, but their statements and the cures they say they have effected have not hitherto been confirmed. We print to-day a lecture by Professor Deycke, in which he states he has cultivated, if not the lepra bacillus itself, at all events an organism closely related to it; from this organism he has extracted a fatty principle—nastin—which on being injected into lepers gives rise to a reaction similar to that produced by tuberculin in tuberculosis, and which when combined with benzoyl-chloride and administered in appropriate dose brings about, if not in every case complete cure, at least the arrest of the disease in all but the most hopeless. According to Professor Deycke, the combination of nastin and benzoyl-chloride acts directly on the lepra bacillus by depriving it of its fatty element, thereby killing it and leaving it an easy prey to the protective influences of the tissues. The microscopic specimens and lantern-slides which he showed at his lecture at the London School of Tropical Medicine seemed to support his statements. We sincerely hope that further experience of nastin therapy will be found fully or even partially to bear out what Professor Deycke claims for it. The object of his visit to this country was to obtain permission to try his nastin treatment on a large scale in some of the numerous leper asylums in British colonies. As the treatment involves no risk or pain to the patient we have no doubt that the Colonial Office, which of recent years has shown itself so keen to assist medical research, will afford him every facility, and also, on behalf of the innumerable leper subjects of King Edward, carefully watch the effects of the treatment. This is the least the Colonial Office can do. Any one who reads Professor Deycke's paper can see that it is based on careful work carried through with ability and in a truly scientific spirit, and all will agree that he has earned the opportunity he asks for. It is not the leper only who has a direct interest in the result, for there appears to be a side issue in the direction of tuberculosis. The latter may prove of importance, but, even failing that, if nastin therapy is found to cure or even to mitigate the misery of the hundreds of thousands of lepers who at the present moment are slowly rotting to death, Professor Deycke will have earned a place among the great benefactors of our race.

On the 8th November, 1907, a young Maori was found to be affected, and he was transferred to a cottage on Quail Island. This case I am glad to say is of such a nature as to cause little or no danger to the public. He was taken to the Quarantine Station more in order that he might be under the skilled supervision of Dr. Upham than that he endangered others. I hope that ere long he may be fit to be allowed to return home.