

fever, has been considerably increased. A return prepared by Senior Inspector Gardiner demonstrated this increased incidence clearly. The incidence is due mainly to—

(1) Outbreak of typhoid fever in Hawke's Bay County in March, April, and May, which affected about forty Maoris and white people, the Maoris having the larger number of cases. The outbreak, which was carefully investigated by me and which was the subject of a special report, was directly traceable to Maori origin. There is considerable evidence that the movements of Ratana's followers have been the cause of spread of infection in a number of cases. All the white cases came from one locality, Westshore. The type of disease was severe, and the mortality higher than usual. There were also small outbreaks in the Poverty Bay District about the same time. Later in the year an outbreak at Masterton directly traceable to milk-infection occurred and affected eight white people—children and young adults.

(2) Prevalence of diphtheria in Poverty Bay District: During the autumn and winter, 1925, diphtheria was more prevalent than usual in this part of the health district. The disease died down in the spring and summer, only to commence again in the late autumn of this year, and during the months of March, April, May, June, and July 147 cases were notified. The disease was peculiar in type, in that a number of cases had only nasal manifestations of the disease. The isolation wards of the Cook Hospital were kept busy, and at times there were as many as forty cases under treatment; a few of these would be admitted as "suspect carriers." Fortunately, diphtheria was not prevalent in any other part of the Wairarapa - East Cape Health District, with the exception of Hastings. The infection here was, however, confined to one of the four large public schools in the town.

(3) Small outbreak of scarlet fever in the Hawke's Bay District (Waipawa County): This outbreak originated from some overlooked cases attending the Takapau and one or two other country schools in the same district. From these overlooked cases quite a small outbreak occurred, in which not only school-children but several adults became infected.

As an offset against this excess of these infectious diseases in the Wairarapa - East Cape Health District there is a very low incidence recorded for the Nelson-Marlborough Health District.

Influenza.—Influenza, generally of a mild type, was undoubtedly prevalent in both health districts in the winter and early spring, but, fortunately, it was not followed by pneumonia, except in a few cases. I, however, saw a few cases of pneumonic influenza of the pandemic type, and the rapid and destructive spread of the disease in the lungs was well exemplified in two post-mortem specimens I saw of fatal cases of pneumonic or septicæmic influenza. The local hospitals were easily able to cope with the mild epidemic.

No other notifiable infectious disease calls for much comment, except that it is gratifying to note that, although there was a greatly increased incidence of infectious diseases in the Wairarapa - East Cape District, tuberculosis notifications declined from 125 in 1925 to 99 in 1926. There were no cases of poliomyelitis notified.

IMMUNIZATION.

From infectious diseases and their incidence we can proceed to the important subject of immunity. During the year more work has been done in my two health districts in active immunization than has ever been previously carried out. Resulting from the typhoid outbreak in Hawke's Bay, which was undoubtedly of Maori origin, though, unfortunately, quite a number of white people, mainly children, got infected, Te Rangi Hiroa carried out a T.A.B. inoculation campaign in the Hawke's Bay District. About eleven hundred Maoris received the two inoculations in the various Maori settlements in central and southern Hawke's Bay. I also inoculated, in addition to some contacts, about forty white people living at Westshore. Also at two or three settlements in the Poverty Bay District inoculation with T.A.B. has been carried out.

INOCULATION AGAINST DIPHTHERIA.

A fairly extensive campaign was carried out by me in Gisborne Borough in November. I inoculated about one thousand children attending the four large public schools, and also about one hundred children under school age. It is not difficult to carry out diphtheria inoculation in public schools. When the advisability of this prophylactic treatment is presented to parents the voluntary response is fairly satisfactory. But it is not so easy to get at the pre-school child. Children of this age are the most susceptible to diphtheria. In addition to the Gisborne schools, Dr. Clark inoculated quite a large percentage of the children attending the Hastings West School, where cases of diphtheria kept occurring all through the winter and spring. Dr. Keith, School Medical Officer, also inoculated a school at Murchison, in the Nelson-Marlborough Health District. I regard this prophylactic treatment against diphtheria as a most important line of work in preventive medicine.

GENERAL SANITATION.

A high standard of work has been kept up and carried out by our Inspectors and certain local-authority Inspectors, which is gratifying and encouraging to the Medical Officer of Health.

WATER-SUPPLIES.

During the year the water-supplies of all the larger and some of the smaller towns have been kept under supervision, and samples taken in certain instances. The Medical Officer of Health has no immediate cause to be alarmed about the water-supplies of any towns in these health districts. In one or two cases the intakes require more protection, but, on the whole, all the water-supplies stand the present bacteriological tests quite satisfactorily.