

The following cases were sent to the General Hospital at Auckland by order of the District Health Officer :—

Scarlet fever	..	..	41	Blood-poisoning	..	..	2
Diphtheria	..	..	41	Plague	..	..	7
Enteric fever	..	..	52				
Tuberculosis	..	..	2				
							145

Dr. Finch (Canterbury) reports :—

As the Hospital and Charitable Aid Board were constituted the local authority for the purpose of the Public Health Act, so far as it relates to the prevention of infectious disease by section 5 of the Hospital and Charitable Institutions Amendment Act, 1910, a considerable amount of time was occupied in interviewing Hospital Boards and arranging for the appointment of suitable Inspectors to carry out the duties in relation to the prevention of infectious diseases. These arrangements were practically completed by the 1st April, 1911, so that the Hospital Boards were able to take over these duties throughout the district on that date. There is no doubt that this arrangement has been extremely useful and beneficial, as now practically every case of infectious disease notified is promptly investigated, and arrangements made for removal to hospital or isolation at home.

Now that sufficient Inspectors are available in different parts of the district it is possible to make the routine of investigations and precautionary measures more complete.

The Hospital Boards have now direct knowledge of the number of infectious diseases in their district, whereas before they were only acquainted with the number that were removed to the infectious-diseases hospital under their control.

Dr. Champtaloup (Otago) reports :—

An outstanding feature of the infectious diseases generally in this district is the mild character of the attacks in the great majority of cases, which is in marked contrast to what pertains in the Old Country.

Three cases of cerebro-spinal meningitis, all fatal, occurred in the district during the year. Two of the cases were admitted to the Dunedin Hospital, where a complete bacteriological investigation was made, and the meningococcus found in the cerebro-spinal fluid. No cause could be detected, and none of the patients or contacts had been out of this country.

In view of the recent epidemic of acute poliomyelitis in the Old Country, in some cases confused with cerebro-spinal meningitis, it is interesting to note that there were two cases, both fatal, in the Otago Hospital District during the year. No connection could be traced between the two. The cerebro-spinal fluid appeared sterile to all laboratory investigation. The pathological finding was that of an acute ascending myelitis resembling Landry's paralysis.

Scarlet Fever.

Dr. Makgill (Auckland) reports :—

The cases notified from the health district during the last five years are,—

1907	..	..	266	1910	..	..	994
1908	..	..	195	1911	..	..	367
1909	..	..	124				

The monthly returns show that during the earlier part of the year we still were suffering from the general epidemic of scarlet fever which started in March of the previous year. Subsequent to June the notifications fell to one-half those received during the six months previous, and now the epidemic seems to be well under control. Town and country seem to have suffered alike, only the most isolated districts escaping. Again it is satisfactory to record the mildness of type, since no deaths are recorded as from scarlet fever.

Dr. Chesson (Wellington) reports :—

The total number of reported cases for this year—viz., 1,061—shows a marked increase on that of last year, which was only 443. The epidemic has affected the whole district, but naturally the greater number of cases have occurred in the more densely populated centres. The outbreak has, fortunately, been of a very mild nature—so much so that many cases have escaped observation until in the peeling stage, and there can be little doubt that a great number have escaped observation altogether; and this no doubt accounts for the extent of spread, the unrecognized cases having, of course, continued to mix with other children. Many cases have also been diagnosed by parents and others as measles, and, having received no medical attention, have not been isolated until some officer of this Department or of the Hospital Boards has noticed suspicious symptoms, and has either brought the case under my notice or obtained an outside medical opinion. Following on a report from Inspector Wilson, I visited Turakina and there discovered five cases of undoubted scarlet fever previously unrecognized, one being a fruit and sweetstuff vendor.

The outbreak was at its height in May, having gradually increased during the preceding months and declined equally gradually during the latter months of the year.

Dr. Finch (Canterbury) reports :—

A widespread outbreak of scarlet fever commenced in April and continued in most of the districts until the end of the year. In North Canterbury it was chiefly confined to Christchurch and suburbs, and in South Canterbury to Timaru; whereas in Ashburton and Southland there were more cases in the country districts than in the towns of Ashburton and Invercargill.