

The last epidemic of scarlet fever in Christchurch occurred in 1903 and 1904, in which years there were respectively 433 and 453 cases notified in Christchurch and suburbs; whereas this year there were 338 cases. There will not presumably be another epidemic for about another five years.

The epidemic was of a mild type with a few exceptions, and there were only two fatal cases in Canterbury and none elsewhere.

Dr. Champtaloup (Otago) reports :—

In March and April an outbreak of a mild type occurred at Beaumont. A similar outbreak occurred at Green Island in November and December, and was traced to three mild cases which were not diagnosed until the stage of desquamation. Only one death occurred in the district out of 229 cases notified.

Diphtheria.

Dr. Makgill (Auckland) reports :—

The cases of diphtheria recorded throughout the health district for the last five years are.—

1907	..	..	159	1910	..	..	257
1908	..	..	109	1911	..	..	223
1909	..	..	122				

Diphtheria was, unfortunately, again above the average incidence, though somewhat lower than in 1910. The monthly returns show that in April, May, June, and July the cases were most frequent. The first three of these were very wet cold months. With the warmer drier weather in early spring the incidence declined. There was no very definite epidemic, but cases were fairly evenly distributed over town and country districts. The outlying suburbs of Auckland escaped fairly well, but among the more populous suburban boroughs cases were frequent, Mount Eden Borough especially suffering. It is probable that lack of drainage facilities and the consequent continued pollution of the soil near the houses has much influence in spreading diphtheria.

Of the country districts the Waikato suffered most severely, Cambridge Borough alone escaping lightly. No cases occurred in Te Aroha, which is now well drained. On the other hand, in Waihi, which has no drainage facilities, 14 cases were notified.

The mortality was again low throughout, only six deaths from diphtheria being recorded.

Dr. Chesson (Wellington) reports :—

The incidence of this disease is slightly less than last year—viz., 322, as against 341. Only five deaths have been recorded—1.55 per cent. Of the total number of cases, Wellington City contributed 143, other large centres—viz., the Boroughs of Napier, Wanganui, and Palmerston North—contributing a further 47 cases, the remainder of the cases being spread in a more or less isolated manner over the country districts, the only county at all badly affected being Wanganui, with 11.

As far as monthly incidence is concerned, this appears to have been fairly evenly distributed, with slight increase between the months of May and September.

Dr. Finch (Canterbury) reports :—

There has been a considerable increase in the cases of diphtheria in both Christchurch and Timaru.

In Christchurch City there was one death, but there were six fatal cases from the country districts. There was an epidemic of a mild type in Gore without any deaths occurring.

Dr. Champtaloup (Otago) reports :—

An outbreak occurred during April and May in the Kaikorai district of Roslyn, which was traced to a fatal case primarily diagnosed as quinsy. Though confined to a small area, considerable difficulty was experienced in stamping out this outbreak, partly owing to the insanitary condition of the area in question. Diphtheria is endemic in the Kaikorai district, and will not be satisfactorily controlled till the drainage scheme which is in contemplation is completed.

Enteric Fever.

Dr. Makgill (Auckland) reports :—

The cases of enteric fever recorded throughout the health district for the past five years are :—

1907	..	..	193	1910	..	..	197
1908	..	..	391	1911	..	..	346
1909	..	..	206				

The somewhat heavy record of enteric fever, showing an increase of 149 over the previous year, is largely attributed to the outbreaks in various Native settlements and the European contacts therewith. This is shown best as follows :—

	1910.	1911.	Increase.
City and suburban cases	100	110	10
Rural districts ..	92	231	139

Of these 139 cases, we can attribute many to the outbreaks in Native camps at Ripia, Ahipara, and Kawhia. Considerable epidemics among Maoris were notified from Te Puke and Ohinemuri in the autumn, while 11 cases occurred in a Native bushfelling camp near Rotorua in November and December. The outbreak at Ahipara was exceptionally severe, some 35 cases being known, while many others had either died or recovered before we were made aware of the existence of the disease. In the Northern Wairoa district 24 Native cases were notified, and doubtless many others also occurred of which we knew nothing. At both these places it was found necessary to organize temporary hospitals for the treatment of these cases owing to the isolation and the number to be dealt with; while, again, at Kawhia this was done in a smaller epidemic owing to the impossibility of getting the cases to the