

feature of the infant statistics is that the first-month mortality of infants at last appears to be permanently falling to a lower level. In 1927 the infant-mortality rate under one month was 25·83, while in 1931 it was 22·69.

Still-births.—The still-birth rate of 30·4 per 1,000 live births is slightly lower than for the preceding year, when it was 32·3; although, generally speaking, it has not shown much tendency to improve since the figures have been first recorded.

INFECTIOUS DISEASES.

The number of notifications of infectious and notifiable diseases in 1931 was 5,013, being 2,225 less than for 1930. With the exception of influenza, infectious diseases were in the main marked by their relatively low incidence.

Scarlet Fever.—There was a distinct fall in the prevalence of this disease, 1,304 cases and 11 deaths being recorded as against 2,244 cases and 16 deaths for the previous year. Although the mortality-rate is no longer high, the serious after-effects so often associated with scarlet fever constitute it a serious disease of childhood. During the year the length of the isolation period for scarlet fever was reduced from six weeks to four weeks for cases without complications. The reduction in the isolation period has proved quite satisfactory so far as control of the disease is concerned, besides being of economic benefit.

Diphtheria.—In 1931 1,327 cases of diphtheria with 55 deaths were reported, a further slight decrease on the already low figures for the preceding year. Unfortunately, very little active immunization against diphtheria is being carried out at present, and unless the public avail themselves more widely of this proved preventive we must expect in the course of the next year or two to have further outbreaks of the disease.

Active immunization against diphtheria by the means of toxin anti-toxin was made generally available through the schools of New Zealand in 1924, before which period it had been carried out in only a few selected schools and orphanages. The procedure was not compulsory, but by popular education was being gradually extended until 1929, when as a result of unfortunate accidents reported from abroad it fell temporarily into abeyance. At the end of 1928 it is estimated that a total of approximately 11,500 children attending the public schools had been immunized in this way.

One result of the educational campaign previously carried out is evidenced by the fact that requests for immunization of children have been spontaneously made by parents in areas where the disease has occurred in serious epidemic form. During last year, for instance, 700 children were immunized at the Otahuhu School by anatoxin, while 200 children in a Gisborne school were immunized by toxin anti-toxin. It is intended to extend immunization as opportunity offers, for it is realized that the presence of such a large proportion of susceptibles amongst our pre-school and school population constitutes a most undesirable condition.

Active immunization against diphtheria is preventive work which might well be undertaken by the general practitioner. An attempt has been made at Gisborne by the Medical Officer of Health to initiate such a scheme, with a certain amount of success. The advantage of placing this work in the hands of the general practitioner is that he has more ready access to children of the pre-school age when the susceptibility to diphtheria is most marked.

Enteric Fevers.—Only eight deaths occurred from this group of diseases in the European population. Unfortunately, an outbreak of paratyphoid fever which occurred in one of the wards of the Dunedin Hospital was responsible for fourteen cases and two deaths. Thorough investigation of this outbreak emphasizes the extreme necessity for the observance by the nursing staff of our hospitals of a high standard of aseptic and anti-septic technique. This matter has been brought under the notice of all Medical Superintendents of public hospitals.

Measles and Whooping-cough.—Measles was not responsible for any deaths in 1931, but there was a fairly wide-spread prevalence of whooping-cough, which caused some concern, and was responsible for thirty-six deaths. The Department has endeavoured to educate the public as to the dangers of these diseases of childhood and as to their serious consequences if neglected.

Poliomyelitis, Encephalitis Lethargica, and Cerebro-spinal Fever.—The position was relatively satisfactory in 1931 as regards these three diseases, twenty-five, twelve, and twenty-two cases being notified respectively. In the beginning of the current year, however, poliomyelitis became more widespread, and in next year's report it is intended to give full details of this minor epidemic.

Undulant Fever.—During the year an investigation was made by Dr. F. S. Maclean into the extent of the prevalence of undulant fever in New Zealand. A precis of this officer's report appears in the appendix. This report indicates that close attention is necessary to prevent what may be termed an "occupational disease" of the dairy industry.

Puerperal Fever.—During the past five years there has been a steady reduction in the number of deaths due to puerperal fever, the figures having declined from fifty-six in 1927 to eighteen in 1931. The steadily progressive drop in the death-rate from puerperal fever can be regarded as indicating that the measures taken for the control of this infectious disease by the Department and the medical and nursing professions have been to a great extent effective. Dr. Paget in his report on maternal welfare deals fully with problems associated with child-birth, and, in doing so, presents an interesting graph showing the puerperal death-rates by cause groups.

Tuberculosis.—The death-rate from tuberculosis shows a substantial drop from 4·55 per 10,000 in 1930 to 4·27 in 1931. New Zealand previously had the lowest death-rate from tuberculosis in the world, so that there is every reason to hope that it has maintained this position. Notable progress has been made in providing facilities for treatment of susceptible children in health camps. The active participation in this work by the Wellington Health Camp Association, the Community Sunshine League, Auckland, and other similar organizations has been most praiseworthy. An extensive campaign for the sale of the Christmas Seal stamps was again launched in co-operation with the Post and Telegraph Department, and, in spite of the difficult times, the public generously sub-