

STAFF.

The very considerable volume of work carried out through the year in the Taranaki Health District was only made possible through the loyal and energetic support accorded by the Health Inspectors and my office staff.

I have also alluded, in the course of this report, to the increasing degree of co-operation which I have received on the part of the Inspectors of the local authorities.

GENERAL.

During the year a conference between delegates from the St. Johns Ambulance Association and the Red Cross Society was attended, and the need for the prevention of overlapping of their spheres of activity was elaborated. As the result of this conference the fields of work in New Plymouth for the respective organizations were clearly defined. At the same time it was agreed to share the necessary offices and lecture-rooms. In view of the working agreement between the Red Cross Society and the Department, this further understanding was most valuable.

SECTION 8.—EAST CAPE HEALTH DISTRICT.

Dr. TURBOTT, Medical Officer of Health.

INFECTIOUS DISEASES.

Scarlet Fever.—Number of cases, 343. Rate per 10,000 of population in district, 64·71. Number of deaths, 2. Case mortality, 0·56 per cent.

During the autumn and winter scarlet fever was epidemic in the district. A small increase in notifications during February, a further rise in March, was followed by epidemic prevalence during April, May, and June. By September normal incidence again prevailed. Gisborne Borough was first affected, but by May country districts were involved. The school holidays during this month were responsible for a sharp rise in notifications; and it was at this time that rural spread appeared, vacation visits probably being responsible. Gisborne cases were now lessening, with a greater proportion of adults being affected. The epidemic was mainly rural from now on till subsidence in early spring. The two deaths occurred, one at the beginning and one at the end of the epidemic.

All cases were mild in type; the disease merited respect, nevertheless, for some of the mildest cases were followed by nephritis or other complication. More females were attacked, the figures for the three epidemic months being—females, 130; males, 60. Maoris are apparently immune, no case occurring in that race during the epidemic.

Where the facilities were adequate, home isolation was allowed, and the call on hospital accommodation thereby relieved. The isolation period was reduced to four weeks throughout the epidemic, unless complications prevented a clearance at that time. This procedure had no adverse effect on the spread of the disease, judged by the return cases rate of 1·12 per cent. In addition to the methods laid down by regulations, an attempt to curb the spread of infection was made by obtaining daily lists of absentees from town schools. By following up to their homes these absentees it was hoped to discover the "missed case." Of these absentees, 8 per cent. were suffering from true scarlet fever. These had no intention of calling in medical aid, would otherwise have been missed, returned to school after a few days, and been a potent factor in the spread of infection.

Diphtheria.—Number of cases, 96. Rate per 10,000 of population, 18·11. Number of deaths, 1. Case mortality, 1·04 per cent.

A marked reduction in incidence is noticeable, last year's rate being 31·20. No epidemic occurred, the distribution being scattered. Increased autumnal incidence was evident, more than half of the yearly cases occurring at this period. The one fatality occurred in a man aged fifty-one years. No preventive immunisation has been undertaken.

Typhoid Fever.—Number of cases, 34. Rate per 10,000 of population, 6·41. Number of deaths, 3. Case mortality, 8·82 per cent.

In sixteen cases the source of infection was traced, careless contact being responsible for seven cases, a polluted water for five cases, and carrier infection in a maize-picking gang for four cases.

Twenty of these cases occurred in Maoris, seven of whom were children. Of these seven children, four had escaped preventive inoculation, one developed the disease the day after his first injection, while two, who had been inoculated in December, 1928, contracted the disease in August, 1929. Mass inoculation of Maori school-children was effected in 1928, and falls due again in 1930. The 1928 rate of 8·18 has fallen in 1929 to a rate of 6·41.

Tuberculosis (Pulmonary).—Number of new cases, 45. Rate per 10,000 of population, 8·49. Number of deaths (old and new cases), 17.

Acute Poliomyelitis.—Number of cases, 10. Rate per 10,000 of population, 1·88. Deaths, nil. Sporadic typical cases occurred.

Four cases occurred in Maori children at Nuhaka and within a radius of twelve miles, but there had been contact between the affected families. This Nuhaka area escaped visitation by the disease during the last New Zealand epidemic.