

*Scarlet Fever*.—A total of 863 cases and 8 deaths was reported as against 762 cases and 8 deaths in 1934.

*Diphtheria*.—This disease, which accounted for 747 notifications and 33 deaths, was more prevalent than in 1934, when 436 cases and 26 deaths were recorded. Diphtheria fluctuates from year to year, and a rise in 1935 was not altogether unexpected. Central Auckland and Central Wellington Health Districts accounted for 356 of the notifications. A more wide-spread use of active immunization, particularly in the more densely populated areas, would tend to lower the incidence of this dangerous disease of childhood. The steady diminution of cases of diphtheria in the East Cape Health District since 1933 is regarded as due to the immunization campaign carried out in 1932 by Dr. Turbott.

Dr. Cook, Medical Officer of Health, Whangarei, reports on a minor epidemic of diphtheria in Hikurangi. He states: "The disease has always been endemic in this town with a tendency to flare up into epidemic form during the damp months of the year. The Chairman of the Town Board was very anxious for something to be done and, after a meeting between him and the school committee, it was arranged for the inoculation of the school-children with as many pre-school children as possible. There was a very gratifying response, some 260 children receiving preventive treatment. A few cases have occurred since December of last year, all uninoculated children."

In consequence of an outbreak of diphtheria at Trentham school, Dr. Heycock of the School Medical Service, with the consent of the parents, immunized 109 children.

An outbreak of diphtheria at a maternity hospital involving a mother and two babies illustrated the dangers of any person, other than the patients and the necessary nursing staff, residing in such an institution. The babies were nine and twelve days old respectively, and were both breast fed, although one had supplementary feeds of expressed human milk. Inquiries showed that an unmarried mother who lived at the hospital and worked in the laundry was sent to the fever hospital suffering from scarlet fever. A month later she returned to the maternity hospital and a few days later, developing a sore throat, was again removed to the fever hospital when a swab taken from the throat was positive for diphtheria. It was assumed that this case introduced the infection which was the cause of the three subsequent cases in the hospital.

*Enteric Fever*.—This disease, once one of the principal causes of death in New Zealand, has dropped from its high position to a very low one. Thus, the death-rate in 1875 was 9.00 per 10,000 of the population compared with 0.07 in 1935.

An epidemic of typhoid in South Taranaki entirely amongst the Maoris caused some uneasiness during the year. Thirty-five cases in all were reported after the first case was diagnosed early in September. An intensive campaign for the control of the disease called for the services of all officers in the district.

Dr. Hughes, the Medical Officer of Health, Auckland, reports as follows on another outbreak which occurred in the Tauranga - Te Puke area:—

"There appeared to be two distinct outbreaks, the earlier arising at the Native settlements near Te Puke, comprising 8 cases, the other comprising 3 cases affecting persons in the neighbourhood of Tauranga. Of the 8 Te Puke cases, all were children who lived in, or frequently visited the Manoeka Pa, where they either drank or bathed in the waters of a stream running through the Pa, and probably were infected through a carrier.

"The Tauranga group comprised three women, one a European and two Maoris. One of the Maoris worked in the premises of the European and the second Maori lived not far distant from the first Maori. In the household of the European lived a young woman who had typhoid about three years ago, and was discharged as a carrier. There is a suspicion that the infection may have passed on from the carrier to the European, as she attended to the preparation of the food and undertook the milking in spite of an undertaking given the Department at the time of leaving hospital that she would have nothing to do with milking or the preparation of food. Any patients suffering from suspicious symptoms were removed to hospital and all contacts were inoculated. Only two further cases occurred in the district after these precautions were taken. All pas were visited for sickness during and since the epidemic. In connection with the European case, two further typhoid cases of Europeans were traced at Wairoa, both of whom had been contacts with the European case at Tauranga."

*Diarrhoeal diseases* in their mode of origin and spread resemble enteric fever closely. It is therefore only to be expected that the death-rate from this cause will take a course parallel with the death-rate from enteric fever. This is what we find. In 1935 there were 81 deaths from diarrhoeal diseases as compared with 354 in 1900, when the population was rather less than half what it is to-day. The decline is due to improved environment, including food and water supplies, to better hygienic habits, and to the work of the Plunket Society amongst the infants.

*Dysentery*.—A minor epidemic of what was regarded as acute bacillary dysentery occurred in the Whangarei and Bay of Islands counties. The infection was very severe, many children dying within twelve hours of the onset of symptoms. Although several bacteriological specimens were examined, in no case was an organism of the dysentery group isolated. Unfortunately, difficulty was experienced in obtaining the specimens, and