stayed in Ashburton were also affected. Although the staff of the refreshment-rooms were attacked heavily, no cases were reported amongst the railway passengers who had taken food at the Ashburton refreshment-rooms. Symptoms: Acute diarrhœa and colic of sudden onset and lasting forty-eight hours; vomiting in some cases. Mortality: One fatal case, an infant of three months.

Pneumonic Influenza.—The country districts escaped lightly. Of the 174 cases notified, forty cases occurred in the country districts of Canterbury, and, of these, thirteen occurred in Ashburton and five in Timaru. There was one case in May at Amberley, and one case in June in Timaru. In July thirty cases. Of these, there were four cases in Timaru. The first case was a visitor from Auckland, who arrived in Timaru suffering from the disease and died shortly after his arrival. Seven cases in Southbridge and neighbourhood; eleven cases in the Ashburton District. There were only three cases in North Canterbury outside the Christchurch area. In August there were seven cases—three in the Southbridge area, two in Ashburton, and two in North Canterbury.

Local Authorities.

Four local authorities adopted the Plumbing and Drainage Regulations, and all the local bodies are revising their by-laws, with a view to complying more fully with the Health Act.

The Mackenzie County Council has instituted a nightsoil system for the Town of Fairlie, and has taken considerable trouble to make their scheme a good one.

The Temuka Borough Council has satisfactorily arranged for an extension of their sewerage scheme.

Camping-grounds.

An inspection has been made of the seaside camps. There is a tendency to crowd houses or other buildings of a semi-permanent nature. Representations have been made to the local authorities, suggesting a minimum area for a camp-site. The Lake Ellesmere Domain Board is putting in a water-carriage system with a septic tank.

Trade Wastes.

The fatty effluent from dairy factories and wool-scouring plants is a frequent cause of nuisance, and it is a difficult substance to satisfactorily treat. In view of the value of fat as a by-product, there would appear to be room for more research into the disposal of this particular form of trade waste.

Spray Painting.

This comparatively new process is being carefully watched. While there is obvious discomfort on inhaling the vapours for the first time, as far as our limited experience goes there is no obvious permanent harmful effect on the workers. The Government Analyst, the employers, the employees, and the Medical Officers of Health are in frequent consultation as to the best methods of ventilating spray-painting shops, and the other matters affecting the welfare of the workers in this particular process.

Mortuaries.

Arrangements are being made for the erection of mortuaries at Methven and Rakaia; and the Temuka Borough Council have expressed their opinion that a mortuary is necessary for Temuka, and they are deliberating as to what steps they should take to secure one.

SECTION 4.—OTAGO-SOUTHLAND HEALTH DISTRICT.

Dr. Crawshaw, Medical Officer of Health; Dr. Shore, Medical Officer of Health.

The following diseases showed an increase in 1926 as compared with the previous year: Scarlet fever, 138 (94 in 1925); diphtheria, 234 (199 in 1925); influenza, 40 (3 in 1925). A decrease was apparent in the following: Poliomyelitis, 6 (104 in 1925); puerperal fever, 29 (34 in 1925); erysipelas, 22 (31 in 1925).

Diphtheria.—During the year two outbreaks occurred at Kaitangata—one about the end of March and the other in October. A special report by Dr. Shore is appended.

About the beginning of August the Medical Superintendent of the Public Hospital, Dunedin, Dr. Falconer, drew attention to the repeated outbreaks of diphtheria in the Jubilee Ward. Even though all precautions were taken and the ward fumigated, patients still developed this disease. On looking over the facts it appeared that there must have been either some continuous source of infection in the ward or that fresh infection must have been introduced at frequent intervals. On making inquiries it was found that certain patients had been in the ward right from the beginning of the trouble, and that no nasal swabs had been taken. It was arranged that nasal swabs should be taken, and also that swabs be taken from all wounds in the ward. The nasal swabs were negative, but two taken from wounds showed positive results. The patients whose swabs were positive were isolated in a side ward. After this no further cases appeared. The results obtained from the wounds show the necessity of devoting attention to them as well as to throats and noses when diphtheria appears in a surgical ward.

Pulmonary Tuberculosis.—Work in connection with this disease in the vicinity of Dunedin and suburbs has been carried out by Nurse Inspector Jeffery. An outline of this officer's activities during 1925 and 1926 has already been furnished.

Infectious Diseases, Dunedin City.—From 1st November last the Dunedin City Council arranged to take over all infectious-disease work in the city. The Council appointed Mr. S. G. McDonald to carry out this work.