

avoided by the schoolmaster reporting his suspicions to the School Committee (or the nearest available member thereof). The latter could request the local authority to send a medical man to the suspected premises (*vide* "The Public Health Amendment Act, 1902") to ascertain whether or not infectious disease actually existed. Pending the doctor's report, the Committee should prohibit children from the suspected house attending school.

SCHOOL-CLOSURE.

Only four schools have been closed during the past year. Although a District Health Officer has no power to enforce closure, I have experienced no difficulty in persuading the Committee to close a school when I have considered such a precaution necessary. In the larger towns, where children meet upon common playing-grounds, very little advantage is gained by closing a school as a precaution against the spread of an epidemic.

FACTORY-WASTE.

A satisfactory means of disposing of these wastes, particularly those from dairy factories, has not been obtained. Many factories are situated on the banks of rivers into which the comparatively harmless washings can be discharged; but where a river is not available, and the factory-waste is allowed to stagnate on land adjoining the buildings, a horrible nuisance is occasioned. Septic tanks and filter-beds have been erected to deal with the drainage of more than one factory, but they cannot be described as an unqualified success; apparently the drainage is too sterile to enable the organisms to gain a hold. Broad irrigation is undoubtedly the best means of disposing of these wastes; but, unfortunately, such a system requires more attention than the factory-hands are willing to bestow on it, or the directors to enforce. Again, in some instances the factories have been erected on very small sections of land, where it is impossible to dispose of the wastes without infringing on the rights of the neighbouring property-owner.

THE REMOVAL OF NIGHTSOIL.

In many towns the removal of nightsoil is left to contractors, who are authorised by the respective Councils to charge householders a certain sum each week for removal. This system does not work satisfactorily. If the householder neglects to pay the contractor, the latter retaliates by refusing to remove the nightsoil. The result is obvious. It is always far better for a Council to undertake the work, and pay for it out of the general rates. The work is better done, it costs less, and is under more responsible supervision. In the Borough of Petone this work is admirably carried out under the supervision of the Borough Engineer. The removal costs a trifle over 3d. per pan.

SCARLET FEVER.

The number of cases of scarlet fever notified in the district during the year ending the 31st March, 1903, was 1,143, as compared with 185 in the previous year. The number of deaths registered from this cause was only 9, compared with 2 in 1901-2.

Cases notified in Various Parts of District.

Wellington and suburbs, 780; Wairarapa district, 127; Rangitikei district, 62; Manawatu district, 33; Wanganui district, 53; Taranaki district, 88. Of the 780 cases notified in the city and suburbs, 521 occurred in the city alone, with 4 deaths, as compared with the 90 cases and 2 deaths of the previous year.

			Cases notified.	Deaths.	Case-rate per 1,000.	Case-mortality per Cent.
District.	...	...	1,143	9	5.6	0.7
City	...	...	521	4	11.3	0.7

In the city the epidemic followed on that of last year, when 81 cases were reported; but, as may be seen in the accompanying chart, it was not until the last week in December that the disease assumed epidemic proportions, which were practically maintained until the last week in February.

Age and Sex Distribution.

The following table shows the case and mortality rates for the year. It will be noticed that, as is usually the case, the disease has attacked more females than males.

Males.				Females.			
Age-period.	Cases.	Deaths.	Case-mortality per Cent.	Age-period.	Cases.	Deaths.	Case-mortality per Cent.
0-1	1	..	..	0-1..	1	..	..
1-5	17	1	5.9	1-5..	15	1	6.7
		(3 years)				(2 years)	
5-10	34	..	..	5-10	59	1	1.7
						(5½ yrs.)	
10-20	73	..	..	10-20	120	..	..
20 upwards	55	..	..	20 upwards	72	1	1.4
						(22 yrs.)	
Ages unknown	39	..	..	Ages unknown	35	..	..
All ages	219	1	0.45	All ages	302	3	0.99

The unusual proportion of cases among persons from ten years upwards will be noticed. But this is undoubtedly due to the fact that, New Zealand being until recently so free of the disease, a