(5) An early opportunity was taken to meet representatives of the New Zealand Branch of the British Medical Association, and to invite suggestions for the control of the epidemic. One valuable suggestion which was adopted was the appointment in each of the four main centres of medical practitioners with special knowledge of poliomyelitis and its treatment, who would be available for consultation with any general practitioner who wished their advice.

(6) Cases with few exceptions were admitted to hospital.

(7) In the early stages of the epidemic the incubation and isolation periods which were adopted were respectively fourteen days and six weeks. After some time these were reduced to ten days and four weeks, the principal reason being that Dunedin Hospital was becoming overcrowded with many mild and abortive cases which rapidly recovered and were free from clinical signs after a few days.

(8) Just before Christmas, when there was still considerable doubt as to the possible force of the epidemic, much prominence was given to the fact that cases were occurring in other parts of New Zealand which had close connection with Dunedin. In order to limit as far as possible the movements of people from Dunedin during the holiday season, restrictions were placed upon the exodus of children from Dunedin. The restrictions were not absolute, as in a limited number of cases, where there was no contact with known cases of poliomyelitis and the prospective travellers could show good and sufficient reason for wishing to leave Dunedin, permission was given them to do so.

Gradually, in the first quarter of 1937, the disease spread throughout New Zealand, so that practically no district escaped. The peak of the epidemic was in April, with 246 cases.

A full statement on the epidemic will appear in next year's report. In the meantime it can be recorded that from December, 1936, to the end of June, 1937, 819 cases, including 43 Maoris, were reported, with 39 deaths.

Lethargic Encephalitis and Cerebro-Spinal Meningitis.—Seven cases of the former disease (4 in 1935) and 12 of the latter (10 in 1935) were notified.

Puerperal Sepsis.—In 1936 there were 9 deaths from sepsis following childbirth, as compared with 8 such deaths in 1935. The deaths due to sepsis following abortion numbered 14 in 1936, as against 23 in 1935.

Whooping-cough and Measles.—Deaths from whooping-cough numbered 47, while those from measles were only 3.

Tuberculosis.—The death-rate from tuberculosis (all forms) was 4·56 per 10,000, representing a marked rise on the rate of 3·88 in 1935. On the available facts it is not possible to give an explanation of this rise. The same phenomenon, however, has been reported in parts of the United States of America, and the following extract from an article in the April, 1937, issue of the Statistical Bulletin of the Metropolitan Life Insurance Co. is quoted as being equally applicable to New Zealand :—

> " The question, then, arises as to whether the current status of the tuberculosis death-rate is an aftermath of the depression. Has there been an impairment in American vitality, which did not become manifest until the depression itself had lifted ? Public-health workers have feared that this very contingency might arise. It is certain that the unfavourable tuberculosis situation which now confronts the country has not been due to any abatement in the efforts toward tuberculosis control ; for there has been no let-down. It is equally clear that what is now called for is an intensification of the work of those responsible for protecting the public health—and more particularly, even greater concentration on tuberculosis. The record of the last twenty-five years in the attempt to control this disease has been so clear-cut and favourable that there should now be no hesitation in bringing the effort to a successful termination. But it will take years and much money and thought to do it. The present picture is an excellent corrective to any undue optimism which may have resulted from the rapid improvement in the tuberculosis situation in the last ten years."

An article on the progress of the campaign against tuberculosis in New Zealand contributed to the January issue of the Bulletin of the International Union against Tuberculosis, Paris, appears in the appendix of this report.

Hydatid Disease.—During the five-year period 1931–35, 511 cases of hydatid disease were treated in the public hospitals, while 78 deaths occurred in the Dominion over this same period. The prevalence of hydatid disease is a reproach to our farming community. In last year's report an account was given of the various steps which have been taken to educate the public about the risks of this disease and the methods of prevention. A further suggestion which is worthy of adoption is that statutory authority should be obtained for insisting on the regular administration of arecoline hydro-bromide to all dogs.

Goitre.—There is nothing new to report in connection with this disease except that steps have been taken to obtain details of all cases of goitre admitted to private hospitals. In this way our statistics will be made more complete, and additional information will be available as to endemic centres of the disease.

Cancer.—Here again there is little to report. The New Zealand Branch of the British Empire Cancer Campaign continues as a very live force in the control of cancer in this country. The president at the last annual meeting of the society outlined its activities in the following words :—

> " I think in general we may say that we have roused the public to some extent to realize that each and all are personally concerned in the cancer menace. We have stimulated Hospitals Boards, and we have in a short period raised up a large body of highly skilled and trained voluntary workers. We have at our cancer clinics treated with increasing success during the past seven years a total of 4,909 new cases (1,015 for 1936) involving about 16,000 (3,524 for 1936) attendances. We have supplied radium and reconditioned it, and taken