The next table shows the incidence of cases in the months November to March, by types of district:—

Table VIII.—Incidence of Positive Cases in City, Urban, Semi-rural, and Country Districts

	Population, 1st April, 1947 (Estimated).	Positive Cases November to March.	Ratio of Cases to Population.	Cases per 100,000.	Percentage of Cases Aged 15 Years and Over.
1. Auckland Metropolitan Area, less North Shore	236,000	90	1:2,622	38.1	26.7
2. North Shore boroughs	29,660	4	1:7,415	13.5	25
3. Otahuhu and Papatoetoe	11,570	4	1:2.892	$34 \cdot 6$	25
4. Other urban* (semi-rural)	14,950	20	1:747	$133 \cdot 8$	20
districts	ŕ				
5. Rural districts	54,860	23	1:2,385	$41 \cdot 9$	17.4
Total	347,040	141	1:2,461	40.6	24 · 1

<sup>\*</sup> The following districts have been excluded: Howick, Great Barrier Island, Waiheke, Warkworth, and Helensville.

The ratios for "rural districts" probably err on the low side, as the population figure upon which they were based includes a large number of districts from which no cases were reported. Similarly, the "semi-rural" ratios are probably too high, as the areas drawn upon are not completely covered by the population figures quoted. These two combined (4 and 5 in Table VIII) give an incidence of 61.6 per 100,000.

This relatively high incidence in the rural population has been noted again and again in many parts of the world. An unusual feature in this epidemic is, however, the fact that the percentage of cases amongst persons aged 15 years or more is *lower* in the rural and semi-rural districts than in the city and its environs. This is the reverse of the usual finding.

## (b) Ratio of "Suspect" Illnesses to Positive Cases

Our test populations were deliberately selected in the near vicinity of positive cases. The controls were in parts of the urban area remote from the main incidence, and no positive cases occurred within their ambit. By averaging these suspect illnesses we get a fair picture of the whole area. In Table IX this average incidence per 10,000 in each age/sex group has been compared with the incidence of positive cases, and the ratio of suspect to positive illnesses is shown:—

Table IX.—Ratio of Suspect Illnesses to Positive Cases, November to February Inclusive

Sex.		Age.	Suspect Illnesses per 10,000.	Positive Cases per 10,000.	Ratio Suspect Positive Cases.	Round Figures.
Males	••	0– 5– 10– 15 and over	1,920 2,155 1,595 710	$17 \cdot 2$ $21 \cdot 7$ $5 \cdot 0$ $1 \cdot 3$	112:1 99:1 319:1 546:1	Male children: Ratio, 130:1.  Males over 15 years: Ratio, 500:1.
Females		0- 5- 10- 15 and over	1,460 1,630 1,290 875	$7 \cdot 2 \\ 7 \cdot 1 \\ 7 \cdot 7 \\ 0 \cdot 9$	203:1 230:1 168:1 972:1	Female children: Ratio, 200:1. Females over 15 years: Ratio, 1,000:1.
Total		••	991	3 · 29	301:1	Ratio, 300:1.