$\begin{tabular}{ll} \it Venereal Diseases. \end{tabular} The following table shows the numbers of persons attending the venereal-disease clinics for the years 1942-47:---$

Table I.—Number of Persons Seen for First Time and Found to be Suffering from Syphilis

	Year.		Auckland.		Wellington,		Christchurch.		Dunedin.		Total.		Grand
			М.	F.	М.	F.	м.	F.	М.	F.	M.	F.	Totals.
1942			70	78	53	71	18	11	20	6	161	166	327
1943			48	95	20	41	17	14	29	3	114	153	267
1944			21	48	14	26	14	10	27	4	76	88	164
1945			61	34	11	20	15	8	27	6	114	68	182
1946			77	26	20	25	25	13	30	4	152	68	220
1947			58	52	7	28	16	5	26	4	107	89	196
1947	••		58	52	7	28	16	5	26	4	107	89	

Table II.—Number of Persons Seen for the First Time and Found to be Suffering from Gonorrhea

	Year.		Auckland.		Wellington.		Christehurch.		Dunedin.		Total.		Grand
			м. 1	F.	м.	F.	M.	F.	М.	F.	м.	F.	Totals.
1942			312	286	236	63	181	69	75	73	804	491	1,295
1943			265	441	138	89	122	92	51	15	576	637	1,213
1944			215	470	140	59	139	86	50	22	544	637	1,181
1945			389	413	178	54	149	66	46	9	762	542	1,304
1946			639	329	235	42	168	31	115	13	1,157	415	1,572
1947]	623	303	262	41	168	27	53	19	1,106	390	1,496

The increase in male patients suffering from gonorrhoea noted in last year's report has unfortunately persisted. Before an improvement can be expected, more thorough investigation into the sources of infection would seem to be necessary. Unfortunately, the staff of some clinics are not sufficiently seized with the importance of this feature of venereal-disease control.

No other notifiable disease calls for special mention, as tuberculosis and puerperal sepsis are referred to elsewhere.

Non-notifiable Infectious Diseases.—Diseases such as measles, whooping-cough, chickenpox, and mumps are not compulsorily notifiable, because many patients are not seen by a doctor and the ordinary system of notification would be so ineffective as to be valueless. Recently an attempt has been made to invite voluntary notification by school-teachers of school-children who are known to be affected. Printed cards were distributed to schools, and head teachers were asked to send the Medical Officer of Health a weekly return. The system worked satisfactorily in many districts, but in some districts, notably Auckland, the co-operation of the teachers could not be obtained. Consideration was given to making the notification compulsory, but the general opinion among Medical Officers of Health after this trial was that the comparatively small value of the returns would not justify their being made compulsory.

Infectious Diseases in Maoris.—The incidence of infectious disease in Maoris is shown in Table D. Little comment is called for, as in the case of most diseases the incidence is less than in recent years. The only marked exception is bacillary dysentery,