

The 65 cases in 1914 were—

Puerperal fever	..	..	34	|	Tetanus	..	..	1
Erysipelas	..	..	17	|	Ophthalmia neonatorum	..	..	1
Hydatids	..	..	1	|	Unclassified	..	..	11

The apparent increase in puerperal cases is probably a result of more definite methods of classification. Formerly many of the cases were reported as septicaemia.

The District Health Officer, Wellington, reports :—

Of the 55 cases of blood-poisoning, 34 were cases of puerperal sepsis.

CHICKEN-POX.

The District Health Officer, Auckland, reports :—

The cases notified from the health district are—1914, 513.

The disease was made notifiable in July, 1913, and to the end of that year 492 cases were notified. The monthly average in 1914 was 43, and the average was exceeded in the months of April, June, July, August, September, and December, the first two months of the year having the smallest number of cases 14 and 11 respectively. A very widespread epidemic occurred in the city and suburbs in August, and some of the cases were sufficiently severe to make us somewhat anxious in view of the recent smallpox outbreak. Several cases were kept under close observation, and on recovery were vaccinated when good reactions were obtained. Later it was found that the disease affected vaccinated and unvaccinated children equally, so that the question was no longer in doubt. An outbreak at Kamo was made the subject of a special visit by the District Health Officer, and suspiciously severe cases were investigated at Huntly, Mangonui, Whangarei, and Dairy Flat.

The District Health Officer, Wellington, reports :—

Three hundred and seventy cases were notified during the year. As probably only a small number were attended by a medical practitioner, it is evident that chicken-pox has been fairly prevalent throughout the district.

The District Health Officer, Christchurch, reports :—

The number of these cases reported cannot be taken as the actual number that have occurred, as only a percentage of these are ever seen by medical men, and the others are either not recognized by the parents or, if recognized, the parents do not know of their obligation to report them. As long, however, as the more pronounced and adult cases are brought under notice, the principal aim of notification of this disease is attained, as it would only be in such cases that the suspicion of possible smallpox would arise.

INFANTILE PARALYSIS.

The District Health Officer, Wellington, reports :—

The inquiries made into these cases cannot be said to have been complete enough for compiling any accurate statistics. The following statements are based mainly on Inspectors' reports, and the replies of medical practitioners to a circular asking for particular information on their cases. In some cases I was able to see the patients, or interview the medical practitioner.

Notification.—49 cases were notified ; of these, 29 were true cases ; of the remaining 20, half were certainly not true cases, and the other half were exceedingly doubtful. The 29 true cases only will be considered.

Geographical Distribution.—22 cases occurred in the district served by the railway-line between New Plymouth and Otaki, the remaining 7 cases being scattered throughout the district.

Age-distribution.—Under two years, 6 ; two to five years, 9 ; five to ten years, 5 ; ten to twenty years, 6 ; twenty to thirty years, 3.

Duration of Epidemic.—From February to September, and the large majority of the cases occurring in March and April.

Type.—There was the usual variation of type. In comparing these cases with accounts of other epidemics the cases in which there was very little paralysis and cases in which complete or almost complete recovery took place, seemed more numerous than were to be expected. On the other hand there were a few severe and 4 fatal cases. The 4 fatal cases were aged four, nineteen, twenty-one, and twenty-two respectively. These cases seem to have resembled clinically influenza followed by Landry's paralysis, but as they occurred during the epidemic, and similar cases are described as *fulminant* cases in accounts of other epidemics, they were probably due to infection by the same organism. To call these cases anterior poliomyelitis acuta or infantile paralysis is evidently absurd. It is evidently necessary to bear in mind that this disease is not confined to children, and the lesion is not always confined to the cells of the anterior horn of the spinal cord.

Methods adopted to prevent spread of Disease.—A circular was sent to all medical practitioners. Inspectors were instructed to make special inquiries in reference to exposure to dust or hay, prevalence of flies, &c. Isolation of patient was enforced as far as possible, and disinfection of the premises carried out. In absence of much precise knowledge of the causes of the spread of this disease, one cannot derive much satisfaction from using these sorts of weapons to check its spread.