

and, particularly for those in attendance on the sick, the use of face-masks and prophylactic vaccination."

Dr. Champtaloup, Professor of Bacteriology and Public Health, Otago University, says (p. 1093),—

"I am of opinion, judging from the published experience of others and from our own limited experience here, that protective inoculation against influenza gives in many of those inoculated a very brief or slight degree of protection, sufficient in some cases to make all the difference between a mild attack on the one hand and a severe or fatal attack on the other. . . . The ideal condition would be to administer the vaccine before the epidemic appeared in any community, for there is a certain amount of risk in giving it to persons who might be incubating the disease. For this reason—the reason that the protection afforded was problematical—I did not recommend wholesale inoculation during the last epidemic. There were two classes of people, however, for whom vaccine should be available as soon as the likelihood of an epidemic is apparent. First, doctors, nurses, and voluntary workers who from their close contact with the disease are liable to suffer severely. These could be inoculated under the best conditions, and the protection afforded, slight though it may be, would tend to minimize the difficulty of maintaining medical and nursing aid. We are taking steps to have that carried out in Dunedin in connection with our whole organization. We have a large supply of vaccine here. Protective inoculation should be available prior to and during an epidemic for those who for any reason have an unusual dread of the disease. In these people the mere fact of having received a protective inoculation would give them confidence apart from any possible specific protection, and this confidence would be one of their chief assets. There was no doubt in the minds of those whose work had brought them into contact with numbers of fatal cases in the last epidemic that 'fright' had contributed to that result in a number of cases."

All opinion is against, without further experience, the use of inoculation otherwise than as a prophylactic.

INHALATION.

There seems to be a difference of opinion among medical men in the Dominion on the question of inhalation as a preventive as it has hitherto been applied. Dr. Makgill, Assistant Director of Medical Services, claims a very high place for this method of protection, supporting his view by a number of instances. Dr. Valintine, Chief Health Officer, says,—

"Though the value of inhalation-chambers is not absolutely proved, the experience of their use in military camps would certainly justify the Department using them in the future."

Dr. Colquhoun (Dunedin) says,—

"Any method of inhaling poisonous vapours, I think, is bad, because if the vapour is strong enough to kill the organism it is strong enough to damage the mucous membrane. I know many cases of people going straight out of the inhalation-chamber and getting attacks of influenza directly afterwards."

Inhalation is not mentioned as a prophylactic in the memorandum of the Royal College of Physicians, London, before cited, or amongst the measures advised in the letter from the Secretary of State for the Colonies referred to. It may, we think, be safely said that inhalation is only advisable, if at all, in properly constructed chambers, and with as little contact as possible with others during the process.

MASKS.

There is complete agreement in the value of masks in the cases of medical men, nurses, and attendants who are by their occupations brought closely into contact with influenza patients. As to their general use indoors or in the street there is some difference of opinion. They are not mentioned in the London memorandum (quoted before), but they are recommended in the Secretary of State's letter. They were apparently not in use in England in the early days of the epidemic. Dr. Valintine, in a memo attached to his evidence, advocates their use "in public