Suburban Settlements.

Redruth and Eversley have been included in the Borough of Timaru.

The petition of the Kaiapoi Borough Council to include Willoch Street Settlement in their borough was defeated. The County Council have decided to make the necessary sanitary improvements in the district.

Water-supply.

Geraldine.—A considerable length of race near the road has been piped.

Temuka.—A well has been sunk at Orari. The water is being piped to Temuka. The well is sufficiently high above Temuka to obviate the necessity of pumping. The water is of good quality, and an improvement on the supply taken from the river at Winchester.

Plumbing and Drainage.

The joint by-laws have not yet been adopted by all the counties. A circular letter was sent to all builders asking them to notify us when they were building new premises. They have loyally complied with this request. We have been enabled to supervise and advise on the plumbing and drainage, and an increased quantity of work has been carried out according to the regulations, and with the minimum of inconvenience and the maximum of satisfaction to all concerned. In spite of the extra work involved by scarlet fever, the Inspectors throughout the district have been able to do an increased number of drainage and plumbing inspections. The standard of this work has improved throughout the districts.

Mortuaries.

Mortuaries have been erected at Methven and Temuka. They are both situated in the vicinity of the Magistrate's Court in each town, and are fitted with modern appliances. Arrangements have been made with the local religious bodies to convert them into mortuary chapels when occupied. The local authorities have promised the palls.

Offensive Trades.

The waste from dairy factories and creameries is difficult to treat. The plant requires constant attention, and each one has its peculiar difficulties.

A new series of settling-tanks has been installed in North Canterbury, and has been working well for six months.

SECTION 11.—OTAGO AND SOUTHLAND HEALTH DISTRICT.

Dr. Crawshaw, Medical Officer of Health; Dr. Maclean, Medical Officer of Health.

Notifiable Diseases.

During the calendar year 1928 the notifiable diseases recorded numbered 1,611, as against 632 in 1927 and 867 in 1926, being an increase of 529 as compared with the 1927 figures, and also an increase of 294 in comparison with the figures for 1926.

The disease chiefly responsible for the increase was scarlet fever, some 630 cases having been notified last year, in comparison with 138 the previous year. The following diseases also showed an increase in 1928 as compared with the previous year: Enteric fever, 9 (3 in 1927); poliomyelitis, 3 (none in 1927); septic abortion, 2 (1 in 1927); erysipelas, 53 (32 in 1927); ophthalmia neonatorum, 3 (1 in 1927); influenza, 50 (20 in 1927); acute primary pneumonia, 90 (74 in 1927); eclampsia, 14 (13 in 1927); actinomycosis, 2 (1 in 1927). A decrease was apparent in the following: Diphtheria, 18 (43 in 1927); pulmonary tuberculosis, 250 (254 in 1927); puerperal fever, 19 (23 in 1927); lethargic encephalitis, 4 (6 in 1927); tetanus, 1 (4 in 1927); hydatids, 10 (12 in 1927).

Scarlet Fever.—Generally speaking, the disease was of a mild nature, which fact contributed greatly to its spread. One interesting feature of the epidemic was the late appearance of the rash, as reckoned from the appearance of the first definite symptoms, such as sore throat or vomiting. Taking the first five hundred cases occurring during 1928 in which the information was available, it was found that in 268, or 53·6 per cent., the rash appeared on the first or second day of the illness, while in 232 cases, or 46·4 per cent., the rash appeared on the third day or later. It appeared on the fourth day in forty-seven cases, on the fifth day in sixteen cases, on the sixth day in five cases, and on the seventh day in three cases. Text-book descriptions of the disease are unanimous in stating that the rash occurs on the first or second day, rarely later.

Diphtheria.—This disease has been remarkably scarce considering the prevalence of scarlet fever and the frequency with which these two diseases are associated. There were no cases during the first four months of the year, then ten cases occurred in May and June, and after a further interval of four months there were six further cases in November and December. The cases occurred in eight separate outbreaks, with no apparent connection between them. Four of the June cases occurred in children attending a small country school at Spottis Creek, in Central Otago, in a district that has been free from the disease for a very considerable time. Four "carriers" were found in the school, but further swabbing showed all to be clear within a week.

Enteric Fever.—Of the notified cases of enteric fever, four occurred over a period of five months in the same household. Some months previously two other persons living in the house had died from what now appears to have been enteric. Investigations showed that the source of infection was a boy of sixteen, who was milking for the household. He had had the disease seven years earlier, and his discharges still contained typhoid bacilli at certain times. In the investigation of this outbreak very valuable and willing assistance was given by the medical practitioner resident in the district, Dr. Scrymgeour. The details of the outbreak are given in a special report in the Appendix.