disease is probably not fully notified, but public-hospital records show a reduction in this disease of late years. The death-rate from tuberculosis is apparently steadily reducing, but as regards incidence notification is a varying factor, and the apparent incidence shown from notification cannot be taken as real.

Influenza Outbreak of June, July, and August, 1923.

The peak of this epidemic was in mid-July. In June the Otago and Southland Hospital Boards were induced to open up special accommodation for pneumonia cases, and medical attendants urged to notify all pneumonia cases and isolate them in hospital. This made Dunedin compare unfavourably with other cities as regards the incidence and death-rate from pneumonic influenza, and many people who ordinarily would have been treated at home for pneumonia or senility plus broncho-pneumonia were included in the list. The epidemic, coupled with an unusually severe winter, killed off many old people. A return of interest, as giving an idea of the true state of affairs, would be one from the Registrars of the four Dominion cities of all deaths from chest-conditions, including influenzal conditions, during May, June, July, August, and September.

Features of the Epidemic.—From the return it is noticeable that, as with the 1898 outbreak, and unlike the 1918 one, the highest incidence and death-rate were in the age-groups 30 to 50 years.

During the epidemic inoculation of the contacts of acute influenzal pneumonia cases with mixed influenza vaccine supplied by the Government Bacteriologist was performed in Dunedin and Invercargill. It cannot be said that this was attended with any proved benefits. On the contrary, many inoculated persons later contracted the disease in severe form.

Some of the post-mortems held on very acute cases in young adults showed septic lobular invasion of both lungs, intense inflammation of the whole of both lungs breaking down in patches into pus; and an interesting point was that in some of these cases wherein practically the whole of both lungs was intensely congested the medical attendant was confident prior to death that the base of one lung only was involved. Percussion and the stethescope indicated to him one-sided lobar distribution.

The Government Bacteriologist informs me that bacteriologically the outstanding feature was the presence of the mixed infections of which a hæmolytic staphylococcus aureus was the most constant finding. Several of the fatal cases showed staphylococcal septicæmia before death, apparently in pure culture.

During the period April to August, 1923, also, there were indications of a general exaltation in virulence of the staphylococcal, causing, for example, virulent osteomyelitis and fatal septicæmia following boils, &c. The Pfeiffer bacillus was a very constant finding, always associated with staphylococcus aureus, pneumococcus, streptococcus, and micrococcus catarrhalis in this order of frequency. Pneumococcus plus Pfeiffer was much less common than staphylococcus plus Pfeiffer. Of those which occurred, type 1 was the commonest, but the other types occurred.

In view of recurrences in the future, the disturbing feature is the absence of any vaccine or serum prophylaxis or treatment of proved value, excepting type 1 pneumococcus serum in the few cases in which this bacillus predominates.

Dunedin City: Infectious-disease Control.

The City Council pays the Department £500 per annum for the services of Inspector Craighead, assisted in disinfections by Inspector Freeman. With very rare exceptions acute infectious cases are promptly removed to hospital, but we have had no big epidemics of diphtheria or scarlet fever for several years. Should this occur the accommodation provided by the Otago Hospital Board would prove inadequate, and is unsatisfactory. Bacteriological swabs of diphtheria contacts are taken as a routine practice, and when two or more cases occur in one class-room of a city or suburban school swabs are taken of the whole class.

Private Hospitals.

During the year the private hospitals of Otago and Southland have been visited on an average of three times in the towns and twice in the outlying districts, more often if necessary.

Improvements have been made in the equipment of the hospitals more recently established, and alterations made in many others to bring them into accord with the requirements of the Department.

There is a general improvement in the hospitals of the larger towns, where the average number of patients per bed is greater than in the outlying districts. It is in these smaller hospitals that one finds that, owing to financial difficulty, many are unable to install the necessary requirements of the Department.

Private hospitals in the district number forty-one; there were three new licenses issued during the year, and two transfers. Two licensees gave up owing to ill-health, and one owing to finance.

A great number of the midwives in private practice have been visited and their bags inspected, which are all in excellent order. A number of unregistered midwives have been visited, and when necessary warned about taking more than one patient at a time.

The incidence and death-rate of puerperal fever during the year were unusually low. Forty per cent. of puerperal-fever cases occurring during the year in private hospitals and homes were removed to public or surgical hospitals. This percentage is on the increase.