

duty with sickness during the year. The patients also suffered, and cases of scarlet fever contracted diphtheria, and *vice versa*, while scarlet fever also appeared among the surgical cases, and suppuration was so often the result of operations that in July specimens of ligatures and dressings were submitted to me for bacteriological examination to see whether the source of infection lay there. These, however, proved to be sterile. But the Board continued to stick to its policy of resistance to any constructive outlay as regards infectious cases, pointing, as before, to the Health Act, and refusing to look at it in any but that narrow light. One might have expected that they would have recognised that they alone were in a position to deal with infectious cases on behalf of the local bodies, having the necessary machinery for collecting the funds and the staff for treating the cases. A small outlay in tents early in the year would have saved a vast expenditure later, and saved the sickness among the nursing-staff, as well as undue prolongation of the stay in hospital of some of the cases. In April, on Dr. Mason's representations, they fenced in the Plague Hospital, but the primitive drainage arrangements of this building did not receive the attention necessary to prevent them creating trouble; consequently, in August I had to call attention to the insanitary state resulting. Finally in October they were obliged to spend a considerable sum in making a connection with the sewer. Had they done this in March, when they took possession of the plague-building, much loss would have been saved; but the adage about a stitch in time evidently did not find a place in the regulations of the institution.

At this time we find them casting much blame on the Department for not completing the Point Chevalier scheme, and writing to urge us to compel the local bodies to take up their duties under the Health Act. Yet, simultaneously, we find a prominent member of the Board urging, from his place in the House of Representatives, the same local bodies to resist our proposals, and later various other members took a prominent part in that resistance.

In December, owing to the amount of sickness among the nurses, the Plague Hospital was closed for fumigation, the intention being when it reopened to take in only diphtheria. I again approached the Board with the suggestion that tents might be used for other cases; the fact that scarlet fever was rife at the time making the necessity for some sort of provision the more urgent. However, this was not done, and in January the Hospital was reopened, but scarlet-fever cases were refused admission. As several cases came to my notice that ought to have been removed to the Hospital, I waited on the Chairman (Mr. Garland) on the 8th January and pointed out that the Board alone were in a position to act promptly in preventing what might otherwise prove a serious epidemic, and that they had a moral responsibility in consequence. The reply was that the Board were in financial straits, and could not treat the cases from lack of funds. As the Hon. the Minister for Public Health was in Auckland at that time, a deputation from the Board waited on him with a request that the money might be advanced to enable them to continue treating the cases. There appeared to be some uncertainty as to the authority of this deputation to do what they offered. Certainly a special meeting called to confirm their action failed for lack of a quorum, and no vouchers were forwarded to the Department to show what money had been expended. However, the Hospital was reopened on sounder principles than hitherto, tents with wood floorings being erected for the nurses, the scarlet-fever patients being placed in the Plague Hospital, while the old isolation buildings were reserved for diphtheria.

By the end of January the local bodies who had hitherto merely pleaded poverty for neglecting to pay their rates towards the Infectious Diseases Hospital, and had asked for extension of time, and so forth, now threw off all pretence and broke into open revolt against the whole scheme, repudiating any liability despite their signed agreements. Meetings of delegates of the local bodies were held on the 23rd January and the 6th February, at which resolutions were passed condemning the Point Chevalier scheme as an unnecessary burden. The Department came in for a lot of abuse, and their plans as to the scope of the hospital were deliberately misrepresented—thus, it was said that the cost was to be £15,000, that cases of measles were to be herded out there in unlimited numbers, and so forth—misstatements which even members of the original subcommittee who knew and had approved of the real plans did not contradict. All sorts of objections suddenly occurred to the local bodies, and were re-echoed in the Press—the site was unhealthy, it was too far from Auckland, there was no need for an infectious-disease hospital, the Department had tricked them by pretending to erect merely a shed for plague cases, and so forth. The sincerity of these objections may be gauged by the fact that the site and amount to be spent were made public in September—four months before—and no unfavourable criticisms were offered either by Press or public. Whence, then, this sudden awakening to the idea that the Point Chevalier scheme was “monstrously extravagant and wholly unnecessary,” to quote the leader of one of the papers of the 7th February?

Two factors appear to have been at work—first, that the Department was pressing the bodies for the promised money—presumably they had not expected this when they committed themselves to this project; secondly, the Hospital and Charitable Aid Board found themselves in difficulties, and it was evident that a great rise in the annual rate would be necessary if they were to carry on with the existing method of administration. This, I take it, was the principal factor; and with a 50-per-cent. rise in the General Hospital rate in prospect the demand for the infectious-disease scheme was the last straw which broke the camel's back, and the already poverty-stricken little districts felt it was time to take a stand against all expenditure on hospitals, infectious or otherwise. Apparently the Hospital Board felt that something was owing to the local bodies to make amends for the sudden call on their resources, for we find them taking an active part at all the meetings called to protest against the Health Department, pointing out how nicely the Hospital could treat infectious cases in their own grounds, and generally making a scapegoat of the Health Department for the increased expenditure which necessitated the higher rate. The cost of treating infectious cases was bolstered up as much as possible, the “Montrose” troopers coming in handy for this purpose, and the extraordinary increase in infectious cases since the