

Island, particularly Southland and Otago, but the North Island did not wholly escape. Altogether, in 1932, 148 cases and 19 deaths were reported from the whole of New Zealand, 103 cases and 17 deaths occurring in the South Island as against 45 cases and 2 deaths in the North Island.

The history of poliomyelitis in New Zealand is of a disease which is never entirely absent, but which lies comparatively dormant for years, flaring up in occasional widespread epidemics, such as were experienced in 1916 and again in 1925. This latest manifestation of poliomyelitis was unusual, in that, although the virus was distributed throughout practically the whole of the Dominion, the outbreak ran a comparatively quiet course without the explosive onset and the rapid spread which have been features of previous epidemics.

The modern conception of poliomyelitis is that for every case with paralysis there are many abortive cases and numerous other persons who become infected without the development of clinical symptoms. As one attack of poliomyelitis confers protection against the disease during the rest of life, there is every reason to hope that a fair measure of national immunity has been acquired as the result of our recent experience.

It is interesting to record that in the latter part of 1931 there was also a disquieting prevalence of poliomyelitis in Victoria, and that the disease spread in New South Wales and Queensland during 1932. The New Zealand outbreak followed the Australian outbreak in point of time, but appeared to be independent of it. In this connection it is significant that poliomyelitis first appeared in epidemic form in 1931 in Southland, a part of New Zealand which has no direct passenger communication with Australia.

Favourable reports have again been received as to the efficacy of convalescent serum in relieving the symptoms and reducing the number of deformities usually associated with this disease. Arrangements made by the Department for payment of donors of blood have proved of value in obtaining an adequate supply of blood for the preparation of this serum.

Dr. T. R. Ritchie carried out a painstaking investigation into the past incidence of poliomyelitis in the Otago and Southland Health Districts during the period 1914 to 1932. This does not lend itself to publication, but the salient fact brought out in this report confirms the opinion expressed by Percy Stocks, M.D., D.P.H. (*Journal of Hygiene*, Vol. 32, No. 2, April, 1932), as to one experience of poliomyelitis conferring a long lasting immunity upon small rural communities and townships.

Dr. Ritchie states "that during the above period there have been five epidemics in the district, with occasional inter-epidemic cases, and it is remarkable how seldom localities once visited have suffered from a second visitation. Of the thirty-eight localities where cases occurred in 1914, only fourteen have been revisited and of these only four are rural communities, the other ten being the cities of Dunedin and Invercargill and eight boroughs."

The pamphlet on poliomyelitis prepared by the British Medical Association and the Department was revised and widely distributed to the members of the medical profession.

*Puerperal Fever.*—The number of deaths from puerperal causes for 1932 shows a decrease in comparison with the figures for previous years. The puerperal mortality rate of 4.06 per 1,000 live births is the lowest recorded since 1913, and when it is remembered that the proportion of first births is now much higher than was the case twenty years ago the result can be regarded as indicating a definite, even though slight, improvement over this period.

It is pleasing to note that the number of deaths from puerperal septicaemia (excluding those from abortions) was only 13 in 1932, as compared with 18 in 1931 and 56 as recently as 1927. Deaths from septic conditions following abortion show a welcome, if small, fall, being 26 in 1932, as compared with 29 in 1931.

Full details as to the result of measures taken in the interest of maternal welfare will be found in Dr. Paget's report.

*Tuberculosis.*—The death-rate from tuberculosis, which was 4.22 per 10,000 of mean population, represents a continuation of the improvement which has been achieved for many years past.

Investigations and reports in New Zealand and other countries reveal the fact that the incidence of tuberculosis amongst the nursing staffs of general hospitals is unduly high. It is evident from these investigations that tuberculosis is an occupational risk of nurses, and that, to minimize the risk, nurses should be properly trained in the technique of aseptic nursing. In view of this, steps were taken to bring about a closer supervision of the health of nurses in public hospitals and sanatoria and to ensure as far as possible the removal of deleterious influences. The Director, Division of Nursing, in her report outlines measures which are calculated to guard nurses from infection and to protect their general health.

In co-operation with the Post and Telegraph Department an extensive campaign was again carried out for the sale of Christmas Seal stamps for financing the Children's health camps, which are doing such fine preventive work throughout the Dominion. Thanks are due to all those who assisted in this work.

*Post-operative Tetanus.*—Consequent upon the development of two cases of post-operative tetanus, Dr. P. P. Lynch, pathologist, Wellington Hospital, made bacteriological examinations of catgut suspected of conveying infection. He found that the charge against catgut in these two instances can remain only a suspicion, as no tetanus bacilli were found in the specimens examined, while in both cases there were other sources of infection which had been left unconsidered.

*Cancer.*—There was a slight fall in the mortality from cancer, the number of deaths showing a decrease of twenty-one, while the death rate fell from 10.33 to 10.11 per 10,000.