

removal without danger, then to treat the abode of the invalid as a hospital (*i.e.* place of reception appointed), and to apply hospital regulations to such abode.

It will be seen that the inherent power of the Board to regulate private abodes is given *only* in the event of a patient being too ill to be removed, and not in the case of assent to removal being withheld; so that this Board finds itself powerless in just the cases where it could most usefully and most frequently act.

I would suggest that the Central Board frame and issue such regulations under section 21 as would meet the difficulty pointed out as arising under section 23.

The regulations already issued by the Central Board under section 21 are under its last subsection only; while it is not found that any dwelling or locality in this district are in such a state as to come under the operation of the regulation.

It must be admitted that no hospital has been erected, but, as will be seen by the report of Mr. Mason, measures for isolation, &c., have been taken; while it has transpired that in any event, in the majority of cases, the assent for removing a patient to an hospital would have been withheld.

I have, &c.,

The Chairman, Central Board of Health, Auckland. J. E. MACDONALD, Chairman,  
Thames Local Board of Health.

### 9.—BOROUGH OF THE THAMES.

THE Thames Local Board of Health having been called upon to report to the Central Board of Health for the Province of Auckland, upon the health, cleanliness, and general sanitary state of the district, have the honor to state,—

That they annex hereto copies of reports from (a) their medical officer, Dr. Lethbridge; (b) Dr. Fox, surgeon to the Thames Hospital; and (c) J. B. Mason, an officer of the Board.

It should be explained that the appendix to Dr. Lethbridge's report is not confined to the mortality in this district proper (Borough of Thames), but embraces that of surrounding districts, and also deaths in the hospital of persons brought into the borough.

J. E. MACDONALD, Chairman,  
Thames Local Board of Health.

20th May, 1876.

SIR,—

Grahamstown, 18th May, 1876.

In reporting upon the health, cleanliness, and general sanitary state of the Thames Gold Field, I may remark, in the first place, that the general health may be said to be good, for, with the exception of scarlet fever which has been affecting this locality since December last, there is little sickness of any kind. We may therefore almost entirely confine our attention to a record of this particular disorder.

Commencing almost simultaneously in Grahamstown and Tararu, it exhibited a strong tendency to become localized in the latter place, and round the entrance of Tararu Creek; on both sides it seems to have spread, more or less, from house to house.

In Tararu there were about 30 cases, and 3 deaths. It seems now to have partially died out there. Approaching Grahamstown, the Upper Albert Street and Waiotahi District were the next to suffer; here the number of cases may be reckoned as 30, the number of deaths 4.

Next there were a few sporadic cases in Shortland; and lately there have been a considerable number of instances, within a limited area, about the spot where the Karaka Creek enters the flat; here the number of cases has been about 60, the deaths 3. There have also been a few mild cases in Block 27.

The Moanataiari and Parawai districts have hitherto escaped a visitation. At the present time there are but one or two recent cases in Shortland, though there are doubtless many in various parts suffering from the *sequelæ* of scarlet fever. The epidemic has travelled slowly and erratically, the total number of cases, for the population, not being large. Possibly the previous epidemic of measles may have exercised some protective influence on the community. It seems reasonable to expect that scarlet fever will continue to affect the inhabitants in the same uncertain manner.

The total number of cases may be estimated at 120, of deaths 10.

We may next notice the efforts which have been made in various directions to mitigate the severity of the epidemic. First, the Local Boards of Health, upon the first case occurring, convened meetings and promoted consultations among the medical men of the town. They also published hygienic directions for the use of the public.

Two medical men were deputed to draw up plans for a fever hospital; but as the erection of the edifice was, from various reasons, unable to be proceeded with, this idea fell through. Meanwhile, a medical officer was appointed by the Boards to assist in advising them, and to attend such cases needing assistance—and in these, nursing, food, &c., were provided on the proper condition of isolation from the neighbourhood. The health officers were also assiduous in attending to and reporting on the comfort and cleanliness of each family, and several schools were from time to time closed.

These measures were ably seconded by the exertions of the medical men of the district; and I believe that in the majority of instances the cases of scarlet fever were reported to the Local Boards as they occurred, although it is questionable whether any advantage is derived from this proceeding.

Nor was the public at large backward (with a few exceptions) in affording assistance to the medical profession in adopting sanitary precautions—isolating patients when practicable, and so forth; and that their efforts have been to some extent successful, no one can reasonably doubt.

With respect to cleanliness, it does not appear that the inhabitants are remarkably inattentive to it, although there may be individual instances to the contrary; and this naturally leads me to call attention to the fact that the district has no drainage worth the name. Besides cesspools and other receptacles, streams and watercourses become merely secondary channels for sewerage; hence the