is most important that to a certain extent the larger centres should have some control over the sanitation of the adjoining country districts, on which they so largely depend not only for their food, but often also for their supply of water.

In the above lines the writer has attempted to show some of the difficulties that beset the path of a District Health Officer. To recapitulate, these difficulties would to a great extent be simplified by—(1) The appointment of inspectors in the manner suggested; (2) the abolition of the smaller Road Boards as local authorites under the Act; (3) the reintroduction of the Town Districts Act of 1886 for certain towns that are now under the control of the County Councils.

Local Bodies interviewed.

Wanganui Borough Council, Wanganui County Council, Waitotara County Council (formed into one sanitary area); Feilding Borough Council, Manchester Road Board, Pohangina County Council, Kiwitea County Council; Palmerston Borough Council; Carterton Borough Council, Greytown Borough Council, Pahiatua Borough Council; general meeting of Taranaki local bodies; New Plymouth, Stratford, Eltham; Hutt Borough Council; Rangitikei County Council; Gisborne Borough Council; Auckland Corporation; Wellington (committee of Corporation).

Notifiable Diseases.

During the year which ended on the 31st March, 1902, 397 cases of notifiable diseases were reported in the Wellington Health District, as follows:—

Typhoid	42
Scarlet fever	189
Diphtheria	34
Blood-poisoning	1
Tuberculosis	49
Influenza	16
Measles	66
	397

It may be surmised from this table that many cases of these diseases have not been notified. Though the notification of infectious disease has been compulsory for the past year, yet it was only performed in a very perfunctory manner until the beginning of 1902. For the above reasons next year's statistics will probably show a great increase in the number of cases of infectious diseases reported.

Typhoid.

Of the forty-two cases notified, eight occurred in Wellington and suburbs and fifteen in Wanganui; the rest were scattered throughout the district. Only in one instance could the disease be traced to a common cause—where eight persons were reported as being stricken with the disease after partaking of well-water from a certain hotel. Although only forty-two cases were notified, there is little doubt that more actually occurred. But, with the exception mentioned, the data to hand are not sufficient to show any definite decision to be arrived at as to the actual existing cause of the disease. Unfortunately, typhoid is more or less endemic throughout the Wellington and Taranaki Provinces, and often reveals itself in isolated country houses, where, short of the usual insanitary surroundings, there is nothing to account for the introduction of the specific poison of the disease.

Scarlet Fever.

Of this disease 185 cases were reported during the year, with only two deaths. Of the total cases no less than eighty-one cases occurred in Wellington and suburbs. Though the disease has been prevalent throughout this district for the past nine months, according to the notifications it was only in the last four months of 1901 that the disease assumed epidemic proportions, which have continued more or less up to the time of writing. Fortunately the epidemic throughout has been characterized by its extreme mildness. There is little doubt that the disease has been spread by means of cases of so mild a type that the symptoms have passed unrecognised by the parents or friends of those attacked. In one instance a baker was found engaged at his trade with a typical scarlatiniform throat, the rash manifesting itself the day after he was sent home from work. In other cases children have been found attending school who were actually "peeling" subsequent to a slight attack. In fact, in many instances the disease has only been recognised on the occurrence of this symptom. In another case—in an up-country district—a baker was found engaged at his trade with his wife suffering from scarlet fever in a room immediately adjoining the bakehouse. The baker himself developed the disease two days after being prohibited from carrying on his trade on the infected premises. Of course, some of these offenders might have been prosecuted for a breach of the Public Health Act, but it would have been hard to prove that this carelessness was the result of anything but ignorance; and, again, it seemed unfair to prosecute private persons when the members of the local sanitary authorities were so entirely ignorant of their duties and responsibilities under the Public Health Act.

As before mentioned, the apparent increase in the number of scarlet-fever cases is due to the prompt manner in which they are now reported. But at the same time there is little doubt that even now many cases are not reported where no medical man has been in attendance. In coping with the epidemic in the city it has been customary for either the District Health Officer or an Inspector to visit the infected premises as soon as the case has been reported. By this means transportation to the Hospital is generally arranged for, or, failing that, the best means are taken to insure the isolation of the patient. At the same time parents are cautioned against allowing children to attend school from the infected house. A report is filled in stating the sanitary condi-