The District Health Officer, Wellington, reports:—

The number of cases notified of this disease is practically the same as last year—341 cases, as against 347 in 1912, 278 in 1911, and 199 in 1910. As pointed out last year, I do not think this necessarily indicates any increase in the number of cases, but that the cases are more freely notified. Then it must also be remembered that cases of this disease are, owing to their migratory habits, notified more than once.

The District Health Officer, Dunedin, reports:—

In 1912 there were 130 cases notified, this being the largest number for some years. This year 97 cases have been notified, and these were mostly cases of pulmonary tuberculosis.

I have continued my investigation into the condition of the Dunedin milk-supply *qua* tubercle bacilli, and have still to report that no tubercle bacilli have been detected in the milk-samples examined to date.

During the year I circularized the medical profession, asking for tubercular material from children under twelve years of age, but have so far received very few specimens. It is my intention to investigate the type of bacillus prevalent in juvenile tubercular lesions in this part of the Dominion.

Blood-poisoning, and other Infectious Diseases.

The District Health Officer, Auckland, reports:—

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

1909	59	1912	70
1910	52	1913	67
1911	55		

The 67 cases in 1913 were—

Puerperal fever	22	Cerebro-spinal meningitis	7
Erysipelas	15	Tetanus	6
Hydatids	15	Unclassified	2

The increase in hydatids is probably owing to the fact that practitioners are now recognizing that this disease is notifiable. The number of tetanus cases is high, possibly a result of the dry warm summer.

The District Health Officer, Dunedin, reports:—

Six cases of puerperal fever have been notified, but several others of a mild nature have been investigated at the laboratory, and have not been notified.

A small outbreak of 4 cases occurred in a nursing home, necessitating the closing of the home. In view of the outbreak, and the appearance of other cases in various parts of the district about the same time, I circularized the profession, and prepared a number of intrauterine swabs after the method of Foulerton and Bonney. These were in considerable demand, and proved of great service to the practitioners, while diminishing our work in the laboratory. We found that almost without exception pure cultures were obtained from the interior of the uterus. With one or two exceptions sensitized autogenous vaccines were prepared for these cases, and were administered with good results. The chief value of these sensitized vaccines seems to lie in prophylaxis, and I have elsewhere published a paper on our experience of their use. Altogether 14 cases were investigated in the laboratory.

I would suggest that the Department should be prepared to issue sensitized polyvalent streptococcal vaccines for use in puerperal sepsis.

Chicken-pox

The District Health Officer, Auckland, reports:—

The cases notified from the health district for 1913 number 492.

This disease was only made notifiable in July, therefore the figures do not lend themselves to any deductions. There is no doubt that a widespread epidemic of varicella was coincident with the smallpox outbreak.

DANGEROUS INFECTIOUS DISEASES.

The infectious diseases declared to be dangerous infectious diseases within the meaning of the Public Health Act are—Plague, smallpox, leprosy, and cholera.

Smallpox.

The District Health Officer, Auckland, reports:—

The cases notified from this health district in 1913 numbered 466. This, however, by no means gives a complete return of the cases, since the greater part of the outbreak was among Maoris, and in consequence only about a quarter of the cases were seen by medical men and reported. Also, during the earlier weeks of the outbreak the disease was not recognized as smallpox, and many cases even among Europeans were regarded as chicken-pox owing to the extraordinary mild type which was the feature of the epidemic. There is now no doubt that the disease was introduced from America by a Mormon Native missionary who had contracted it on the voyage from Vancouver on the s.s. "Zealandia" from a fellow-passenger who had a very mild attack which escaped notice. The disease developed in the Mormon at Te Hora about the 15th April. The earliest cases among the Natives with whom he was in contact probably occurred between the 27th April and the 1st May. The first cases notified were those seen by Dr. Ventry Smith at Whangarei upon the 10th May, so that these were probably infected from the first batch of cases. From this time the disease spread with great rapidity, and probably by the 6th July,