was not the simple influenzal wave of normal years, but was complicated by factors making for a more virulent and fatal type of disease."

It is difficult to consider that the Minister and the departmental officers had arrived at the same conclusion as here presented by Dr. Makgill, "that the influenza epidemic, even the first wave in 1918, was not the simple influenzal wave of normal years, but was complicated by factors making for a more virulent and fatal type of disease," when we remember how the Minister and his officer used the term "simple influenza" as the reason for (*a*) not instituting precautions when asked to do so by the executive of the Federated Seamen's Union on the 27th September, (*b*) not taking steps towards quarantining the "Niagara" on the 12th October, and (*c*) delaying the gazetting of the disease as a notifiable disease until the 6th November.

If the Department was in receipt of the data respecting the camps presented by Dr. Makgill, then the Department appears to have lacked sound judgment in assuming, as it did, that the epidemic was merely "simple influenza," and basing its advice to the Minister and its earlier administrative acts on that assumption. If, on the other hand, the Department was not possessed of this information in respect to the camps there was a want of co-ordination, knowledge, and foresight which could but cripple any attempts at sound administration.

On the 16th October Dr. Hughes met the members of the Auckland Hospital Board and endeavoured to arrange accommodation for the patients; he also wrote to the Board urging it "to consider the whole question of accommodation of cases of infectious diseases," and sent a copy of his memo to the Acting Chief Health Officer. On the 19th the Acting Chief Health Officer informed Dr. Hughes by telephone that "he would be visiting Auckland the next week." Dr. Hughes thus describes the further course of events:—

"About the 26th October I informed the Acting Chief Health Officer by telephone that cases were occurring here with pneumonia, and asking what powers he intended giving to deal with influenza, especially if influenza of the pneumonic type. He replied there were few cases of pneumonia occurring in Wellington, and that he would be in Auckland next week, as I asked when he was coming up. I was expecting Dr. Frengley would be in Auckland any day. About the 29th the epidemic seemed to burst out, and the doctors were being laid up. By the latter end of the week six were ill, and on the 31st October the Mayor informed me a meeting was being held at the Town Hall, and asked if I would be present. . . . On the 1st November I wired the Acting Chief Health Officer as follows: 'Strongly recommend medical men on Military Service Boards be released to assist medical practitioners in Auckland, as at present six laid up and remainder unable to cope with numbers requiring urgent medical attention. Severity increasing, and recommend Chief Health Officer visit Auckland immediately.' I attended a further meeting at the Town Hall and discussed the block system. . . . I also met members of the Hospital Board again on the 2nd November at the Hospital concerning their extra accommodation. . . . Dr. Frengley arrived the next day, 3rd November, together with military doctors, and within the next two days I removed to the Hospital Board's office."

It is evident that Dr. Hughes laboured most energetically, and gave attention to all means possible of dealing with the outbreak. He does not appear, however, to have had sufficient powers to cope with the situation, and the epidemic was well advanced when Dr. Frengley arrived.

We find that the military doctors did most excellent work; they visited 6,112 houses with an average of three patients per house, so that at least 18,336 patients were attended.

There can be no question that any officers at Auckland neglected their duty, for undoubtedly they worked night and day almost to the point of exhaustion to cope with the disease once its acute virulence was recognized.

The chief faults of the administration arose from,—

(*a.*) The local branch of the Department being understaffed;

(*b.*) The Chief Officer not having sufficient powers of direction; and

(*c.*) The official attitude towards the disease in postulating a distinction between "simple influenza" and "virulent," as if only the latter were infectious or of danger to the community.