Dr. D. P. Kennedy, Assistant Medical Officer of Health, rendered very valuable service throughout the epidemic. With his assistance it was possible to maintain one medical officer in the field practically continuously, and at the same time give attention to routine matters at District Office. Discussion with him was most helpful, both in assessing the value of data as it accumulated and in planning the campaign.

Considerable additional work fell on Inspector Cruickshank, involving long hours of overtime both on week-days and holidays. Throughout his work was well and conscientiously done.

Inspector Fogarty for a period assisted Inspector Cruickshank with the investigation of notified cases and the supervision of food premises and sanitary services.

The three officers above named, together with Miss Webb, District Health Nurse, assisted in carrying out the house-to-house survey. The group worked together smoothly and efficiently. Without their co-operation it could not have been done as completely and expeditiously as, in fact, it was.

One Nurse Inspector (Miss Grant), two District Health Nurses (Misses Pavelka and Walker), and one clerical assistant (Miss Holmes) from this office worked in a temporary capacity on the staff of the Kaikoura Hospital. Nursing staff from other District Offices were released for similar duty.

To last annual report, Dr. A. W. S. Thompson, Medical Officer of Health, Auckland, contributed an article on the epidemiology of poliomyelitis, based on an investigation undertaken in the Auckland area during the summer months of 1947–48. In this report a further article by Dr. Thompson is given, based on a much longer period of time, during which the poliomyelitis epidemic continued practically unabated.

DIVISIONAL REPORTS

The reports of the Divisional Directors which follow deal with many matters not referred to in this general survey, and indicate the wide activities of the Department.

DIVISION OF PUBLIC HYGIENE

Vital Statistics are given in the report of the Director-General.

Infectious and Notifiable Diseases

Streptococcal Sore Throat (Including Scarlet Fever).—Notified cases numbered 1,110 (Europeans, 1,106; Maoris, 4), as compared with 871 and 1,465 for 1947 and 1946 respectively. In accordance with its usual eight-year cycle, the disease can be expected to be increasingly prevalent during the next two or three years. Fortunately the disease is usually of a mild type.

Diphtheria.—Notified cases were 166 (Europeans, 154; Maoris, 12). This is a remarkably low figure, and the number of cases is the lowest recorded. The Department has continued the policy of encouraging immunization against diphtheria, preferably during the first year of life. The numbers of children being immunized are too few, however, to ensure with certainty that the disease will not increase in future years. With such a certain preventive measure available, the more complete co-operation of parents could reduce the disease to vanishing-point and eliminate what in the past has been an important cause of death in young children.

Enteric Fever.—There were 42 cases of typhoid fever (Europeans, 15; Maoris, 27) and 25 cases of paratyphoid fever, all among Europeans. The corresponding figures for 1947 were: typhoid, 138, and paratyphoid, 8. The cases of typhoid were fairly evenly distributed throughout the year and no outbreaks of any importance occurred. The cases of paratyphoid occurred mainly in the first quarter of the year in two health districts.