

The case for diphtheria immunization is strongly emphasized in the latest annual report of the Medical Research Council, Great Britain, in the following words :—

“ Parents would be well advised, therefore, to demand this prophylactic inoculation not only for their own children, but for all children. There seems no room for doubt that the general adoption of diphtheria prophylaxis would cause the virtual disappearance of the disease from the country. The family tragedies, the high public expense, and the waste of medical effort caused in Great Britain by diphtheria call for a united effort.”

*Enteric Fever.*—Sixty-four cases were notified, with a death-rate of 0·05 per 10,000, as compared with 55 cases and a death rate of 0·06 in 1937. Dr. C. B. Gilberd, Medical Officer of Health, reports that—

“ The low incidence of this disease in the North Auckland district clearly demonstrates the value of T.A.B. inoculations. Undoubtedly there must be carriers, especially among the Maori people, and under the conditions as some live there could be no doubt that typhoid would be prevalent were it not for the regular T.A.B. inoculations. The sanitary conditions in many Maori settlements are certainly improved, and this no doubt contributes to the low incidence of this disease.”

Dr. L. G. Davis, Medical Officer of Health, Gisborne, comments also on the value of such inoculations as follows :—

“ An interesting example of the efficacy of typhoid inoculations occurred in a very isolated school where typhoid infection was transported from an outside area. Over twenty cases of a very mild disease, but simulating mild typhoid, occurred in this school. The children had been immunized a few months previously, and I am of the opinion that they were all affected with typhoid, but that the inoculations prevented any serious consequences. This school was so inaccessible that complete investigations could not be carried out in order to prove this point, but one of the more severe cases was shown to be true typhoid.”

Dr. Hughes, Medical Officer of Health, Auckland, investigated three cases at the Avondale Mental Hospital, and, after a full discussion with the Medical Superintendent, recommendation was made with a view to preventing such outbreaks.

*Bacillary Dysentery.*—One hundred and sixty-one cases notified. There were 17 cases in the East Cape district—11 Europeans and 6 Maoris—the greater number being accounted for by cross-infection at the Cook Hospital, where three outbreaks of this nature occurred during the year. These were closely investigated, and measures for prevention of such outbreaks have been placed on a more satisfactory basis.

An outbreak involving twelve cases at an Auckland private hospital indicated that the source of the infection was an employee who was engaged in milking the cows at the premises from which the hospital received its milk-supplies. The precautionary measures were effective in preventing the further spread of the disease.

*Influenza.*—The death-rate from influenza (all forms) was 0·88 per 10,000, in comparison with 0·73 in 1937.

*Poliomyelitis.*—There is little to report in connection with this disease, apart from 13 cases occurring in the Nelson-Marlborough districts, one of which was fatal. Only 9 other cases were reported in the Dominion.

*Lethargic Encephalitis and Cerebro-Spinal Meningitis.*—Seven cases of the former disease (3 in 1937) and 24 of the latter (13 in 1937) were reported.

*Puerperal Sepsis.*—Sepsis following child-birth was responsible for 21 deaths in 1938, as compared with 14 in 1937. The deaths due to sepsis following abortion numbered 30 in 1938, as compared with 24 in 1937.

*Whooping-cough and Measles.*—Deaths from whooping-cough numbered 21 (13 in 1937), while 163 deaths were recorded for measles, in comparison with 4 in 1937.

*Measles.*—From 1875 there have been nine major epidemics of measles, namely those of 1875 (289 deaths), 1880–81 (199 deaths), 1893 (525 deaths), 1898–99 (193 deaths), 1901–2 (277 deaths), 1907 (101 deaths), 1915–16 (157 deaths), 1920–21 (109 deaths), and 1938 (163 deaths). During the intervening years the disease has never really been absent.

The 1937–38 epidemic which commenced in November in North Auckland and spread practically throughout the length and breadth of the Dominion brought both types of measles—i.e., *Morbilli* and *Rubella*. In the North Auckland district Dr. C. B. Gilberd advises :—

“ The number of cases is unknown, but a modest estimate would be between three thousand and four thousand. There were 76 deaths (66 Maoris and 16 European) resulting from measles and complications of measles—Under one year, 19 ; one to five years, 34 ; five and under ten, 9 ; ten and under fifteen, 4 ; fifteen and under twenty, 3 ; twenty and under twenty-five, 2 ; twenty-five and under thirty, 1 ; fifty and under fifty-five, 1 ; sixty-five to seventy, 1 ; seventy-five to eighty, 1 ; age not known, 1 (76). The measles was of a most toxic type, causing serious illness in a large number of both adults and children. A great number of cases of the toxic type ran a high temperature—105 to 106—with delirium, prostration, hæmorrhage from the mucous membranes of the nose, mouth and bowel, and cutaneous purpura and petechiae. Purulent conjunctivitis and extensive ulcerative stomatitis were prevalent. A summary of the main features which caused much concern is as follows : (1) Prostration and debility ; (2) frequency with which the heart was affected ; (3) high incidence of broncho-pneumonia ; (4) cerebral and meningeal complications ; (5) dormant tuberculosis became active ; (6) hæmorrhagic conditions.