

be exposed to the chance of infection from the Mount Albert water-supply. Of the twenty-three remaining cases, one was a nurse in the typhoid wards at the hospital who may have received the infection indirectly from the Mount Albert patients. In other cases, although no connection could be traced, it is probable that the infection was from Mount Albert, as in the case of three cases in Mount Eden who live close to the Mount Albert boundary and very possibly visited there.

In six of the twenty-three city and suburban cases infection was certainly received outside the metropolitan area—four of them being from overseas. Three of these latter arrived by the s.s. "Niagara" on the 7th April and showed symptoms from the 10th to 13th April—the incubation period being obviously too short to admit of the infection being contracted in Auckland. The fourth overseas case arrived from Suva on the 25th April and was notified on the 1st May. Here again the incubation period excludes infection being contracted in Auckland, and the presumption may be drawn that Suva was the source of infection in all four cases.

(4.) EVIDENCE FROM THE STOPPAGE OF THE WATER-SUPPLY.

The table given above shows how rapidly, allowing for the long incubation period, the epidemic was checked after the water-supply was cut off on the 13th April.

(5.) ABSENCE OF OTHER POSSIBLE COMMON SOURCE OF INFECTION.

In all cases complete inquiries have been made into milk-supplies, shell-fish, green vegetables, and other commodities supplied to each household, but it has not been found that there is any source of infection other than the water which is common to the 195 cases in the Mount Albert water area.

(6.) EVIDENCE FROM THE EXAMINATION OF THE WATER.

Finally, we have the evidence from results of the bacteriological examinations. These show that the water during a period of years has shown increasing signs of pollution, and that in November last the condition was such as to warrant the Medical Officer requiring the Borough Council, who controlled the supply, to abandon the source and meantime to chlorinate the water. This chlorination was done, but obviously the method broke down, for samples taken on the 10th April showed *B. coli* in 0.01 c.c. of the water, whereas in March the least amount in which it could be found was 50 c.c.

The earliest cases were in the Asylum and were recognized by the 7th April. Of the earliest cases among the general public the symptoms first showed also early in April. We may conclude, then, that infection was present in the water towards the end of March. This may have been due to the very heavy rains in that month washing down an unusual amount of organic matter from the catchment area—too much for the natural scoria-bed filter to break up completely, and presumably too much for the amount of chlorine placed in the water by the Council authorities.

It is interesting to learn from the Government Bacteriologist that infection is not confined to one organism of the enteric group, but that typhoid and both types of para-typhoidal infection have been detected. This is suggestive of a fairly widespread state of pollution on the catchment area.

There is not the slightest reason to fear that the Auckland city supply or any of the other suburban supplies are sources of infection.

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PART III.—CHILD WELFARE.

SECTION I.—GENERAL ADMINISTRATION.

The health campaign throughout the Dominion conducted last year by myself as Director of Child Welfare, in conjunction with Miss J. B. N. Paterson, has been practically completed. This campaign, undertaken at the instance of the Hon. C. J. Parr as Minister of Health and Education, has met with general appreciation. Not only has it been of direct service in the promotion of health in general, and of mother and child in particular, but it has given a further impetus to the work and activities of the Royal New Zealand Society for the Health of Women and Children. The branches of this organization threw themselves whole-heartedly into the project, and spared no pains in organizing everything ahead with the local Education and Health authorities. By this means smoothness and economy of working were ensured, and our grateful thanks are due to all concerned for thus enabling us to cover effectively the maximum of ground in the minimum of time. The co-operation of the School Boards, School Committees, teachers, and medical and nursing staffs of the Department also contributed greatly to the success of the campaign.

SUMMARY OF LECTURES, DEMONSTRATIONS, ADDRESSES, ETC.

The special object of the health campaign, as explained last year, was to interest and enlighten the whole community in regard to the essentials for personal and national health and fitness, and to promote the standard of proficiency in hygiene and the prevention of disease among nurses, teachers,