

Influenza of the usual seasonal type became general throughout the Dominion in the winter of 1933. The death-rate 0·71 per 10,000 mean population represents a considerable rise on the comparatively low rate of 0·46 in 1932.

*Dysentery.*—Dysentery remained comparatively quiescent in 1933, as only 63 cases, principally Maoris, were notified for the year.

*Poliomyelitis.*—The position so far as poliomyelitis was concerned was relatively satisfactory, as only 43 cases were notified, as compared with 148 for the preceding year.

*Lethargic Encephalitis.*—Two minor outbreaks of lethargic encephalitis were reported, one in the Taranaki, the other in the North Auckland Health District. Further investigation, however, and the subsequent history of the cases caused the diagnosis to be revised in a considerable proportion of the Taranaki cases, while the North Auckland series of cases were regarded as wholly of influenzal origin.

These outbreaks show the difficulty of establishing a diagnosis in the absence of laboratory aids. The most typical case from clinical point of view in the Taranaki series was a patient who died and who on *post-mortem* examination was found to be suffering from a tumour of the brain. In two other cases in the same series the symptoms were found on *post-mortem* examination to be due to cerebral lesions, non-infective in nature. 1933, as has been stated, was an influenza year, and, in the absence of direct proof to the contrary, it is reasonable to regard these outbreaks as influenzal in origin.

*Puerperal Fever.*—There were 40 deaths from puerperal fever. Of these, 14 were due to sepsis following child-birth, while 26 were due to sepsis following abortion. As usual, the deaths from puerperal sepsis following abortion were mainly due to induced abortion amongst married women.

*Measles.*—An epidemic of measles, moderately severe in character, swept over the Dominion and was responsible for 17 deaths from this cause as against none for the previous year. The disease appeared first in epidemic form in the Auckland District in the early part of the year, but gradually extended; by the end of the year it had reached Southland and still lingers in certain more remote areas throughout the Dominion.

The average school attendance was considerably reduced. In accordance with the general policy, school closure was resorted to only in a few special instances. The provision for the exclusion from school of contacts was found to be impracticable, but special emphasis was placed upon the recommendation to teachers that they should be strict in excluding from school all cases where convalescence appeared to be imperfect, and all children who appeared to be sickening for the disease.

*Whooping-cough.*—Whooping-cough was responsible for less illness than in the previous year, there being 18 deaths as against 44 for 1932.

Information and advice with regard to both measles and whooping-cough were distributed by means of press articles, radio talks, and circulars to Education authorities.

*Tuberculosis.*—The death-rate from tuberculosis dropped from 4·22 per 10,000 mean population in 1932 to 4·16 per 10,000 mean population in 1933, the lowest figure so far recorded in New Zealand. Important factors in lowering the incidence of tuberculosis in this country have undoubtedly been its healthy climate and favourable living conditions. The tendency towards decline has been definitely accelerated by the direct campaign waged against the disease, including increased facilities for early and expert diagnosis, and more readily available sanatorium and hospital treatment. Popular education in personal and general hygiene has also played an important part. Special consideration has again been given to children who are known to have been exposed to risk of infection in their own homes. The sale of Christmas Seal postage-stamps through the co-operation of the Post and Telegraph Department and the assistance of various voluntary organizations materially helped in the financing of the children's health camps. These camps are exerting a definite beneficial influence in the prevention of tuberculosis.

The National Expenditure Commission recommended the transfer of the sanatoria at Otaki and Pukeora to Hospital Boards. In support of this policy it might be mentioned that in the South Island the sanatoria have always been entirely under Hospital Board control. The Government therefore decided to transfer the Otaki Sanatorium to the Palmerston North Hospital Board and the Pukeora Sanatorium to the Waipawa Hospital Board, and this has been duly carried out.

*Venereal Diseases.*—The powers for the control of venereal diseases are contained in the Social Hygiene Act, 1917, the Health Act, 1920, and the Social Hygiene Regulations, 1925.

Provisions is made in the last-mentioned for the confidential notification by medical practitioners of all persons suffering from venereal disease in a communicable form who make default for more than fourteen days in attending for treatment. Any person so notified can be called upon to furnish a medical certificate as to the state of his or her health and, if necessary, be detained for treatment.

Provision is also made for free treatment of indigent persons who cannot conveniently obtain treatment at a public hospital or at a clinic.

During the year 1933, 26 notifications of defaulters were received and the necessary action taken, whilst free treatment was approved of in 10 instances.

It is considered that the existing statutory provisions for the control of these diseases are adequate for the purpose of ensuring that infected persons are placed under treatment and much valuable work along these lines has been and is being performed. It is felt, however, that with the co-operation of all members of the medical profession, particularly in the direction of prompt notification of defaulters and the distribution of official warning notices, a still greater amount of valuable work could be done.