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of the buildings under our charge. They refused to consider the case, however, until I became personally responsible for the cost; on these terms it was admitted. It must be added, however, that the Board have recently returned me the amount of their charges.

A meeting of all bodies concerned was called on the 20th March, when Dr. Mason laid the modified plans before them, and further announced that where it was found that the financial position of a Board warranted it the time for payment of the levy would be extended to two years. The delegates, however, would not listen to these proposals, and did not even examine the plans. Instead, a resolution was passed in favour of placing the buildings in the Hospital grounds, the arguments against such a plan being described by one speaker as "mere bunkum"—a remark characteristic of the attitude of the public in Auckland towards all expert advice which happens to be in opposition to popular prejudices.

The Hospital Board, however, appear to have again reconsidered their attitude on the question, and have at last thought of consulting their medical staff, with the result that these gentlemen have unanimously decided to oppose the choice of the site within the Hospital grounds—advice which the Board can scarcely ignore.

It is unnecessary to consider seriously all the arguments used by the local bodies against the Point Chevalier site, since many are so obviously mere subterfuges to justify the breaking-up of the agreement of April, 1902. Roughly, the objectors may be divided into two groups—first, those who do not criticize the scheme, except to say that they are unable to stand the expense it entails; secondly, those who do not want to pay, but excuse themselves by objecting to the proposed site, to the attitude of the Department, or to the Health Act, using any means which presents itself of evading their responsibility. The first group of objectors are worthy of consideration. Many of these small Boards find themselves unable to meet the drain on their resources, and are rated up to the full limit. The ever-increasing hospital and charitable-aid rate seriously cripples them, and this additional burden assumes serious proportions. The only reply one can make to this argument is that it is a pity they did not make it clear at first that their financial position would not permit of their accepting the scheme. The arguments used by the second group of objectors are mostly discounted by the fact that they were not thought of till the Department began pressing for the money. It was curious how they suddenly discovered that the site was most unsuitable after four months silence, during which the Department were allowed to carry out plans for acquiring the land. From a geographical point of view the site could not be improved, being at the end of a long point projecting into the Waitemata Harbour, and therefore surrounded on three sides by the sea. No matter how the city may grow in the future, this site will always remain available for our purpose. Moreover, the railway passes within a mile and a half, water-supply can be obtained by tapping the Waitakere mains; drainage is easily obtained; and, looking ahead, it would be easy with a steam-launch to serve the districts on the north side of the harbour without conveying the cases through the city or transhipping to an ambulance, since a short wharf at the point would permit of access to Much has been made of the distance from Auckland, but we know of so many places where even greater distances have to be covered in reaching the infectious-diseases hospital that this can scarcely be considered. The one valid objection is the bad access to the place, due to roughness of the roads. This, of course, can be overcome. Moreover, a bridge carried across from Faulder's Point to Point Chevalier—at no great cost—would bring the site within twenty minutes' drive of Queen Street over good roads. Viewed from the point of future requirements, this site is the only one to consider, the question being whether at present the expenditure is To this I reply that there is no other site available, even for temporary measures, which could be acquired as cheaply. We started the scheme on the distinct understanding that the Domain was tabooed. The Hospital grounds are impossible from sanitary reasons, not affording the space necessary, though this view the local bodies will not accept. The spread of infection was not confined to nurses engaged at the infection wards, but also attacked servants in the Nurses' Home, surgical cases in the main building, and so forth. The other sites are either so rough that to prepare the ground would cost half the money proposed to be levied, or they do not afford facilities for drainage or sufficient space free from population.

Even had the scheme for erecting the hospital in the main Hospital grounds been carried out, it would still have been necessary to acquire a site and erect a building and organize a staff for the diseases which the Hospital Board refused to treat—small-pox, plague, and leprosy—so that the cost of the two schemes would amount to much the same. It is rather amusing to note, as regards the latter disease, that one of the favourite arguments used by the dissenting bodies and the Press is that they consented to the Point Chevalier scheme thinking it was only for such diseases as leprosy. Yet, in spite of this avowed consent to place leprosy on the mainland within five miles of the city, we find the same bodies and the same Press crying wildly in protest against a proposal by the Department to place a single case on an island twelve miles down the harbour. Such quaintly illogical reasoning is found in most of the arguments used—reducing them to the level of hastily trumped-up excuses. There is not a complete unanimity of opinion among the objectors as to what should be done—thus, some thought no provision for infectious diseases need be made, ignoring the epidemics then in progress; others would draw the line at preparing for plague and small-pox, though what they proposed to do should these diseases occur they did not specify.