Infectious Diseases, etc.

The number of notifications of infectious and notifiable diseases in 1932 was 3,715, being 1,298 less than in 1931 and 3,523 less than in 1930. With the exception of a minor epidemic of acute poliomyelitis, infectious diseases were in the main marked by a distinct fall in incidence.

Scarlet Fever.—Of this disease 829 cases were notified and 6 deaths, as against 1,304 cases and 11 deaths for the previous year.

Diphtheria.—Eight hundred and two cases of diphtheria and 40 deaths were reported, representing a decrease on the low figures for the preceding year.

In the East Cape Health District an interesting demonstration was given of how the family doctor can participate in the campaign of active immunization against this disease. The account of what was done is best given in the words of Dr. Turbott, the Medical Officer of Health, Gisborne, who writes as follows:—

> "Public interest was created in the press, which gave excellent willing assistance, by addresses at mothers' meetings, and through Rotary, whose valuable support in meeting prejudice was elicited. Adverse propaganda by antivivisectionists and others immediately arose, but the campaign prospered in spite of this. Medical interest was immediately active, and the local Division of the British Medical Association not only supported immunization, but agreed to take their rightful place as participants in such preventive work. The local Division in this respect have given a lead to the rest of the Dominion.
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> "All local medical practitioners immunized against diphtheria those children who were brought to them for the purpose. By common consent it was agreed to charge reduced fees—namely, 10s. 6d.—for a course of three weekly injections. The practitioners preferred to use toxin-antitoxin for their campaign instead of anatoxin, and for uniformity the former was also used by the Medical Officer of Health. It was decided to give the practitioners six months in which to treat those who could afford to pay for the protection. The publicity by the Medical Officer of Health was during this time directed towards persuading parents to take their children to the family doctor for immunization against diphtheria. One hundred and thirty-four children were taken to doctors and given three injections of toxin-antitoxin at weekly intervals. 1931 was a depression year. The response was small, but definitely worth while. The public had it drawn to their attention that medical practitioners were sympathetic to health work, and sufficiently preventive in outlook to take part in a campaign designed to prevent people from contracting disease.
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> "At the end of six months it was evident that the practitioners' effort must be supplemented by offering protection free of charge through the Medical Officer of Health. Parents were invited to bring the pre-school children to the district office, or to allow their children to be immunized at school. Pre-school children were also welcomed at school clinics. No Schick testing was done either beforehand to determine susceptibility or afterwards to demonstrate presence of immunity. It is the Department's practice to dispense with this aid in mass-immunity campaigns until such time as public opinion is more enlightened and the two extra needlings not objected to as at present.
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> "The response was satisfactory: 2,510 school children and 117 pre-school children were given the triple injection at weekly intervals. These children were scattered all over the health district, and when those protected by the family doctor are added, a total of 2,761 children of varying ages below fourteen years were treated. This means that 33·6 per cent. of the white school population of this district has been protected against diphtheria. It is regretted that more pre-school children were not done, but mothers are still reluctant to submit the babies to needling processes. However, the immunes created by immunization should reduce the general child populations susceptibility to diphtheria, and thus keep big epidemics at bay. No attempt was made to include the Maori child population in this immunization campaign, in spite of requests from certain Maori areas, as from a previous study of Maori susceptibility to diphtheria their low infectivity then demonstrated seemed to render an immunization campaign among Maoris unnecessary."

The encouraging results achieved in this instance should strengthen the Department's efforts to extend diphtheria immunization throughout the Dominion. One has only to study the statistics of countries where diphtheria immunization has been extensively carried out to be impressed with the value of such preventive work.

Enteric Fevers.—There was a rise in the number of notifications received for this group of diseases, epidemics of a minor nature being experienced mainly among the Maori race. Control of these outbreaks was quickly gained by sanitary measures and by inoculation of contacts. The Medical Officer of Health, Gisborne, reports that the continuance of the low Maori incidence in his district is gratifying, leading one to the conclusion that the policy of routine inoculation every two years of all Maori school-children and all willing adults or pre-school children is well worth while. None of the Maoris in that district who contracted the disease had been inoculated.

Included in the Appendix to this report is an account of an investigation carried out by Dr. F. S. Maclean into cases of typhoid fever in the Hawke's Bay District traced to the eating of polluted shell-fish.

Poliomyelitis.—In the latter part of 1931 poliomyelitis became prevalent in Southland, and thence spread to other parts of the Dominion. The brunt of this minor epidemic was borne by the South