

APPENDIX B.

PROGRESS IN PREVENTION OF TYPHOID FEVER IN MAORIS.

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Preventable intestinal disease takes heavy toll of the Maori. Typhoid and paratyphoid fever caused in 1937 (last available figures at writing-time) thirty-nine times more deaths among Maoris than among Europeans. Bacillary dysentery is in the main unnotified, but many deaths, especially in infants, are due to this disease. Diarrhoea and enteritis caused over seventeen times more deaths in Maoris in 1937 than in pakehas. These diseases have taken toll because of ignorance of the cause and mode of spread, helped by faulty personal and community hygiene in primitive living-conditions. The preventive attack has been concentrated upon typhoid fever, for if headway is made here the battle against dysentery and summer diarrhoea will be won also, similar modes of spread prevailing. The attack on typhoid, if successful, will affect the whole group of preventable intestinal diseases adversely affecting the Maori.

Fifteen years ago the attack on typhoid centred round sanitary improvements, but progress was hardly perceptible. In 1928 in East Cape mass inoculations bi-annually of Maori school-children were begun against typhoid fever. After a few years this saved enough children to cause the typhoid rate to fall. As other Maori districts were opened, anti-typhoid inoculation work spread. Yearly anti-typhoid inoculation of Maori school-children has become a routine practice, in addition to the routine inoculation of all contacts of actual cases. This work gradually had effect, for the typhoid death-rate of fifteen years ago was about two and a half times worse than the 1937 bad rate. The provision of safe water-supplies and better sanitation played but little part in this improvement, for sanitation actually deteriorated in Maori areas during at least a decade of the period concerned.

By 1938 it was obvious that anti-typhoid inoculations had achieved their quota of success and that these must be continued to maintain that success. It was also obvious that the lagging sanitation must be given attention if further improvement was to be made. In South Auckland in 1938 a survey revealed 80 per cent. unsatisfactory water-supplies, and 62 per cent. of homes lacking privy accommodation. In the Waikato in 1939 a special sanitation campaign was effected. Four counties were completely covered, all Maori homes broadcasting bodily wastes being supplied with privies. Seven hundred privies were built, transported, and erected, the Maori supplying labour on the site, the Government giving the privy. After broadcasting of faeces has been made obsolete, safe water-supplies will be sought generally. The housing of half the Maori people is still deplorable, but to rehouse the Maori would cost millions of pounds, and is economically impossible. The attack on typhoid is twofold for the present: yearly inoculation campaigns should be reinforced by sanitation drives to eliminate those particular sanitary weaknesses helping the spread of intestinal disease.

This was done in the Waikato; yearly inoculations since 1937 reinforced in 1939 by concentration on soil sanitation. Acceleration in progress is already apparent from a glance at district figures for typhoid and paratyphoid fever in Maoris:

1936	..	..	..	39 cases	..	..	..	23.92 per 10,000 Maoris.
1937	..	..	..	38 cases	..	..	..	22.62 per 10,000 Maoris.
1938	..	..	..	29 cases	..	..	..	17.05 per 10,000 Maoris.
1939	..	..	..	3 cases	..	..	..	1.71 per 10,000 Maoris.

Undoubtedly 1939 was a good year as regards notifiable disease, but even allowing for this and a probable swing-back from this present very satisfactory state, preventive work seems to be telling in the fight against typhoid.