

there are many who do not even take the trouble to comply to this extent with the law. What happens? The Registrar proceeds against the parent, and even when the Magistrate has made an order it costs the parent £2—only that and nothing more. Until the child reaches the age of four years no further action can be taken to protect it against small-pox. Last year out of 24,321 children born, 4,486 were vaccinated, 2,964 were exempted, leaving 16,871 unaccounted-for.

It will be seen that over 81 per cent. of the children born in 1906-7 are unprotected against small-pox—a deplorable state of things. But that is not the worst aspect of the question. Apparently a large section of the community are passively breaking a law passed by the Legislature, while a noisy few are actively opposing it. To prosecute 69 per cent. of the parents is impracticable; not to carry out the law is demoralising to every one. My instructions generally are to prosecute rich and poor, taking a few cases at a time. The time has come when all parents who have not had their children vaccinated, or obtained a certificate of exemption, should be brought before the Magistrate, or—and I say it with the deepest regret—alter the law so that even the semblance of compulsion shall cease. If this were done, our children would not be less protected than they are at present, and this absolutely futile system of pretended compulsion would cease.

The present generation of parents have, most of them, little knowledge of what a fateful disease small-pox is, and that passing discomfort which attends vaccination easily makes the other scale kick the beam, even when they take the trouble to calmly consider the matter. It may be said that some parents are induced to have their children done under the present *régime* who would not if all semblance of compulsion were removed. I do not think the number is large, and in any case the inducements the law, as it now stands, offers to defeat itself are such as to cause even believers in the protective value of vaccination to pause and consider the whole question calmly. To make vaccination entirely optional except in the services, institutions, and prisons may seem a retrograde step, but to keep upon the statute-book a law which is so flouted seems to me dangerous and inimical to the best interests of the community. There is little need, judging from past experiences in New Zealand, to resort to compulsion when small-pox is close at hand, and every endeavour must be made to protect the people at such times. When small-pox was present in Christchurch in 1904, 11,120 people were voluntarily vaccinated in three months. The standard of "interference with the liberty of the subject" is rarely raised at such a time. The unfairness of expecting the officers of the Department to control an outbreak of small-pox when the weapon they most rely on is denied them may be passed over; but the fact remains that many who now assume an academic calmness, or the few who rail against vaccination, will inevitably join hands in condemning the Department should the colony ever be unfortunate enough to suffer as did Tasmania in 1903. That danger seems far off is true, but owing to our constant intercommunication with the Eastern ports it is nevertheless real. Everything, therefore, would have to be in readiness in case of attack, and as every unvaccinated person is a danger not only to himself, but to all who come in contact with him, power should be given when small-pox is present to draw a circle round the point of infection and require all within that zone to submit. If this were done, more effective protection would be brought about than exists at present, while the humiliating spectacle of an unobserved law would be removed.

CEREBRO-SPINAL MENINGITIS.

In view of the occurrence of a large number of cases of this disease in America and Britain, it was decided to place it upon the list of notifiable diseases. So far, I am glad to say, only one case has occurred in Australasia; but in view of the high mortality which this disease always exacts, and the rapidity with which it spreads when once it obtains a footing, it is well to be prepared. According to Fagge and Pyesmith, the first epidemic appeared in Geneva in 1805. In 1806 it broke out in the United States. From time to time, down to 1850, it was observed in several towns of France, Italy, Algeria, Spain, and Denmark. In 1854, and for seven years afterwards, it raged in Sweden, and destroyed more than four thousand people. From 1861 to 1864 it showed itself in various parts of the United States. In 1863 it broke out in Germany. In 1864 it made its appearance in many of the workhouses of Ireland, and in 1866-68 a very fatal type of it prevailed in Dublin. Small epidemics have taken place in Britain. Last year and this year a considerable number of cases occurred in England and Scotland. It is unlikely to obtain a foothold in the colony even should a case be landed.

The disease is due to an organism discovered by Weichselbaum in 1887. There is no doubt it is an infectious disease, but it would seem to require dense population and consequent close contact before it can be spread.

HYDATIDS.

There has been a gradually increasing number of cases amongst human beings in the colony, and at the suggestion of Dr. Barnett, Lecturer on Surgery at the Otago University, this disease