appears to me to be necessary: (1.) That the school-teacher be required to notify the District Health Officer, direct or through the District Inspector, of the existence or suspected existence amongst his scholars of specified infectious diseases—*e.g.*, scarlet fever. (2.) That the District Health Officer shall certify to the length of time any such child has been required to be absent from school, either on account of itself suffering from such infectious disease, or on account of infectious disease existing in the household. (3.) That children for whom such certificates are issued shall be regarded as "legally absent"; the teacher shall mark the roll in a special manner, to correspond to the absences certified to, and all such marks shall be counted as attendances for the purpose of calculating the average attendance for any quarter.

### Burials in relation to Infectious Diseases.

If the infectivity of the corpses of persons succumbing to infectious diseases were even recognised at that early date, it is at least certain that the fact was quite masked by the medico-legal aspects of deaths and burials at the time of the passing of the Registration of Births and Deaths Act in 1875—already thirty-three years ago.

In 1905 the Registrar-General circularised all Registrars of Deaths, *inter alia*, as follows:—

"The Hon. Colonial Secretary has directed me to make arrangements whereby the Health Officer of any district is to receive immediate notice of every death occurring in his district from infectious disease, with the view of taking precautions by way of disinfecting the house, and other methods.

"In order to carry out the Ministerial instruction, a form has been drawn up which meets the requirements of the Health Department. A supply of these forms is now forwarded. The diseases to be reported as infectious are specified at the foot of the form. . . ."

The notification of cases of infectious diseases had been provided for in "The Public Health Act, 1900," but until this circular was issued at the instance of this Department, there was nothing but haphazard means of information by which the District Health Officer might institute precautionary steps in the event of a death from a notifiable infectious disease. A Registrar, however, only becomes cognisant of a death from any of these specified diseases when the death is registered, and the existing—and shall I at once say—antiquated law permits the registration being made up to thirty-one days after the death. Of what use to learn of a death from consumption thirty-one days after burial, and after the household goods had been sent, undisinfected, to be sold and distributed broadcast by auction? Such an instance actually occurred in August last in the Taranaki end of my district. I have reminded the Registrars of the instruction of 1905. Many have replied that the tardiness of registration prevents their doing as they would wish—to give immediate information of such deaths.

On the official form headed "'Registration of Births and Deaths Act, 1875': Guide to Persons registering a Death," the first words are, "Deaths should, if possible, be registered before burial. Nevertheless, the law allows thirty-one days for the registration of a death." Section 44 of "The Public Health Act, 1900," gives definite powers, but the flaw is that there is no mandate to any one to immediately notify deaths from infectious disease. And, again, strange as it may seem, there is nothing in the Burial Act to prevent the body of a person dying from consumption being kept for, say, eight days in an undertaker's establishment awaiting burial—if the deed be cautiously concealed.

Summed up, I may state the case categorically, thus: (1.) *Tangis* or wakes in whares or houses where a body lies dead of an infectious disease must be prevented. (2.) Disinfection of such premises and the things used, or lately in contact with the deceased, must be performed as soon as possible—that is, immediately after the body has left the house for burial. (3.) Neither of these steps is possible unless there be a mandate to some one to notify the local authority and the District Health Officer of the death. The remedy is, the limit for the cremation or burial of such corpses, or for placing them in a hermetically sealed, metal-lined coffin, must be within three days; the words quoted above, "Deaths should, if possible, be registered before burial," must be made obligatory, and not voluntary; and, as the undertaker may be said to be the person in charge of the body, he, or failing him, the "informant" of the death, must be required to send notice of a death from any of the scheduled diseases simultaneously to the Registrar of Deaths and the District Health Officer.

### Auctions in Relation to Infectious Diseases.

I have above referred to the disquieting fact that the furnishings of a house lately occupied by a consumptive were distributed broadcast and undisinfected, until one of our Inspectors had traced their path. Section 35 of the Public Health Act reads:—

"Every person shall be liable to a penalty not exceeding twenty pounds who knowingly lends, sells, transmits, or exposes any things which have been exposed to infection from any infectious disease, unless they have first been effectively disinfected, or proper precautions have been taken against spreading the infection."

It is therefore provided that punishment may be inflicted upon the person for whom an auctioneer sells such infected goods; but such proceedings would be futile in preventing the perhaps already accomplished spread of the infection of, say, scarlet fever to which the goods might have been intimately exposed. The New Plymouth Borough Council has therefore resolved that the Municipal Association "be recommended to consider the advisability of so amending the Public Health Act as to make it compulsory for auctioneers to require a declaration to be signed, before