disinfection routine. In the light of the few tragedies at Bundaberg and elsewhere it is open to doubt whether, particularly in New Zealand, immunization with toxin-antitoxin should be recommended pending full explanation of the causes of these occasional disasters and the institution of safeguards against their possible occurrence.

Enteric Fever.

The position as regards this disease for the period 1923–27 is shown in the table below :—

Enteric Fever in New Zealand, 1923–27.

Year.	Notifications.		Deaths.	
	Number.	Rate per 10,000 of Mean Population.	Number.	Rate per 10,000 of Mean Population.
1923	276	2·17	23	0·18
1924	354	2·73	19	0·15
1925	278	2·09	16	0·12
1926	302	2·23	19	0·14
1927	270	1·96	11	0·08

The great and gradual reduction in the death-rate from this disease from 1923 to the remarkably low rate of 0·08 last year testifies to the value of good, if expensive, municipal sanitation, isolation measures, and, as regards the Maoris in particular, inoculation with preventive vaccine.

Pneumonic Influenza.

The table appended illustrates the course of this disease for the quinquennial period 1923–27.

Pneumonic Influenza in New Zealand, 1923–27.

Year.	Notifications.		Deaths.	
	Number.	Rate per 10,000 of Mean Population.	Number.	Rate per 10,000 of Mean Population.
1923	1,144	8·98	223	1·75
1924	180	1·39	32	0·25
1925	69	0·52	23	0·17
1926	641	4·73	132	0·98
1927	176	1·28	43	0·31

General.

New Zealand, with her natural advantages and with a general public who support disease-prevention, has registered for several years past the lowest general infantile and tuberculosis death-rates in the world, and with regard to the common infectious diseases they are much milder in type and less deadly than is the case in most other countries.

Time was, before the statutory control of infectious diseases and of sanitation generally, that the population of even civilized countries, particularly those with large overcrowded and insanitary cities, was greatly reduced by the ravages of infectious diseases. In most civilized countries there has been a consistent and great reduction in the death-rate from the common notifiable infectious diseases.

Whether or not there are, as is said to be the case, epidemiological factors little understood and at present beyond our control, which will in future years cause a recurrence of high death-rates from this cause, the fact remains that year after year the Department has reported reductions in these death-rates, and now these diseases are a minor factor in public health in so far as the deaths they cause is concerned.

With regard also to infant deaths in New Zealand, the number has now been reduced to 1,080 in the first year of life ; and, of these, 540, or exactly half the number, occurred in the first week—that is to say, they were associated not only with birth itself, but intra-uterine life and the parents.

The proportion of actual still-births to live births continues apparently to rise slowly, and is now 31·5 per 1,000 live births ; but allowance should be made for increasing registration of these still-births with changing conditions, at one time their registration was exceptional.

The actual number of deaths of mothers last year in New Zealand in association with childbirth was 136.

It has always been recognized that pregnancy and birth are events dangerous to both mother and child—*i.e.*, we can and should reduce the risks to the minimum ; but our intended efforts to this end cannot reduce the Dominion's general death-rate to any great extent.