GENERAL ORGANIZATION.

The form of organization that is required amongst the citizens of each community is that which will best operate as a whole in assisting the Health authorities both local and general, and co-operate throughout as a disciplined if not a trained Weaknesses were discovered in the methods adopted during the recent epidemic which should be avoided on any other occasion if the service is required. The specific duties of each section should, as far as possible, be clearly defined at the commencement and made generally known. In the earlier stages of the last campaign two mistakes were manifested, having considerable effect for a time. first was in the direction of having all activities centralized in the one depot, and the other was in the opposite direction of having scarcely any centralized oversight or control. It is desirable to avoid extremes in either centralization or decentraliza-In October and November last all districts had to create their organization in the stress of actual conflict, and it was necessarily incomplete in various respects. Now the opportunity should be taken to perfect the organization before a general outbreak of the disease takes place. It is specially important to take all steps necessary in order to prevent any needless expenditure of the time, energies, and skill of all those engaged in professional or trained services, such as doctors, nurses, chemists, transport officers, and public officials. The organization best suited for the more sparsely settled portions of the country would be in the direction of having special country Committees formed, each under the direction of an officer of the Health Department, to deal with all wants within their defined sub-health district. The officer of each subdistrict would keep in constant touch with his District Health Officer and, through him, with the Central Executive Committee of the health district.

MAORI SETTLEMENTS.

Particular attention should be given to the case of Maori settlements by bringing into operation the provisions of section 68 of the Public Health Act, 1908, relating to the sanitation of Maori settlements. In addition to the Committees referred to in subsection (b) of that section there should be appointed some Europeans to assist the Maori Committees in each special district established. The work in each of these districts should be under the direction of an officer of the Health Department.

EXISTING ORGANIZATION.

At the time of taking evidence the cities had adopted the following organization:—

Auckland.—Central Executive appointed. Group Committees formed. Order of St. John Association and Brigade ready to act. Block system agreed to. Central bureau at Hospital Board offices. Hospital Board acting. The district organization not consolidated, but the separate bodies could be brought into operation in a short time.

Wellington.—Hospital Board taking control, and has Committee appointed. Held meetings with representatives of Group Committees. Board Committee to arrange for medical services, nursing, ambulance, and transport, and the establishment of auxiliary or temporary hospitals. Four buildings prospectively selected for temporary hospitals. Doctors agree to work on block system.

Christchurch.—Executive appointed consisting of the Mayor and a representative of the Health Department, the Hospital Board, the City Council, the Nursing Association, St. John Ambulance Association and Brigade, the Automobile Association.

The block system was agreed to. Medical services under the British Medical Association; nursing services under the Nursing Association; transport services under the Automobile Association; general relief and V.A.D. work under St. John Ambulance Association. Registers being compiled of nurses in practice and retired, and those only partially trained as assistants.