

It is noticeable that in the last two years most of the hospital districts have been affected. Auckland and Otago, which last year showed a markedly increased number of deaths from this cause, have returned to their former low level, while the deaths in Wellington and Taranaki have increased.

Despite the endeavours of medical practitioners and nurses throughout the Dominion to prevent the occurrence of secondary cases of puerperal septicæmia, it is a definite fact that at approximately ten-year intervals an epidemic wave of puerperal septicæmia occurs, causing primary cases in most of the hospital districts and necessitating extreme caution to prevent further spread. Most infectious diseases display this periodicity.

It is a loose habit, lacking justification, to ascribe the undue prevalence of puerperal fever in any given year to the coincident prevalence of other diseases, such as scarlet fever. Investigation, however, of the deaths in New Zealand during the last half-century from scarlet fever, influenza, pneumonia, and the other common notifiable diseases shows that a high death-rate from these causes is not linked up with a high death-rate from puerperal septicæmia. The coincident prevalence in the last two years of scarlet fever and puerperal septicæmia is an unusual event.

Another theory sometimes advanced is that the undue prevalence of some other non-notifiable disease, such as streptococcal or staphylococcal infection, associated with a low degree of acquired immunity among women, causes the epidemic waves of puerperal septicæmia. This theory, though plausible, is unproven. The periodic epidemic wave of puerperal septicæmia may be a separate entity, as apparently is the case with diphtheria, influenza, infantile paralysis, scarlet fever, and other infectious diseases, which diseases also show periodic variations in incidence.

Other Causes of Maternal Deaths in 1928, 78.

1. Puerperal albuminuria and convulsions	..	..	..	..	38
2. Puerperal hæmorrhage	..	..	..	..	15
3. Other accidents of labour	..	..	..	..	4
4. Accidents of pregnancy	..	..	..	..	11
5. Puerperal white-leg, embolus, and sudden death	..	..	..	..	9
6. Following childbirth (not otherwise defined)	..	..	..	..	1
					78

The total number of deaths from these causes in the previous year (1927) was 67. In 1928 items 1, 2, and 3 showed an increase, mainly the first—viz., puerperal albuminuria and convulsions. Items 4, 5, and 6 showed a slight decrease.

International List.

The following table gives the death-rate from puerperal causes in various countries (a quinquennial average—such an average discounts annual extremes):—

Country.	Period.	Death-rate per 1,000 Births from		
		Puerperal Septicæmia.	Other Puerperal Causes.	All Puerperal Causes.
Sweden	1920-24	1.15	1.36	2.51
Italy	1922-26	1.02	1.52	2.54
Netherlands	1923-27	0.59	2.03	2.62
Norway	1921-25	0.74	1.91	2.65
Uruguay	1922-26	1.67	1.01	2.68
Denmark	1922-26	0.95	1.81	2.76
Hungary	1922-26	1.43	1.57	3.00
Japan	1921-25	1.21	2.07	3.28
England and Wales	1923-27	1.48	2.52	4.00
Germany	1921-25	2.80	1.47	4.27
Spain	1922-26	2.25	2.09	4.34
Switzerland	1922-26	2.07	2.57	4.64
Irish Free State	1923-27	1.67	3.05	4.72
New Zealand	1924-28	1.86	2.89	4.75
Northern Ireland	1921-25	1.55	3.21	4.76
Union of South Africa	1923-27	2.03	2.96	4.99
Australia	1923-27	1.84	3.65	5.49
Belgium	1921-25	2.68	2.85	5.53
Canada	1923-27	1.80	3.98	5.78
Scotland	1923-27	1.78	4.47	6.25
Chile	1922-26	1.69	4.98	6.67
United States	1920-24	2.54	4.36	6.90
Trinidad	1923-25	3.58	5.68	9.26
British Guiana	1922-25	2.68	11.55	14.23
Ceylon	1923-27	7.40	11.75	19.15