

*Enteric Fever.*—During the year 51 cases were notified, as compared with 106 in 1933. The experience of the year yielded no new features of interest. The risk from contaminated water-supplies in rural places is emphasized by Dr. Champtaloup, Medical Officer of Health, New Plymouth, who reports that—

“The water from a number of wells has been analysed with varying results, mostly showing contamination. These wells were for the purpose of supplying water to a number of schools, a cottage hospital, and a hotel.”

Dr. Maclean reports that the typhoid position amongst Hawke's Bay Maoris shows considerable improvement compared with recent years. This he considers as largely due to the restrictions placed upon the consumption of polluted shell-fish and the routine inoculations carried out by the district nurse.

*Influenza.*—There was a rise in the number of notified cases of pneumonic influenza—71 in comparison with 41 for the previous year. The death-rate for all types of influenza was 1.26 per 10,000 mean population, an increase on the previous year's figure of 0.70.

*Poliomyelitis.*—Fourteen cases were notified, as compared with 43 for the preceding year. This is the lowest figure since 1930, when 12 cases were reported.

*Cerebro-spinal Meningitis and Lethargic Encephalitis.*—A few cases of these diseases occurred. Dr. Turbott reports, with reference to cerebro-spinal meningitis, that 4 cases with 1 death occurred in one family in a country district. Post-nasal swabs were taken from 11 contacts, 5 being positive and 1 doubtful—these contacts were in two households. Repeat swabs taken a week later proved negative. The quarantine, the gargling, and the closing of the rural school of that area for the incubation period of disease successfully kept the disease to the one household.

*Puerperal Fever.*—There were 59 deaths from puerperal fever. Of these 17 were due to sepsis following child-birth, and 42 were due to sepsis following abortion. One hundred and seventy-one notifications were received for puerperal fever following abortion as against 115 for 1933. In a review of deaths from puerperal causes the Government Statistician states,—

“Among the deaths due to puerperal causes each year are included a considerable number resulting from conditions which should not be considered a normal hazard of the puerperal state. While it is impossible to differentiate these definitely, these can be no doubt that the great majority of septic abortion cases should be classed under this heading. A truer index of ‘maternal mortality’ than is afforded by the figure of puerperal mortality can thus be arrived at by deducting from the latter all cases of abortion where septic conditions are reported. On this basis the 1934 ‘maternal mortality’ rate not only becomes lower than the 1933 figure, but is actually the second lowest rate recorded during the nine years 1926–34. Septic abortion accounted for more than the whole of the net increase in puerperal mortality between 1933–34.”

*Whooping-cough and Measles.*—Whooping-cough and measles have earned an unenviable notoriety of late years. These two diseases of childhood periodically assume epidemic proportions. Whooping-cough was responsible for 40 deaths as against 18 in 1933. Measles was generally epidemic throughout the Dominion, and was responsible for a good deal of disorganization of school-life. It caused 46 deaths in comparison with 17 for 1933. With reference to the prevention and treatment of measles by the use of convalescent serum and blood of adults who have suffered from measles, the following extracts from a report issued by the London County Council are of particular interest :—

“During the past few years it has been generally conceded that we cannot hope to banish measles from the community, nor are we likely to discover a sovereign remedy for the disease once it has manifested itself. The efforts of the clinician and epidemiologist have therefore been directed to the possible measures whereby the more serious forms may be avoided or mitigated, and the complications and sequelæ of the disease reduced to a minimum. Apart from the undeniable positive ameliorating effect of increasing the general resistance of the population by improved nutritional and hygienic conditions, the inoculation of susceptible contacts with immune serum has offered the most promising prospects of combating the menace of measles. The most serious obstacle in the way of general application of the method is the difficulty of securing adequate supplies of a uniformly potent serum.”

“When the convalescent serum results from the infectious diseases hospitals are compared with those of adult serum (similar age distribution, and probability of effective exposure), the significant difference favouring convalescent serum is limited to children under three years of age.”

“The analysis of the data presented shows conclusively that adult serum is a valuable measure in measles prophylaxis, in its protective and alternating action only slightly inferior to convalescent serum, and merits a high place in any future policy of measles control.”

*Tuberculosis.*—The death-rate from tuberculosis (all forms) was 4.20 per 10,000 (4.16 in 1933). An important feature of the campaign against this disease was the continued supervision of children exposed to infection in their own homes. The Department has now available records of over 2,000 such contacts. Dr. Paterson reports that School Medical Officers have maintained satisfactory co-operation with tuberculosis officers attached to sanatoria or hospitals, arrangements being made for the examination by the latter of children suspected to be suffering from or actually suffering from this disease. A summary of this work in the Wellington area appears in the report on School Hygiene.