

beds. At times it was impossible to recruit enough able-bodied men to bury the dead. After five years of fighting, a time already longer than that of the Great War, there has been no such epidemic. New Zealand, with other countries, is taking every precaution to prevent the start and to kill the spread of a pandemic, always possible when people with resistance lowered are living closely together in difficult conditions.



New Zealand has had, though, an epidemic of cerebro-spinal meningitis which was the most severe in the country's history. It followed a year behind a severe epidemic in Great Britain and the United States. In the Great War this disease flared up in New Zealand military camps and towns with high loss of life. In 1942 and 1943, the two years of the outbreak in New Zealand, the number of cases was the highest on record. But the case fatality rate was the lowest. Nowhere are the extraordinary advances which medicine has made in the last generation better shown than in the control of this infection. During the last war it killed between forty and forty-five of each hundred persons stricken. To-day, thanks to the sulpha group of drugs, only about twelve of each hundred cases are fatal.

The sulpha group of drugs, of which adequate supplies were obtained in New Zealand to meet such an emergency, have revolutionized the treatment of meningitis and reduced the danger of its complications. In other fields their miracle-working properties are as beneficial. Particularly effective is their use in the treatment of the streptococcal infections and of the pneumonias caused by bacteria. The death-rate has been halved. Virus pneumonia, however does not respond to sulpha therapy, and unfortunately has the effect of raising perceptibly the total mortality-rate from pneumonia.

Twenty years ago the maternal-mortality rate in this country was more than five deaths for each thousand live births. Last year it was little more than two—if deaths from septic abortion are not included the figure is reduced to slightly more than one and a half. In spite of a higher birth-rate (and an increase in the number of first-born children, a group in which maternal mortality is always higher), the crowding of hospitals and other difficult conditions, the work of saving mothers has, since the war, become even more effective. Last year such deaths were the lowest ever recorded in New Zealand. Here, too, the sulpha drugs have proved particularly effective, and together with the continuing of the obstetrical work of the medical and nursing professions are from year to year perceptibly reducing child-birth risk and infection.

New Zealand has the lowest infant-mortality rate in the world. Since the war the position has at least been maintained, and perhaps slightly improved. The figures for 1941 and 1942 actually are records. A great deal of the success achieved is from legislative and educative measures which are constantly being extended. New Zealand has a record to be proud of—its methods to reduce infant mortality are being studied and adopted in other countries to an ever-increasing extent. The control which has been gained over the communicable diseases of childhood has continued unabated. In the "eighties" New Zealand lost more than sixty children between the ages of one month and one year out of every thousand; to-day the figure is less than ten. No longer is diphtheria the problem it once was. Measles, whooping-cough, and scarlet fever are still common, sometimes their outbreak causes alarm, but no longer are they such serious causes of child mortality. In building the health of her babies and children to such a high level New Zealand has led the world. The work will continue.

War conditions have always provided fertile ground for the spread of tuberculosis. In the last war the gains made over the disease in the previous decades