Scarlet fever has been prevalent generally throughout the Wairarapa–Hawke's Bay Health District, but more particularly in southern and central Hawke's Bay. The total number of notified cases is 759. The graph for this health district shows that in 1927 there was an increase in the winter of this year. Notifications continued fairly steady through last summer and the autumn of this year (1928) until the late autumn, when there was a fairly rapid rise, and the graph shows an ascending scale to about the middle of August, when for the week ending the 20th August there were forty-eight cases notified in this health district. This peak was followed by a fairly rapid drop, and then another sudden rise at the end of September, followed by a drop to the end of the year. It can thus be generally said that scarlet fever of a very mild type has been epidemic in the Wairarapa–Hawke's Bay Health District throughout the whole of the year, but most markedly during the late autumn, winter, and early spring period.

So numerous were the admissions to the isolation wards of public hospitals that it was necessary to curtail the regulation period of isolation in hospital from six to four weeks at the three public hospitals in the Hawke's Bay District. Care was exercised as far as possible to discharge only "clean" cases at the termination of this shortened period of isolation, and naturally a sharp watch was kept for "return cases." I am pleased to report that the new practice has not produced a higher percentage of "return cases." This is gratifying because it supports the findings and observations of many Medical Officers of Health in England, and it is all the more so because we have not the effective disinfecting plant that English fever hospitals have, nor the accommodation to segregate acute from convalescent cases of scarlet fever. With only one or two slight demurs, the public accepted the shortening of the isolation period in hospital as beneficial all round.

Arising also out of this epidemic a wise practice has been put into operation of, where practicable and convenient, nursing cases at home. This I regard as a most important matter when an epidemic of a mild nature is causing a rush on the available public accommodation. The selection by the Medical Officer of Health and his staff of the suitable case for removal to hospital should be encouraged, because it has come to be regarded as a public necessity that all cases of notifiable infectious diseases, *ipso facto*, be removed from their houses to a public place of isolation. There is no such public necessity in the infectious-disease section of preventive medicine and public health. Sir George Newman's dictum is a sound one, that "admission to hospital must have close regard to the incidence and severity of the disease in the locality."

When the rush on the isolation accommodation of the public hospitals became easier I advised Medical Superintendents to use their discretion about returning to the full six-weeks regulation period, stating that, as the Medical Officer of Health, I was quite satisfied if "clean" cases—*i.e.*, cases which might still be desquamating, but had no signs of any sores or discharges after a careful examination—were discharged after a period of four weeks from acute onset of the disease.

The epidemic of scarlet fever which has been prevalent throughout the year in the Wairarapa–Hawke's Bay Health District has presented quite a number of interesting features, some of which are quite common knowledge, and some which have probably been observed by other Medical Officers of Health:—

(1) The mild type of the disease.
(2) The probability that the incubation period of this mild type of scarlet fever is in some cases longer than the usual text-book one or two to five days.
(3) The onset may be much less acute, and the classical symptoms of headache, vomiting, and sore throat so slight as to make diagnosis quite difficult.
(4) The rash, when observed, seems to be fairly typical for scarlet fever.
(5) Desquamation is quite typical, and, in my opinion, is not always dependent on the severity of the rash—*i.e.*, what has been regarded as a very mild case has desquamated freely. I know, however, some observers disagree with me.
(6) Although the type of the disease has been mild so far as the acuteness of the onset and initial symptoms were concerned, the commoner sequelæ, such as otitis media, mastoiditis, adenitis, arthritis, and nephritis, have been quite as frequent as in a more severe type. This is a most important feature, because it shows that the scarlet-fever organism, if it does not produce a pronounced toxæmia, has sufficient virulence to maintain itself in the tissues and produce after-effects of a very damaging nature.
(7) The cases, when divided into age groups, show a higher percentage of adult infection than is usual in epidemics of scarlet fever. This indicates, possibly, that the immunization of the community against scarlet fever is not high, and that scarlet fever is not merely an infectious disease of childhood, but also of adult life, if the adult had not received an active dose of immunizing antigen in childhood.
(8) There is considerable evidence that a fairly common source of infection is travelling in trains and public vehicles, and that the public do not exercise much care or thought about their movements, so far as the health of the community is concerned. There are instances where sick children have been taken long distances by train and motor-car. One successful prosecution of a parent who neglected either to call in a doctor or notify the local authority was instituted.

Diphtheria.—There has been no marked incidence of diphtheria in any particular town or area in the two health districts.

Typhoid Fever.—Very few cases (ten) of typhoid fever have been reported during the year. The majority of the cases reported were in the Hawke's Bay District, and mainly Maoris. Since the outbreak in Hawke's Bay in 1926, and the inoculation campaign carried out by Dr. Buck, the incidence of typhoid amongst Maoris has been small and there have been no outbreaks of the disease.