Scarlet Fever.

The	cases	notified	from	the	health	district	during	the	last	five	years	are,—	
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1906-7	 	 268	1909-10	 	 189
1907 - 8	 	 277	1910	 	 994
1908-9	 	 142			

In the annual report for 1909-10 reference was made to the very generally distributed outbreak of scarlet fever which arose in the last month (March) of the then departmental year. The figures above presented for the whole year (1910) show that that outbreak was experienced throughout the district, and was unprecedented in its extent and the numbers of persons attacked. Auckland and suburbs, with exception generally of those on the south and south-east beyond Mount Eden and Epsom, the North Shore boroughs, and the Counties of Waitemata, Manukau, Waikato, Thames, and Whangarei, &c., all suffered. No doubt the notifications did not fully represent the extent of the outbreak, which, happily, was of a mild type, there being but one death in Auckland and suburban boroughs out of 471 cases. The months of March, April, May, June, and July show the heaviest incidence, dropping rapidly as the spring months came on. The outbreak appears to have started in the Auckland suburbs and in Waihi, and later it reached the country districts.

Diphtheria.

The cases of diphtheria recorded throughout the health district for the last five years are,-

1906-7	 • • •	 103	i	1909-10	 	 153
1907-8	 	 165	١.	1910	 	 257
1908-9	 	 101	i			

The increase in 1910 is very considerable, Auckland City, the suburban boroughs and road districts, with exception of Ellerslie, Mount Roskill, Mount Wellington, Otahuhu, and Point Chevalier, contributing 138 cases. Except in Manukau County and Thames and Waihi, the counties did not contribute largely. There were only 6 deaths in Auckland and suburban boroughs—a low case-rate. The monthly incidence table shows that the epidemic was at its height in April—possibly a result of the very wet warm weather experienced in March.

A severe outbreak in Manukau County at Awhitu was traced to a resident who had paid a visit to Auckland and carried back the infection to her home.

Enteric Fever.

The cases of enteric fever recorded throughout the health district for the past five years are,-

1906-7	 	 153	1909-	-10	 	226
1907-8	 	 353	1910		 	197
1908-9	 	 241	1			

The heavy rainfall, in spite of the higher temperature of the first three months of the year, was accompanied by a fall below the average incidence of enteric. The dry months—April, September, and October—do not, however, appear to have affected the typhoid incidence, but the temperature was somewhat low. December, however, was an exceptionally dry month, and, though lower in temperature than the average, was followed in January of the present year by an increase of typhoid, in the country districts especially.

A large number of the country cases were among Maoris. A severe outbreak had been in progress for some weeks near Te Puke before the Department became aware of it. A similar outbreak occurred in the lower Waikato district, to which our attention was only drawn by the infection being spread to a camp of Europeans working in the bush, of whom 5 were attacked. The infection probably was carried by a foul sluggish stream from a Native kainga—in which three unnotified cases of typhoid had occurred—situated further up the stream, the water of which served the bushfelling camp as a water-supply.

Tuberculosis.

The cases notified from the health district in the last five years are,-

1906-7	 	 96	1909–10	 	 107
1907-8	 	 198	1910	 	 137
1908-9	 	 176			

Blood-poisoning.

The cases notified during the last five years are,-

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1906-7	 	 19	1	1909-10	 	 56
1907-8	 	 76	- 1	1910	 	 51
1000 0		77	- 1			

These 51 cases were—Puerperal septicæmia, 17; erysipelas, 13; tetanus, 3; unclassified, 18. One case of hydatids was notified.

Cerebro-spinal Meningitis.

Two cases of this nature were admitted to hospital, and submitted to bacteriological investigation by Dr. Frost, who found that they were not due to the meningococcus.

5-H. 31.