DISTRIBUTION OF CASES ACCORDING TO LOCALITY.

The City and Suburbs (Auckland and Suburban Boroughs).

The notifications, 44, are only about one-half of either of any previous years' records. The deaths, 7, exhibit a higher mortality-rate per case, but still a low death-rate, 0·120 per 1,000 living; that of England and Wales being 0·175. In the city 34 cases were notified—the low rate, 0·87 per 1,000, of the city population. I am indebted to my colleagues of the other districts for the additional information below given:—

	Cases.
Auckland City (38,754)	34
Wellington City (54,416)	33
Christchurch City (49,694)	4
Dunedin City (52,418)	11

If the disease-rate which it is to be regretted holds good for Auckland City were maintained in the other cities they would be astounded at the following deductions: Auckland having 34 enteric cases—to be as bad, Wellington, with its population, would have had 47 cases, instead of 33; Christchurch would have groaned at having 43 cases, instead of 4; and Dunedin would have fashed herself had she 46 cases, instead of 11. These figures emphatically show how much yet remains to be done to make Auckland City more sanitarily safe and healthy.

What might be hoped for if Auckland City will only satisfy herself that her drainage system possesses hidden secrets of defectiveness may be anticipated from the example of Devonport. As a sequel to the drainage-installation there we have these figures:—

1902–3	10 enteric cases.
1903–4	Nil.
1904–5	2 cases.
1905–6	Nil.

Parnell last year had no case, and now escapes with 1 case only; this, however, upon investigation by Inspector Grieve, was shown to have its source elsewhere than in Parnell. The two references are important as showing the fallacy of a statement frequently made that most of the Auckland City cases are importations. It is not possible to argue that all sickening persons seek residence within the actual city boundaries, and avoid the more salubrious Devonport or the equally accessible Parnell.

Onehunga had 10 cases. This is deplorable, though not out of keeping with the unenviable reputation already established. The figures in the past are—1901–2, 6 cases; 1902–3, 7 cases; 1903–4, 17 cases; 1904–5, 5 cases. Unfortunately, Onehunga, like Auckland, possesses a population who will not wake up and endeavour to remove this badge of sanitary unprogressiveness. A drainage scheme has two years ago been approved by this Department.

The 6 cases credited to Point Chevalier all occurred at the Hospital for Mental Diseases—a remark which also applied to the 2 cases of scarlet fever, the only other cases of infectious disease in that district.

Country Districts.

Mongonui County has 15 cases—exactly the same number as in the previous year; but of the cases notified this year subsequent investigation by Dr. Pomare raised some doubt as to their being true cases of typhoid.

Ohinemuri County.—The satisfactory improvement in Ohinemuri County continues, the number of cases for the past five years being respectively 13, 15, 15, 10, down to 6 this year. In the Borough of Waihi, however, the large number of 18 cases have occurred. The rapidly increasing population of Waihi have quite failed to grasp the wisdom of these modern times that a carefully graded and expensive road system such as theirs is of but little avail unless at least at the busiest centres that most important feature—a sewer—is available.

Rotorua County has to be credited with 17 cases of typhoid, and the Town of Rotorua with 10. Fourteen of these in the county were of Maoris.

Cambridge Borough keeps up its reputation for a "Nil" return, which extends over the five years of the Department's records.

Hamilton Borough, on the other hand, has the record 1, 6, 11, 3, 6 cases. Nothing short of a still greater number of cases will, I fear, arouse Hamilton people from helpless apathy.

The other localities do not incite any comment.

SCARLET FEVER.

Though, as with other febrile diseases, the number of scarlet-fever cases was less last year, this reduction is probably accidental and temporary. I have reason to believe that there is a disposition to extreme carelessness on the part of parents both in failing to divulge the incidence of the disease and in permitting the exposing of patients to contact with others and so leading to the dissemination of contagion.