example, for allowing Natives apparently suffering from chicken-pox to appear in public; but we have not been told how to limit the liberty of these subjects of the Crown when suffering from what was regarded as a non-notifiable disease, offering us no appeal to the powers under the Act. The gazetting of this disease as a notifiable one was finally forced on us by circumstances, but can only be regarded as an emergency action to combat the temporary peril. It could not be considered necessary under ordinary conditions to treat chicken-pox in this way, and it was only when we were fully satisfied that the conditions were far from ordinary that we felt justified in committing the country to the necessary expenditure which must follow the gazetting of this disease. Yet till it was done we were to a great extent powerless.

On the other hand, when we took precautionary measures in the Rukitai case there was a great public outcry when it was believed that these measures had been to some extent unnecessary. Your armchair critic is usually one who from his ignorance steps in where better informed men fear to tread, and popular criticism is too illogical, hysterical, and peevish to carry much sting. Were it possible for similar conditions to arise again I do not think it would be possible to alter the course of action we adopted. I have at least the satisfaction of knowing that if I have erred in judgment I have had the companionship in my error of many better men in other parts of the world.

(NOTE.—This was written on the voyage across to Australia. From my observations there I was able to conclude that the epidemic in Sydney was identical with that in New Zealand, and the cases I saw fully established the nature of the disease.)

Report of Dr. H. G. H. Monk.

On Saturday night, 10th May, at 9.45, I was called to the telephone and was told by the Matron of the Whangarei Hospital that two patients had been sent into hospital by Dr. Ventry Smith suffering from smallpox. The Medical Superintendent of the Hospital was in Auckland for a sitting of the Supreme Court at the time. As there was no means of getting to Whangarei until the 12th May I got into communication with the Sanitary Inspector, Mr. Shenton, who had already heard about these cases, and gave him necessary instructions. He informed me that the Natives had been sent down to the isolation ward of the Hospital, and upon arriving there were seen by the porter and ordered off the premises. They then proceeded to drive back to Nukutawhiti, a distance of about thirty miles. Meanwhile Inspector Shenton disinfected the boardinghouse in which these people had stayed, and on Sunday, the 11th May, started after them to Nukutawhiti. He overtook them and gave them full directions as to what they were to do, and returned to Whangarei, where I met him on Tuesday, 13th May.

At 9 a.m. we started for the Native settlement, and reached Parakoa that night. On the 14th May we continued our journey and reached the settlement, and found that the two patients were located upon the opposite side of the river. The two patients, W. Boxer, aged nineteen, and Tuhi Penni, aged twenty-five, came to us, and I made a careful examination of the rash, their physical condition, &c., as well as obtaining as accurate a history as possible from them. They presented what appeared to be typical severe chicken-pox rashes, with the rash most abundantly appearing upon the chest. The rash was in all stages from the red initial spot, vesicles, pustules, and scabs. This had all occurred within ten days. The only prodromal symptoms I could elicit were headache and influenza, which would include pains in the limbs. There was no history of pains in the back before the appearance of the rash. As the cases had been called "smallpox" by one medical man and "chicken-pox" by another, I made careful inquiries about this particular symptom. I could only consider that I had to deal with cases of chicken-pox. After giving all directions as to remaining in separate whares, and also instructing the other Natives, through an interpreter, to keep away from the two infected patients, I returned to Parakao, and telegraphed to the Auckland Health Office that I considered the cases were chicken-pox.

From time to time we heard of fresh outbreaks in other settlements in the Mangakawhia Valley, and also obtained the information that the first person in that valley to suffer from a pustular eruption was a Mormon missionary. His itinerary will afterwards be traced, as he without a doubt started the whole epidemic in New Zealand.

On the 4th June a case of smallpox was notified at a house in Onehunga by Dr. Harke, and the patient before notification had also been seen by Dr. C. Robertson, who has seen many cases of smallpox amongst Natives in Natal. I immediately went to Onehunga and found the patient covered with a fully pustular eruption, which he stated was eight days old. I had him removed to the isolation block of the Hospital, where he was seen by the members of the Hospital resident staff and also by the Chief Health Officer. Instructions were at once given to have him removed to Point Chevalier Isolation Hospital, which was hurriedly got ready for his reception. There seemed little room for doubt about the nature of his complaint, although for the amount of rash there was remarkably little constitutional disturbance, no delirium, and no smell such as is usual with true smallpox. Within three days he was asking for food, and the pustules were drying up rapidly, and within a week most of them had fallen off. In fact, the rash cleared up so quickly as to discount the diagnosis of smallpox.

When questioned as to his movements he gave us the information that several Natives from Mangere and Onehunga had gone to a *hui* or meeting at Te Hora, within the Mangakawhia district, he among the number. Also that a Native who had been up there and who had had a rash had come to his billiard-saloon. He also stated that he had seen other Natives with a rash, but none had had it as severely as he himself. Examination of other Maori houses in Onehunga and Mangere the day after this man Rukitai was removed discovered three others who appeared to have typical chicken-pox. A few weeks later a Maori was reported to have died at Mangere,