

On the 25th June, 1924, the boy came under the care of the Child Welfare Officer, and was placed for a short time in the Anderson's Bay Home. There was no suspicious illness in the Home during this period. After a month or two in the Home he was boarded out with a Mrs. X. in one of the suburbs, and here he remained until the 17th September, 1926. Mrs. X. states that during that time there was no sickness of any nature in her house. On the 6th January, 1927, he went to work with Mr. V., a farmer living near Gore, where he remained until the 12th May, 1927. Inquiries were made from Mr. V., who reported as follows: "K. did all the milking during his stay here, and was very clean in his habits. No milk has ever been supplied to neighbours. There has been no illness of any nature in the house. There has been no history of undiagnosed illness among any persons visiting the house so far as is known." K. returned to Dunedin on the 12th May, 1927, and on the 1st July went to work with Mr. A.

This summary of his movements suggests that his infective condition is of a very intermittent nature. During the period October, 1920, to January, 1927, he was possibly responsible for two cases of the disease. Even though he was not handling food as an occupation, there must have been considerable opportunity for spreading infection both when he was at the Home and also at Mrs. X.'s, where several other small boys were living. Again, for a period of over five months on Mr. V.'s farm he was handling milk and yet did not cause any infection.

While in hospital he was advised to undergo excision of the gall-bladder, and this he agreed to, being operated upon on the 3rd September, 1928. Following the operation, a pure culture of typhoid bacilli was obtained from the gall-bladder, and also from a gland adhering to it. During his convalescence six specimens each of urine and fæces were submitted for examination, and were found free from typhoid bacilli. He was discharged from hospital on the 21st September, and since that time twelve specimens of fæces have been examined at intervals and no typhoid bacilli found.

Extent of Outbreak.—Probable cases: August, 1927—Mrs A. (died); December, 1927—B. J. (died). Proved cases: March, 1928—T. W. (recovered); June, 1928—F. A. (recovered); July, 1928—D. (died), B. (recovered).

It is interesting to note that K., while in hospital in 1920, had two specimens of fæces taken during the course of his illness, and a third four weeks after admission. He was discharged four weeks and three days after admission. This shows that the present regulation requiring six weeks' isolation followed by two negative specimens of urine and fæces taken at seven days' interval is not in any way too stringent.

PART II.—MAORI AND PAKEHA: A PRELIMINARY STUDY IN COMPARATIVE HEALTH.

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During the latter half of 1928, because of various persistent and seemingly wild statements as to dangerous health conditions among Maoris, it was decided to investigate quietly, and see how Maori health compared with that of his pakeha friend. For this purpose 1,423 Maori children from the whole health district were carefully examined; where they were found, an equivalent number of white children were similarly seen by the same observer—1,569 in all. Thus comparative groups, Maori and white, were constituted, representing the whole area of East Cape. The total number in each group is small. The results below are not stated dogmatically, but given as an indication that the sturdiness of the old Maori warrior is not yet lost in his children. They compare more than favourably with the white child. This study shows that preventive medicine has work before it which, brought to a favourable conclusion, would place the Maori child in undoubted superiority as regards health and physique. Results of the investigation are given as rate per 1,000 seen.

Anæmia was more frequent among white children. Maori, 1·40; white, 11·47.

Heart-trouble was more common in white children. Maori—Organic disease, 4·91; functional disease, 9·14: total 14·05. White—Organic disease, 6·37; functional disease, 22·31: total, 28·68.

Respiratory disease was more prevalent in the Maori group, though still small in amount. Of Maori children, 30·92 were considered to have unhealthy chests; and of these, from history, signs, and symptoms, 5·62 were held to be suffering from pulmonary tuberculosis. Of white children, 12·74 were weak-chested, but none of these were actually diagnosed as tubercular. Bacteriological and X-ray assistance in diagnosis was not possible.

With this respiratory weakness among Maoris a great deal of indigency is associated, with its attendant evils of poor, ill-balanced diet and bad housing, with gross overcrowding and deficient ventilation. Where dairy-farming is being undertaken the children have to work very hard, and overwork becomes a factor. The great danger encountered by the children is the presence in the pa, in some one or more homes, of the advanced active case of phthisis. Continuous supervision with existing staff is impossible, and between visits observance of necessary precautions is often lacking. The wonder is that, with the germ present in suitable environment, more children are not infected.