CONCLUSION

The Department is indebted to the many local bodies and organizations with which it has been associated for the willing co-operation it has received over the past year. My own appointment covered only the final two months of the year ended 31st March, but I wish to express my appreciation of the loyal support accorded to me by my Deputy (Dr. Turbott), the Deputy Director-General (Administrative), the Directors of all Divisions, and other senior officers of the Department.

JOHN CAIRNEY,
Director-General of Health.

REPORT OF THE DIRECTOR, DIVISION OF PUBLIC HYGIENE

(The statistics in this report refer to the calendar year 1949.)

INFECTIOUS DISEASES

Streptococcal Sore Throat (Including Scarlet Fever).—Cases numbered 1,049 (Europeans, 1,038; Maoris, 11), compared with 1,110 for 1948. The disease continues to be of a mild character.

Diphtheria.—The low figure of 89 (Europeans, 83; Maoris, 6) sets a record for New Zealand. Departmental officers have continued the policy of immunizing school children and pre-school children. In addition, a large number of children have been immunized by private practitioners, but unfortunately the Department cannot obtain accurate figures of the numbers treated. The importance of having their young children immunized against diphtheria is kept permanently before the public by means of newspaper advertisements, posters, and display notices in buses and trams. This education of the public must be kept up, as otherwise, in the absence of the disease, apathy is likely to develop. The Dunedin district is remarkable in that no case of diphtheria has been notified in the three years 1947–49. A recent survey was carried out in twelve large schools and revealed that 85 per cent. of the primer children had been immunized before entering school.

Enteric Fever.—There were 60 cases of typhoid fever (Europeans, 20; Maoris, 40) and 20 cases of paratyphoid fever (Europeans, 4; Maoris, 16). The Maori figures for 1948 were 15 cases of typhoid with no cases of paratyphoid. An interesting group of cases of typhoid fever in the Gisborne district was traced to a chronic carrier, who had also been the probable cause of a number of isolated cases during a period of several years. An account of this series of cases has been written by Dr. T. C. Lonie and appears as an Appendix to the Department's report.

Of the Maori cases of typhoid fever, a group of 9 were due to the use of water from a spring polluted by adjacent pit privies at a higher level. The spring water had been used in preference to satisfactory water from the adjacent borough supply which was readily available.

An interesting group of 16 cases of paratyphoid A fever was reported by the Medical Officer of Health, Auckland. All of these patients were Maoris or Polynesians. The cases were at first thought to be due to the eating of polluted shell-fish, but no evidence of pathogenic contamination could be found in the 144 samples of mussels, pipis, cockles, and winkles taken from the suspected areas. As Dr. Thompson points out, paratyphoid A fever, although common in Asiatic countries, is very uncommon in Europe, Australia, and New Zealand. Some of the patients were living under very crowded conditions, and there was every opportunity for close personal contact. Four close contacts of one of the paratyphoid patients were admitted to hospital with fever on the same day, but were found to be suffering not from paratyphoid fever, but from septicaemia due to *B. faecalis alkaligenes*.