

Hearing that the disease had appeared in the Maungatautari Native settlement, near Cambridge, Dr. Stapley was asked to proceed there to vaccinate all Natives and report. We subsequently learned from him that the disease had broken out there and two Natives had died, one an old man and the other a child. Inspector Bennett was directed to proceed to Cambridge and take all precautions as to disinfection. Dr. Howden, of Waiuku, Dr. Wake, of Pukekohe, and Dr. Macdiarmid, of Huntly, were also asked to visit the Native settlements in their neighbourhoods and begin vaccination.

The Auckland Hospital Board were instructed to reopen the Isolation Hospital at Point Chevalier. To assist them in this matter Miss Bagley secured nurses willing to undertake this special work, and went with them to the Hospital, where she assisted in getting matters put in order. The large marquee tent which had been used at the fever hospitals in Te Ahuahu was lent to the Board and erected at the Point, with a wooden flooring. Dr. Spedding, of Dunedin, was engaged to look after the patients at the Point, and to assist Dr. Monk in vaccination and inspection of contacts during the rest of the day—the Board and the Department sharing his salary. Pending his arrival Dr. Lawry was engaged to assist in the work of vaccination and inspection of Maori contacts in the boardinghouses, &c.

On the 7th July three new cases were reported, all being Natives—one from a scow which arrived from Whangarei, another in a boardinghouse in Hobson Street, and the third in a boardinghouse in Beach Road. As soon as the Hospital at Point Chevalier was ready these cases were removed thither; all contacts vaccinated, and directed to remain in their boardinghouses, where they were daily inspected. To assist us in this work of isolating the cases the Inspector of Police kindly placed at our disposal a special constable who had some knowledge of the Maori language, and who proved of great service.

Section 18 of the Public Health Act having been brought into force on the 8th July, the Tramway Company and the Northern Shipping Company were warned not to carry Natives who could not produce a certificate of vaccination. Later this prohibition was extended to smaller shipping companies and coaching companies in the province, and an inspection of coastal shipping began. This must offer many difficulties owing to the irregular arrival of the boats. The Borough Councils of Onehunga and Cambridge were notified that Natives were not to be allowed to come into the towns, and they were authorized to obtain police assistance in enforcing this order. The prohibition of Natives travelling by railway was, of course, referred to headquarters. Subsequently some thirty medical men in county districts throughout the province were asked to act on behalf of the Department in the matter of vaccination, inspection of Natives, and sanitary measures generally. The Board of Education was asked to assist by refusing admittance to school of children who had not been vaccinated. They agreed to try and induce parents to adopt this course, though not wholly prohibiting the attendance of unvaccinated children.

I left Auckland on the night of the 8th July and reported in person to Dr. Valentine next day.

The experience in Trinidad, China, and Sydney shows the existence of a comparatively mild pustular infective disease of the nature of smallpox, since it is controlled by vaccination, and this is no doubt what we have to deal with in New Zealand. The probability is that the infective organism is an attenuated smallpox virus. That such an attenuated virus can exist we know from the fact that, so far as our knowledge extends, vaccine virus is of this nature. The point which concerns us is whether the virulence of the virus can be raised by passing it through a series of highly susceptible animals. We know from laboratory experiences that the virulence of many other organisms can be raised in this way, and we have in the Native race the susceptible animal. On the other hand, analogous vaccination virus is of a comparatively fixed type. It has never been known to work up in virulence even in the days of arm-to-arm vaccination. Possibly then the virus of this epidemic may remain permanently attenuated. It appears to have done so elsewhere. But we cannot afford to risk such an experiment, interesting as it would be to the scientist, and it is the obvious duty of the Department to avoid any possible factor tending to raise the virulence by supplying it so far as possible and as quickly as possible with only resistant individuals in which to develop, and this can most surely and most effectually be done by enforcing universal vaccination both on Europeans and Natives. It appears to me that haste in this matter is essential. It has had two months in which to spread in the receptive individual already, and so far has shown no great increase in infective power. If during the next two or three months we can vaccinate the majority of the Native race I believe we can afford to regard the outcome with equanimity. But no expense should be grudged and no measure, however harsh, avoided which may prevent the Natives travelling about the country carrying infection, and which will secure that, during the critical months, every Native in the country has been successfully vaccinated. Sanitary surroundings doubtless hold their due place in raising the resistance of the individual to infection of every kind, but to transform the Native into a sanitary race is a matter of slow progress covering generations. We cannot hope for such a miracle in a few months, and therefore must adopt the shorter and more direct methods of raising the resistance.

*General Remarks.*—It is of course customary in times of stress such as we are going through for the Press to adopt a severely critical tone and to revenge themselves for the anxiety and discomfort undergone by the public they affect to represent. They heap abuse on some persons selected as the scapegoat. As District Health Officer of the province in which the disease found footing I must accept this position. Yet I do so with a perfectly easy conscience. It is easy to sit in an armchair and say, in the light of subsequent events, what should or should not have been done. It is another matter to do the right thing before these events in their development have shown the right path. Newspaper critics know nothing of conflicting opinions of contradictory evidence, or of the limitation of sanitary legislation. We have been blamed, for