

Appended is a table (Table I) showing the weekly number of cases notified or discovered. For the purposes of tabulation, &c., Auckland Central Health District is divided into a metropolitan area and an outer area. The Native and white cases are given in different columns. It will be noted that the epidemic ran a shorter and sharper course in the South Auckland area.

There is a marked difference in the proportion of Maori cases in the three areas. In the Auckland metropolitan area 33½ per cent. of the total were Natives, in the Auckland Central outer area 76 per cent. were Natives, and in the South Auckland District 80 per cent. were Natives. This difference may be more apparent than real. It is probable that a more correct total of the Maori cases was arrived at than of the European. The district nurses and Inspectors were devoting special attention to Maori settlements, because it was felt that owing to faulty sanitary conditions a greater danger existed there. In this way many unnotified Maori cases were discovered.

The white and Maori population of these districts is—Auckland Central Health District, 204,879 and 2,581 respectively; Auckland South Health District, 97,218 and 12,457. The attack-rate on the Native population, therefore, was 135 per 10,000. The attack-rate on the white population was 2·94 per 10,000.

Age Incidence.—The age incidence of all the cases is given in Table II. Here all the districts are combined, but white and Maori are again kept separate. It will be observed that in the case of Europeans 62 per cent. of total cases were under sixteen years of age, and in case of Natives 64 per cent. were under sixteen years of age.

Death-rate.—In the eighty-nine cases amongst European population there were fifteen deaths—a fatality-rate of 16·8 per cent. In the 203 Maori cases there were forty-eight deaths, equal to a fatality rate of 26·6 per cent. Here, again, the Maori death-rate is possibly somewhat more accurate, as the total of Maori cases is probably more nearly correct than the total of European cases.

In connection with the extension of the epidemic to the South Auckland District, it should be mentioned that a large regatta was held at Ngauruawahia on the 16th March. This was largely attended by Maoris, but every endeavour was used to prevent Natives from infected districts travelling to the regatta. The fact remains, however, that during the following week cases were reported from the Maori settlements around Ngauruawahia. The week following the regatta a large Maori *hui* was held at Ngauruawahia Pa. The sanitation of this pa was under close supervision, and no cases of dysentery occurred in the pa. The people attending the *hui* came from all parts of the North Island, but only in one instance was infection conveyed on their return home to other districts. In this one instance the infection was confined to one family, members of which had been in attendance at the *hui*. During the epidemic there was no conclusive evidence that foodstuffs or water-supplies were a means of spreading infection.

Table I.

Week ending	Central Auckland District.				South Auckland District.	
	Metropolitan Area.		Outer Area.		White.	Maori.
	White.	Maori.	White.	Maori.		
January 26 .. ..	..	4	..	..	..	..
February 2 .. ..	..	2	..	..	..	..
" 9 .. ..	..	..	..	..	..	..
" 16 .. ..	..	2	..	..	..	..
" 23 .. ..	..	3	..	3	..	..
March 2	8	3	5	2	..	..
" 9	1	..	..	6	..	..
" 16	1	1	2	11	..	..
" 23	5	3	..	6	1	4
" 30	4	..	1	..	1	4
April 6 .. ..	..	..	2	6	3	3
" 13	1	..	2	12	3	17
" 20	1	1	1	6	15	50
" 27	5	1	6	5	5	28
May 4	13	..	1	3	..	10
" 11	1	..	..	4	1	3
Total	40	20	20	64	29	119

In addition to the above there have been five cases in the North Auckland area, four cases in the Thames-Tauranga area, and five cases in the East Cape area. Since the above table was compiled eight cases have occurred in the Auckland Central area, and one case has occurred in the South Auckland area.