

area—on the centre of the forehead, just above and reaching down to the bridge of the nose. The grouping was generally symmetrical, and there was a marked lump of the size of a pea in the angle just under the inner end of each eyebrow. On palpation these maculæ were found to be soft infiltrations, and not tubercular in the sense of being well-defined or hard nodules. The patient said these had appeared within the last three months. At the back of the right elbow and forearm, extending down half of the latter, was a large dark-red area, slightly raised above the general surface, with a central island of apparently normal skin. Tests were not very satisfactory, but it would appear that this area would correspond to that described and pictured by Stelwagon as the “maculo-anæsthetic type.” Generally over the trunk there was a localised scaly dermatitis—“flannel rash,” or *lichen circumscriptus vel seborrhœa corporis*.

The patient was evidently of cleanly habits, and in general colour that which one associates with the Japanese type of the Eastern.

Smears were made from punctures in the maculo-anæsthetic patch, from the more prominent of the maculæ, and from the nasal discharge. The Bacteriologist reported that he found the characteristic acid-fast bacillus morphologically corresponding to the specific lepra bacillus in the smears from the maculæ, but those from the other sites above mentioned were negative. The evidence that the nasal secretions were free from the specific bacillus supported the symptoms and physical signs in concluding that the patient was in the early macular or pre-tubercular and non-infectious stage of the disease.

Arrangements were duly made for the patient's return to China. After his departure, though admittedly he was in the non-infectious stage, it was deemed advisable that thorough disinfection of his late residence or whare and its contents should be performed. The building was burnt down in the presence of Inspector Cairns.

I learnt from the patient's compatriots that the disease leprosy is known, according to the dialect, as *fat fung* or *sang fung*.

GENERAL SANITARY MEASURES.

The unnotified case or cases of infectious disease, more especially where scarlet fever is concerned, have been found to be responsible for at least one epidemic in the district. It is always difficult to prove deliberate concealment. More often, to unwitting ignorance or not-understandable stupidity must be assigned the excuse of a parent allowing a child or children to go to school whilst suffering from this disease. Legal proceedings for non-notification have been taken in various parts of the district not so much with the desire of having a penalty inflicted, but with the greater object of publishing broadcast the fact that all cases of infectious disease must be brought to the notice of the Department. Much good has resulted, but I fear periodical prosecutions will always be necessary to stimulate the average householder to his responsibilities towards his neighbour.

Often the excuse is made, “We did not know there was scarlet fever about.” This egregious statement opens up the very wide question, “Is it desirable or expedient that the addresses of all houses infected with scarlet fever be published weekly in the principal newspaper or newspapers circulating in the district of the local authority concerned?” This step, it seems to me, is very reminiscent of the olden-day method of affixing a notice to every house afflicted with plague, and while other less drastic aids are available the consideration of such a step may for the moment be dismissed. The education of the public is the first great aim, with—or preferably without—the adjunct of legal proceedings. The visits of our Inspectors to notified cases, and the instructions given as to the proper precautions and subsequent attention to disinfection, are gradually accustoming the public to the necessary procedure where infectious disease exists or is suspected.

Another means towards the early investigation of suspected or existing infectious disease, which I am satisfied only wants developing and systematizing to be readily available, is a more intimate co-operation between school-teachers and this Department. The first step in this direction has come from the Education Department in the form of the gazetted regulation:—

“For the average attendance of any two quarters a similar substitution, on the application of this Board, may, *mutatis mutandis*, be made in the case of any school in regard to which it is shown to the satisfaction of the Minister, on the certificate of the District Health Officer, that an infectious disease of an epidemic character has during the period or periods concerned been locally prevalent to the extent of affecting 10 per cent., or more, of the children of school age.”

The regulation did and does not seem to me to be workable unless machinery be provided by which the District Health Officer is acquainted with the existence of illnesses amongst the school-children. This means that the teachers should keep special rolls, showing the length of absence of any child from school through illness, the character of the illness, supported by a note from the person in charge of the child with or without a medical certificate. Accordingly certificates with tabulated data under the headings (1) Name, (2) Age, (3) Duration of absence, (4) Illness causing absence, (5) If supported in writing, and by whom, have been issued by me in terms of the above regulation for the Marton High School, the Toko, Mount Cook Infants', Mount Cook Girls', Petone, Newtown, Clareville, and Kaiwarra Side Schools.

This system, however, only brings the District Health Officer in touch with the school *after* the epidemic, and only because of the desirability of removing the unfairness of a teacher's salary, dependent as it is on average attendance, being reduced by causes over which he has, it may in almost all cases be said, little or no control. To attain both ends—communication with this Department in the early stages of an epidemic, and the prevention of the teacher's salary being affected by the occurrence of infectious diseases—development along the following lines is all that