It will at once be evident how very constant whooping cough has been in its fatality for the different age groups.

Table 1 shows the uniformity with which the female death rate exceeds that for males. The proportionate difference varies somewhat, but the general trend is very constant.

Whooping Cough Since 1907

The last epidemic in recent times was that of 1907 when 307 deaths were recorded giving a death rate of 3·34 per 10,000 population. Since then the whooping cough death rate has only twice exceeded one per 10,000, while in the last 30 years it has only twice exceeded 0·3 per 10,000. The disease has never been dangerous to persons over the age of five, and the low death rate for young children at the present time may be due not so much to a lessening of its virulence as to the general improvement in the health of infants. Whooping cough in the past must frequently have been fatal to infants already suffering from malnutrition, and intestinal and other disorders, and the very great reduction in these conditions would enable many children to survive an attack who might otherwise have succumbed. The introduction in very recent years of potent vaccines will also have had some effect on the death rate.

11 Challenge for Health - A History of Public Health in NZ. 1964 Dr F.S. Maclean. Govt Printer

CHAPTER XX

The Public Health Law

I

The purpose of these notes is to indicate the general scope and purport of the public health legislation, and how it expanded or was modified to meet changing conditions. Anyone wishing to make a close and detailed study of the subject will, of course, need to refer to the statutes themselves.

Public Health Act 1872

This Act was New Zealand's first comprehensive act dealing with public health, and came into force on 1 November 1872. It repealed the Vaccination Act 1871 and section 11 of the Marine Act 1867, which related to quarantine.

The Act provided for the setting up of central and local boards of health and defined their powers, and this part of the Act resembles the corresponding provisions of the United Kingdom Public Health Act of 1848.

Provincial Central Boards of Health

A central board of health was established in each province under the chairmanship of the superintendent. Members of the Executive Council of the province were *ex officio* members, and three other members were to be appointed by the Governor. The Governor was empowered to make available to the central boards funds appropriated for the purpose by the General Assembly.

A central board of health could, where necessary, appoint a local board of health (of not less than three persons) and define its area of administration. It could assume the functions of any local board if the latter was neglectful of its duties, and in such case could recover its costs from the local board.

Each central board was required to furnish annually to the Governor a report on the health of the province; and could direct local boards concerning the reports which they should furnish to the central board. A copy of all such reports also was to be forwarded to the Governor.

A central board had power to make regulations for controlling infectious disease, for the cleansing of streets, for preventing overcrowding in lodginghouses, for requiring water- or earth-closets, for removing nuisances, for requiring the speedy burial of the dead, and for controlling infectious disease hospitals.