

Two areas which have largely contributed to the total are Newmarket, the smallest borough as to area, and Eden Terrace, the smallest road district. In the former the incidence has been 23 cases; in the latter 19 cases.

Of the country districts the increase has been chiefly experienced in Hamilton Borough, Waipa and Waitemata Counties; while in all eighteen counties have been affected, against twelve in the previous year.

Admissions to Hospital.—During the year 126 cases of enteric fever were admitted to the General Hospital, Auckland. Of these, at the end of the year (31st March, 1908), 37 had been discharged, 19 had died, and 70 remained in that institution. This gives a death-rate of 15·07. Dr. Inglis, Chairman of the honorary staff of the Auckland Hospital, reports that the majority of the cases have been of a severe type.

Scarlet Fever.

The notifications for the last five years are—1903–4, 367; 1904–5, 273; 1905–6, 240; 1906–7, 268; 1907–8, 277.

The increase during the year is distributed as follows:—

	1906–7.	1907–8.	Increase or Decrease.
Auckland City	98	70	– 28
Suburban boroughs	67	59	– 8
Suburban road districts	35	19	– 16
Country districts	66	125	+ 59
Hospital and shipping	2	4	+ 2
Increase	...	...	9

Though Auckland City shows a large decrease compared with the previous year, the decrease for the province is only 12 below that of the average of the previous five years.

The localities suffering most in the country districts, as compared with the previous year, are Coromandel, Manukau, Ohinemuri, Piako, Waikato, and Waipa Counties, with Thames County and Borough, while Cambridge Borough has, unfortunately, had 5 cases. The epidemic prevailing in Hamilton during several years has been reduced to 2 cases, and in Waihi the cases have been reduced from 13 in 1906–7 to 6 last year. Of the 13 cases set against Manukau County 6 occurred in one family at Drury, otherwise the numbers are not unusual. Of the 21 cases set down to Coromandel County 17 occurred at Mercury Bay. The 10 cases of scarlet fever in Ohinemuri County occurred within the area of some twelve by four miles, extending from Paeroa to Waikino, in which it was noted in last year's report that some 16 cases of diphtheria had been notified.

As has been observed in Great Britain, little benefit in checking the spread of scarlet fever has occurred from isolation in hospital, owing to the incidence of return cases. Except where a milk or food supply or a hotel or boardinghouse is concerned, removal to hospital is not encouraged.

With regard to scarlet fever, although the type in New Zealand appears less virulent than in England, it is a more serious disease even than measles, assuming that the latter is not treated, as often happens, as a trivial complaint. The consensus of expert medical opinion now is that the infectiousness of such cases before the child vomits or the rash appears is overrated. A child without other symptoms, but with the rash just appearing, is not very infectious; where, however, there is any suspicion of scarlet fever instructions have been given that any child who vomits at school should be sent home at once, the room should be cleared of children for the day, the ejected matter promptly removed, and strong disinfectants used, as it is unsafe to regard this material as other than a source of contagion. "Peeling," contrary to what used to be taught, is now known not to be particularly dangerous, as the result of bacteriological research. The really dangerous "carrier" cases are convalescents with suppuration or catarrh of the ear or nose. It is for this reason that no child who has been in an infectious-diseases hospital should return to school for at least a fortnight after discharge. In some countries where school hygiene has been highly specialised it is necessary to produce certificates showing that a bacteriological examination has proved negative before the child returns to school. With regard to scarlet fever, my experience in Auckland goes to show that except where patients reside in hotels, boarding-houses, or are associated with the sale of milk or other foods, there is little to be gained by sending these cases to an isolation hospital.

Diphtheria.

The notifications for the last five years are—1903–4, 71; 1904–5, 63; 1905–6, 97; 1906–7, 103; 1907–8, 165.

The increase during the year is distributed as follows:—

	1906–7.	1907–8.	Increase or Decrease.
Auckland City	20	43	+ 23
Suburban boroughs	33	51	+ 18
Suburban road districts	12	15	+ 3
Country districts	35	53	+ 18
Hospital	3	3	...
Increase	...	...	62