

In the report for 1928 I included a graph showing the periodic rises in maternal mortality, which have tended to recur every nine or ten years. The puerperal-septicæmia rate, although lower than last year's, is still an epidemic rate, and the rate from other puerperal causes has risen.

Puerperal Septicæmia, 49.

This disease usually accounts for approximately one-third of the maternal deaths, but during the epidemic of the last two years, now apparently waning, it has been responsible for nearly half the maternal deaths.

Local Distribution of Puerperal-septicæmia Deaths.

The following table gives the actual number of deaths from puerperal septicæmia in each hospital district during the four years 1926-29 inclusive :—

Hospital District.	Puerperal Septicæmia.				Hospital District.	Puerperal Septicæmia.			
	1926.	1927.	1928.	1929.		1926.	1927.	1928.	1929.
<i>North Island.</i>					<i>North Island—contd.</i>				
Mangonui	Wellington	4	4	6	7
Whangaroa	Wairarapa	1	1	1	3
Hokianga	1	..					
Bay of Islands		26	51	41	34
Kaipara	1	<i>South Island.</i>				
Whangarei	1	Wairau .. ..	..	..	1	..
Auckland	13	25	13	Picton .. ..	..	..	..	..
Waikato	5	3	4	Nelson .. ..	..	1	1	2
Taumarunui	Buller .. ..	..	..	..	3
Thames	1	..	..	Inangahua .. ..	..	..	..	..
Waihi	1	1	Grey .. ..	..	1	1	..
Coromandel	Westland .. ..	..	..	..	..
Tauranga	1	1	North Canterbury ..	7	6	6	5
Bay of Plenty	Ashburton	2	1	..	..
Opotiki	1	..	South Canterbury ..	..	1	2	..
Cook	1	2	Waitaki .. ..	..	..	..	..
Wairoa	Otago	1	5	..	4
Hawke's Bay	4	1	South Otago .. ..	..	..	..	..
Waipawa	2	..	Vincent .. ..	..	..	1	..
Dannevirke	1	..	..	Maniototo .. ..	..	..	..	..
Taranaki	1	2	4	Southland	2	4	3	1
Stratford	2	1	Wallace and Fiord ..	1	..	..	..
Hawera	1	2					
Patea		13	19	15	15
Wanganui	1	2					
Palmerston North	1	2	Total for New Zealand	39	70	56	49

It is noticeable that in the last three years most of the hospital districts have been affected.

Despite the endeavours of medical practitioners and nurses throughout the Dominion to prevent the occurrence of secondary cases of puerperal septicæmia, it is a definite fact that at approximately ten-year intervals an epidemic wave of puerperal septicæmia occurs, causing primary cases in most of the hospital districts and necessitating extreme caution to prevent further spread. Most infectious diseases display this periodicity. In 1929 the hospital districts of Wellington, Wairarapa, and Buller have suffered.

It is a loose habit, lacking justification, to ascribe the undue prevalence of puerperal fever in any given year to the coincident prevalence of other diseases, such as scarlet fever. Investigation of the deaths in New Zealand during the last half-century from scarlet fever, influenza, pneumonia, and the other common notifiable diseases shows that a high death-rate from these causes is not linked up with a high death-rate from puerperal septicæmia. The coincident prevalence in the last two years of scarlet fever and puerperal septicæmia is an unusual event.

Another theory sometimes advanced is that the undue prevalence of some other non-notifiable disease, such as streptococcic or staphylococcic infection, associated with a low degree of acquired immunity among women, causes the epidemic waves of puerperal septicæmia. This theory, though plausible, is unproved. The periodic epidemic wave of puerperal septicæmia may be a separate entity, as apparently is the case with diphtheria, influenza, infantile paralysis, scarlet fever, and other infectious diseases, which diseases also show periodic variations in incidence.