

the Department has experienced in persuading some local authorities to fulfil their just obligations.

While one must admit that local governance in some instances has failed most utterly, I am convinced that it would be a retrograde step to centralise all power. A community must learn to crawl ere it can be expected to run, and to insist that because it walks badly it should not be permitted to attempt in a natural way the tasks which await the youth of nations as of individuals is a temptation which the reformer must steadily resist. It grieves the spirit of the sanitarian to see health destroyed and life wasted just as it pains the passer-by to witness the efforts of a blind man to effect a passage through a crowd and be denied the pleasure of aiding him. When, however, the witness of these futile gropings is made responsible for the blind man's safety, the desire to interfere necessarily becomes greater, and in some instances justifiable. That a community or nation ought to be allowed to work out its own salvation is the essence of the school of thought which has found favour in New Zealand. It is one of the grand principles upon which all free nations have been founded, and is a necessary factor in their education and development. But, just as there are occasions when the parent must step in in order to save his offspring from danger, so there are times when the need of a central and all-powerful arbiter is apparent. It goes without saying that all such powers must be wielded with a skilful hand, and as sparingly as possible. It has been alleged that the Department has been autocratic and domineering with respect to hospital matters in Auckland, but a careful perusal of the facts will disclose the absolute truth of the statements made in Parliament by the late Mayor of Auckland, Mr. Kidd.

Local government must stand, and the voice of the people must be heard; but it argues no falling-away from that standard to suggest that there are far too many local authorities. Matters pertaining to sanitation, water-supply, hospitals, &c., should be controlled by boards representative of large areas. To allow a dozen local bodies to deal separately with drainage or water-supply when geographically their needs and danger are one and the same is not only a waste of money and energy, but a positive hindrance to progress. Already Wellington and Christchurch have begun the work of amalgamation, and great good has resulted. I am convinced that the Legislature would be acting wisely in insisting upon the amalgamation of all smaller local bodies in the vicinity of the larger centres. Until this is done questions of drainage and water-supply must stand aside. In Auckland we see, in their most undiluted forms, the evils and disadvantage of this divided authority. A year and a half has passed by since an apparent agreement was arrived at with respect to the treatment of infectious diseases, and yet the question is as far off settlement as ever.

The expenditure which this state of unpreparedness entails has been set out time and again. Once more permit me to appeal to the common-sense and business acumen of the people. I am sure there are few who will say that £14 is an exorbitant estimate of the cost of treatment of a scarlet-fever patient—outside of a hospital. This sum would represent medical attendance for six weeks, nursing, medicine, special and ordinary food, and all the little outlays incidental to an illness. Last year there were 3,763 cases of this disease in the colony: at £14 per case we arrive at the astounding total of £52,682. Nor does this mighty sum represent all: loss of wage-earning power, dislocation of business, and enforced isolation of contacts where the house is small has to be entered up to the credit of this disease. Twenty-five pounds may seem a large sum to debit a case of enteric fever with, but any one who has gone through an attack of that disease will readily agree that the estimate is not placed too high. Very many of the victims of this preventable disease are wage-earners, and it has to be borne in mind that almost always two or three months must elapse ere the patient is able to return to work. There were 518 cases last year. It is thus seen that a disease, which Wellington has almost eliminated by reason of its improved drainage system, cost the colony some £12,950. If, finally, we place the cost of a case of measles at the modest sum of £5, and remember that there were 7,988 cases last year, an easy calculation will show that the colony lost some £39,940 by what is usually termed a simple ailment. You will notice that nowhere have I referred to the communal loss through death, the mental suffering and subsequent depreciation as working animals of the patients, the watchers, and the waiters at the bedside of the sick. These three preventable diseases—and there are many others—cost us last year the appalling sum of £105,572. Well on to twenty-two times the working cost of the Department was wasted last year upon diseases which, had proper provision for their treatment been provided, would in a large measure have been prevented. Doubtless, even had suitable hospitals been available, much of this sickness and outlay could not have been prevented, but certainly the tax would have been greatly reduced.