

Department has been urging the various local authorities to put their houses in order, and, while most municipalities have seen the wisdom of following our advice, some there are which have not rendered the same hearty agreement.

The death from plague of a worker on one of the quays in Auckland in April last (a full report of which appears in Dr. Makgill's summary of work) gave an exactitude to the danger which hitherto the local bodies had not quite realised. In 1900, when the first case died, your officers underwent the treatment almost invariably meted out to those whose duty requires them to acquaint a community with the fact that plague has at last appeared in their midst. Then not only did we find merchants and those whose interests would be largely affected by the announcement that a death from plague had taken place up in arms, but we had also a feather-bed sort of opposition from some of the medical men, which did not redound to their credit. Now, however, I am very pleased to say all this is changed. We are receiving all the help they are able to render. As you are aware, despite all our precautions a death occurred from plague on the 28th April. This man had been engaged in handling cargo which had come from an infected port. The course of the illness is detailed in Dr. Makgill's report. A matter worthy of note in connection with this unfortunate case was the readiness with which all concerned strove to minimise the risk and allay unnecessary alarm. His Worship the Mayor of Auckland (Mr. Alfred Kidd), the Chairman of the Hospital Trustees (Mr. Stichbury), and Dr. Collins, Medical Superintendent of the Auckland Hospital, all tried to make our difficult task as easy as possible. As soon as it was evident that the poor man could not recover I brought his wife to see him. The Rev. Mr. Budd was good enough to call and see the patient in answer to my request. With your consent and that of His Excellency the Governor, I, with the help of Dr. Makgill, had the body cremated. This, so far as I can learn, is the first cremation which has been effected in Australasia. In order that everything should be done in decency and good order, the Rev. Mr. Budd was asked if he would be good enough to hold a service, and be present during the operation: this he did. Personally I collected the ashes and placed them in a coffin, which was buried next day. As the fact that a crematorium had been erected was not generally known, some strange rumours went afloat; these were effectually silenced, however, when all the facts were disclosed.

I would respectfully suggest that there should be attached to every hospital for infectious diseases an up-to-date crematorium, which could be used by any one who considered cremation a better way of disposing of the dead than earth burial. The ease with which the operation can be done, the absolute safety to the general public, and the small cost are points which appeal to me. The sentimental and *quasi* religious objections which have sometimes been urged could, I think, be gradually overcome if opportunity were given to the general public to see the operation performed.

In the treatment and management of this case, and all his other work, Dr. Makgill has evidenced a zeal for the service, combined with a high scientific ability, which cannot be too highly rated. Owing to an outbreak of scarlet fever and diphtheria at that time, the hospital which was erected in the Domain for the reception of plague cases was full, and could not be used, and our patient had to be placed in a cottage near by. During the whole course of V.'s illness Dr. Makgill was practically in attendance night as well as day. Believing as we did that the source of infection was the ship's cargo, and, further, that although rats had been regularly examined all over the colony, none had been found affected with plague for the past two years, I advised you that I did not think there was much fear of the disease spreading, provided the campaign against dirt and rodents was continued with vigour.

Early this year a circular was issued to all the medical men in the colony, asking them to be good enough to report any cases of unusual glandular swellings which might come under their notice. The wisdom of this was soon seen. Men were put upon their guard, and, although we had many false alarms, it was in consequence of this reminder that the Port Lyttelton case was detected at the early stage that it was. It will be seen by the following report of the case that but for Dr. Upham's promptitude in reporting it risk to the other members of the house and country must have been incurred.

As you are aware, there have been a great number of cases investigated which afterwards were shown not to be plague. The question of an absolute diagnosis has occasioned an enormous amount of work. With points of attack so far apart as Auckland and Lyttelton, it requires no great demand upon one's imagination to picture the amount of travelling which is involved. This, of course, will gradually get less when permanent officials have been appointed to all the districts, and suitable officers and laboratories have been arranged for in each of the larger centres. Although some of the cases examined could not bacteriologically be shown to be plague, there is no doubt in my mind that we are face to face with a disease which has in some instances preceded outbreaks of plague in other countries, and therefore everything ought to be in readiness. The cases I refer to present the following symptoms: They occur mostly in children. The child is, after a period varying from three to four days, sufficiently ill to require to be sent to bed. The medical man called in finds that the child complains of pains all over, has a temperature of 103° or 104° F.; very often there is difficulty in swallowing, sometimes redness and swelling of the tonsils and fauces are present. The main point of interest, however, is that the glands all over the body are enlarged and tender, not only in the neck, where enlargement might not occasion much surprise, but while the cervical glands often escape, the inguinal and axillary seldom do. The glands rarely go on to suppuration, and after a period varying from two to four weeks the child gets quite well; all the glandular swellings disappear. From none of these cases have we been able to obtain the characteristic organism of plague. In most countries, certainly during a time of epidemic, all such cases would without doubt be labelled plague. One such case was placed in the isolation ward at Bottle Lake; the others were treated in their own homes, with all the proper precautions necessary. In no instance has one child contracted the disease from another.