tion, &c., of the infected house, and particulars as to water and milk supply. (There has been nothing in these reports to give rise to the suspicion that the epidemic may have been spread by the agency of milk, as is so often the case in scarlet-fever outbreaks.) A pamphlet on scarlet fever is also left at the house for the guidance of the occupier. At the same time the local authority is notified, and subsequently required to undertake the necessary disinfection of the infected premises. This is duly performed in some of the larger towns of the district, but it it only when competent inspectors have been appointed in the towns, as mentioned earlier in this report, that the District Health Officer can be expected to exercise some control over infectious disease. As things are at present, although the best has been done that circumstances will permit, it has been almost futile to make the attempt. In country districts the local authorities very often make arrangements with the medical man in attendance to see that the houses are disinfected; but how can a man in a busy practice be expected to see that this very necessary process is properly performed? In conclusion, it may be as well to mention that, owing to the extreme mildness of the disease, it may occur to some to question whether the outbreak is really one of scarlet fever, but rather an epidemic of rubella, or the so-called "fourth disease" which has recently occasioned so much comment in the United Kingdom. Be this as it may, the opinion of the majority of practitioners is practically unanimous that, despite its mildness, it is true scarlet fever.

Since writing the above the following case has been reported showing how the epidemic is spread: Quite recently a girl consulted a practitioner in the city, who diagnosed her case as one of scarlet fever; he therefore communicated with the Hospital authorities, but owing to lack of accommodation they were unable to take the girl in. On leaving the doctor she first went to the Public Library to read the symptoms, &c., of the disease. She was subsequently admitted to the hospital.

Diphtheria.

Thirty-four cases, with ten deaths, have been reported in the district during the past twelve months. As in the case of other infectious disease, many cases must have been unnotified; the statistics are therefore practically valueless.

At the time of writing quite a smart epidemic exists in Wellington, no less than ten cases having been reported in four days. It is by no means unusual for scarlet fever and diphtheria to run concurrently. The disease is practically endemic in Wellington and district, a few isolated cases being reported during every month of last year; but the disease only assumed epidemic proportions about the end of May of this year. From 1st May to date (4th June) no less than eighteen cases have been reported. The weather at the time of the outbreak had been very cold and wet—weather that often has been associated with the outbreak of the disease. As in scarlet fever, there is nothing in the way of faulty drainage or a milk-supply to which to attribute the outbreak of the disease. In fact, almost without exception, the ten houses where the first cases occurred derived their milk-supply from different sources.

There is some definite information, however, as to the manner in which the disease is spread, and that, as is often the case, is by means of unrecognised cases, as the following account will show: Having grounds for suspecting that the disease was spread in this manner, the writer visited the Thorndon School and inspected the scholars, with the result that one child was actually found with diphtheric membrane on the fauces; and of ten swabs taken from suspicious-looking throats, no less than three showed the Klebs-Löffler bacillus on bacteriological examination. It would be as well to mention that two children were found to be attending this school from a house where there had quite lately been two typical cases of diphtheria. Though the throats of the children attending were inflamed, the Klebs-Löffler bacillus could not be found. On this discovery a circular letter was sent warning schoolmasters in the district that all cases of "sore" throat should be regarded as suspicious. By this means several children were prohibited from attending school.

Acting under a similar suspicion, the writer inspected a school in North Taranaki in the early part of last year. Here, again, a child was discovered with diphtheric membrane on the throat; but in that case the existence of the disease was not confirmed by bacteriological examination, although a short time afterwards a sister of the child was overtaken with all the clinical symptoms of typical diphtheria.

In his work on diphtheria, the late Sir R. Thorne Thorne refers to the slight outbreaks of "sore" throat that so often precede a general epidemic of the disease, and also dwells on those cases which do not give the ordinary constitutional symptoms. In many instances it is hard for the lay mind to grasp the fact that a serious disease may exist in a mild form; and the failure of responsible persons to recognise this is often attended with fatal consequences, as the following instance may show: Last year an epidemic of diphtheria broke out in a school in the Wairarapa. The outbreak was a comparatively mild one, and the medical man in attendance had much trouble in getting the local Committee—particularly the Chairman—to regard the matter in a serious light, and prohibit the children from the infected houses attending school. The Chairman likewise wildly advocated his disbelief in "antitoxin," which the doctor in attendance was naturally giving his patients. It was not until the Chairman's youngest child was stricken with a severe form of the disease, from which she nearly died, that the Chairman could be induced to look upon the disease as diphtheria. It may also be interesting to remark that the Chairman is now a firm believer in the virtues of "antitoxin."

In conclusion, it would be as well to insert Sir R. Thorne Thorne's summary on school influences as regards diphtheria: (1.) It brings together those members of the community who are by reason of their age most susceptible to diphtheria. (2.) The children thus brought together are placed, and remain for many hours of the day, in exceptionally close relation to each other. (3.) The closer the aggregation and the greater the hindrance to the free movement of air the greater the risk. (4.) Faulty sanitary conditions of the schoolhouse and its surroundings, and