established at Kaikohe and Waikare in the Bay of Islands, and at Morrinsville and Parawera in the Waikato districts. It was at first very difficult to get the Natives to come into hospital, but before the end of the epidemic they had overcome their reluctance to "come in."

4. Disinfection.

As the disease died out in the various kaingas they were disinfected systematically by the Inspectors of the Department, with the assistance of Natives appointed for the purpose by the *Komiti Marae* (village committee). In fact, the Department found almost without exception that the members of the Maori Councils and *Komiti Marae* were most anxious to give every assistance. To these Native local authorities the Department is also indebted for the comprehensive manner in which the returns (census cases, deaths, and vaccinations) were filled in. The infected whares (huts) were burned, and the disinfection was expedited by the clothes provided by the generosity of the Auckland public through the Mayor of that city.

5. General Type of Disease.

This will be fully dealt with in the report to be issued. For present purposes it may be enough to state that, speaking generally, the disease ran a typical course. By far the majority of cases were of a mild type, but every now and then the disease manifested itself with the greatest virulence, as, for instance, in the outbreak at Maungatautiri, where of sixteen attacked Natives no less than six succumbed to the disease. A comparatively large portion of the cases were "confluent" in character, and quite a large number of hæmorrhagic cases were reported. It is very difficult to estimate the actual mortality, owing to the fact that several cases were concealed by the Maoris, and in the early days of the epidemic were taken into the bush to die. There were at least forty-seven deaths among the Natives. There were no deaths among the Europeans.

The protection afforded by vaccination was most marked, as will be seen by the reports of Dr. Te Rangihiroa and other medical officers employed during the epidemic. The thanks of the community are due to Dr. Te Rangihiroa, M.P., for his services. But for his knowledge of the Native language and customs it would indeed have been difficult for the Department to get the Natives to take concerted action to prevent the spread of the epidemic, and to abide by the irksome restrictions imposed upon them.

6. What Powers possessed by—(*a*) the Central Authority; (*b*) the Local Authorities.

(*a.*) *The Central Authority.*—The powers possessed by the Public Health Department in coping with an epidemic of "dangerous" infectious diseases under the Public Health Act are very wide, especially under section 15–20 of the Act referred to, which were brought into action on the epidemic being recognized as one of smallpox. A copy of the Public Health Act is attached. Apart from the powers given by these sections to isolate and quarantine infected persons and contacts or persons from suspected districts, it is possible to compel the local authorities to make the necessary provisions for such persons. For example, the refusal of the Auckland Hospital Board to provide suitable accommodation for smallpox patients necessitated the Department erecting the accommodation deemed necessary at the expense of the local authority concerned—*i.e.*, the Hospital Board. (Sections 15, 16, and 17, Public Health Act.)

Our quarantine laws enabled the adoption of reciprocal arrangements with the quarantine authorities of the Australian Commonwealth with regard to the vaccination of passengers from New Zealand and Australian ports.

(*b.*) *Powers of Local Authorities.*—Under section 83 of the Hospitals and Charitable Institutions Act, 1909, and section 5 of the amendment of 1910, a Hospital Board is a local authority under that Act, and has extensive powers with regard to the control of infectious diseases. There are thirty-eight Hospital Boards in the Dominion. The parts taken by the Hospital Boards during the epidemic can be best though briefly defined by an answer given by the Minister of Public Health to a question raised in the House of Representatives on this subject: "There is no lack of co-ordination between the Public Health Department and the Hospital Boards. At the beginning of the epidemic Hospital Boards were circularized and reminded of their powers and responsibilities under the Health Act with regard to the control of infectious diseases, and almost without exception these Boards have co-operated with the Department. When required the Boards have made arrangements for the vaccination of their districts, have provided accommodation for smallpox patients, and placed medical officers, nurses, and inspectors at the disposal of officers of the Department. More than that, the Department has not asked the Boards to undertake, as—though at present confined to certain districts—the epidemic has been regarded as a national rather than a local responsibility. In infected districts local authorities other than the Hospital Boards have not been asked by the Department to undertake any special part in the campaign, except to prevent Maoris from visiting European towns and settlements, and to engage the co-operation of the police to that end. In a few special instances the same local authorities have been asked to make arrangements for the immediate relief of certain indigent Natives. Throughout the epidemic the Department has recognized the Hospital Board as the principal authority responsible, as it was feared that to obtain further assistance from the other local authorities would be likely to give rise to confusion and overlapping of charitable relief. In Auckland the Mayor has placed at the disposal of the Department five sanitary inspectors, who are making house-to-house inspection, undertaking disinfection of infected premises, and supervising contacts in quarantine. The Mayor has also assisted by allowing workmen in the permanent employment of the Council to assist in the erection of an infectious-diseases hospital for cases in the city. In certain isolated districts the Department has established small hospitals independent of the Hospital Boards, but has had their co-opera-