Dr. Maclean, Medical Officer of Health, Wellington, in reporting on an outbreak of diphtheria at the Wellington Hospital, writes :—

"A number of cases occurred among child patients and nurses in the Wellington Hospital. Over a period of four months there were twenty-six cases among patients and nine cases among nurses. In addition, a masseuse working at the hospital and a female employee in the laundry contracted the disease. Wholesale swabbing was carried out from time to time, and five carriers among the patients and six among nurses were found at different times. The occurrence of cases continued over the whole period of four months, and no one source of infection could be discovered. No patients other than inmates of one or other of the children's wards were infected, and all the nurses concerned, with one exception, were nursing either in the fever hospital or in the children's wards. The masseuse who contracted the disease was treating children in the poliomyelitis ward, and the laundress had handled soiled linen from the infected children's wards.

"There can be little doubt that the spread of infection was assisted by the grossly overcrowded condition of the wards, combined with under staffing and a general lack of facilities for a high standard of nursing technique. Once infection had gained an entrance the conditions of overcrowding would make its eradication difficult."

Dr. Turbott, Medical Officer of Health, Hamilton, writes :—

"Diphtheria shows a rise from a rate of 4·78 in 1936 to 6·47 per 10,000 in 1937. There were 88 cases, 6 only being in Maoris. There were 3 deaths—2 in Maoris, one European—death-rates respectively 1·19 and 0·08 per 10,000.

"The Maori seems to have a lower resistance than the pakeha to many diseases, and this shows up once again in this disease usually regarded as a pakeha disease. As last year, there is again in 1937 a marked difference in incidence in South Auckland and East Cape districts where immunization was carried out some years ago. Compare the South Auckland 6·47 with the East Cape 2·81 for the current year, the former district not having had a mass immunization campaign. The position is now being rectified, as, commencing in May, a mass immunization campaign was inaugurated in South Auckland using anatoxin as the prophylactic. Approximately 10,000 children have been approached by the end of the year and of these, 5,392 were dealt with by parental consent, the others having to be passed by, the immunization offer being unfulfilled by the parents."

A preliminary report of this work by Dr. Helen Deem and Dr. H. B. Turbott appears as an appendix to this report.

Enteric Fever.—Fifty-five cases were notified with a death-rate of 0·06 per 10,000, as compared with 61 cases and a death-rate of 0·05 in 1936. The wide installation of public water-supplies and of modern systems of sewage disposal have been the factors chiefly responsible for the remarkable decline of this group of diseases in the European section of the community, while in the case of the Maoris anti-typhoid inoculation has played a substantial part. The future solution of the problem lies mainly in the provision of safer water-supplies and of a higher standard of sanitation in Maori communities. At present the dangers of epidemics are always imminent in this section of our population, as illustrated in the following account by Dr. Hughes, Medical Officer of Health, Auckland, of an outbreak at the Great Barrier Island :—

"The outbreak of typhoid at the Great Barrier first occurred at Kawau Bay on March 22nd in a Maori school child who was brought to Auckland and nursed by his own mother. On April 20th two of his relations took ill at the Barrier. On May 5th a brother of the first child was absent from school for three weeks, while on May 10th another brother aged 10 took ill, and then the father took ill about May 30th. About May 20th five other cases occurred at Kawau Bay and Catherine Bay among the Maoris, and three took ill at Motairehe Bay in one family.

"In July three further cases occurred. The cases had been treated by the Hospital Board nurse as being influenza cases, and it was not till late in June that the Department was advised of any illness, and the nurse visited the Department and the symptoms stated by her went to confirm her diagnosis of influenza with complication of pneumonia in one or two cases. In July, from information from Maoris who had visited Auckland, it was decided that a visit be made to the Island, and Dr. Gilberd visited by aeroplane. Visits were paid to all Natives, and specimens were obtained of blood from ten patients who had been ill and recovered. Eighty-seven Maoris were inoculated at the different bays, and four others in Auckland who had been contacts were also inoculated. Specimens of urine and four fæces specimens also were obtained from Maoris who had been ill. Steps were taken in the settlements to have improvements carried out concerning the sanitation.

"A second visit to the Island was made in August and T.A.B. inoculations continued, also medical and sanitary surveys made. Second inoculations were carried out where necessary. Six more Maoris were inoculated and seventy-three were given the second injection. No further cases occurred. On August 28th another visit was paid by aeroplane to see the only patient that had not recovered, and a trained nurse was taken to the Island to nurse the patient and relieve the district nurse."

Influenza.—The death-rate for influenza (all forms) declined from 0·94 per 10,000 in 1936 to 0·73 in 1937.