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A History of Poliomyelitis in New Zealand

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PREFACE

I have endeavoured in this work to trace the course of polio in New Zealand, covering the social impact of the epidemics as well as the medical responses. Other than the annual reports of the Health Department and a few articles in the *NZ Medical Journal*, very little material exists in published form. I have made extensive use of the Health Department records held by National Archives. Unfortunately those in Wellington are poorly indexed, some files are missing and in many cases material is either duplicated or has not been kept.

I am indebted to many people. First of all to the members of the Immunisation Awareness Society whose comments made me realise how quickly we forget; to Geoffrey Rice, my supervisor at Canterbury University for his patience and guidance, and to Philippa Mein Smith, also of Canterbury University for her most helpful comments; to Denis Hogan of the Post-polio Society for his encouragement and enthusiasm; to the staff at National Archives in Wellington, Auckland and Christchurch, and at CCS headquarters in Wellington for their help in searching the archives; to the staff at the library at Christchurch School of Medicine and at Radio New Zealand Archives in Timaru. My especial thanks to my husband Keith, without whose help I would still be struggling with the word processor. I would also like to thank all those who wrote me letters or allowed themselves to be interviewed, particularly the members of the Post-polio Support Society in Christchurch. While little of these interviews appears directly in the text, they were invaluable for giving me understanding and insight, particularly as I searched the official records.

Finally I would like to dedicate this work to the memory of my father, Jim Ford, who was a polio statistic in 1921.

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stages of polio, and it was felt that an attack on one might help the spread of the other, after it had been noted that the previous epidemics had all begun in the summer, peaking in the late summer and autumn months. Parents were warned to be cautious of people with colds, upset stomachs, headaches and fever, and to watch for children getting chilled, to be careful sun-bathing, and to keep their hats on.³⁰ **However in November 1947 there was a rapid increase in polio cases in Auckland - to be followed quickly by cases in Waikato and Taranaki.** The epidemic became wide-spread throughout the North Island that summer, although it did not peak in Wellington until the beginning of winter. Late 1948 saw the disease wide-spread in the South Island until finally the epidemic died away by July 1949. Southland, hard hit in 1937, remained virtually free of any cases, although Dunedin, equally hard hit in 1937, recorded a large number of cases ten years later. With 80% of the cases in Wellington occurring over the winter months, polio could no longer be described as a 'summer disease'. No longer either could it be regarded as a disease of young childhood. Up until 1937 the largest number of children paralysed were under five. Now the five to nine age-group had the highest rates of paralysis, and more and more cases were appearing in the young adult category.³¹ This is reflected in the change at this time in both the popular and medical press from the use of the term 'infantile paralysis', to the more accurate 'poliomyelitis'.³²

Sister Kenny had sent a training film to Sister Dryden in September 1947, and this was followed by a visit from Sister Kenny herself in December 1947. Her lectures on her techniques to general practitioners and hospital staffs were greeted with the usual mixture of scepticism and hostility. One of her audience in Auckland described her as "a large blowsy woman, absolutely convinced she was the Messiah for polio victims."³³ Someone who was convinced that Sister Kenny had a lot to offer was Mabel Howard, now Minister

³⁰ e.g. Broadcast, Dr Turbott, 5 December 1947

³¹ 166 people were paralysed in the 15 - 24 age-group in 1947 compared with 97 in 1937; 125 people over 24 years were paralysed in 1947 compared with 41 in 1937. Maclean, *op. cit.* p. 328

³² The Health Department used both the terms 'Infantile Paralysis' and 'Poliomyelitis'. For example up until 1920 the Annual Reports of the D-GH used 'poliomyelitis' in the tables and 'infantile paralysis' in the text. In communications with doctors and with the public the terms were used interchangeably up until about this time. By 1950 all medical communications used 'poliomyelitis'. The public (and media) were slower to change but the introduction of the Salk vaccine - always referred to as a polio vaccine - saw the universal acceptance of 'poliomyelitis'. It was interesting that almost invariably all those I interviewed who had had polio carefully explained that 'it used to be called infantile paralysis'. The same comment appears again and again on the Post-polio Survey forms.

³³ Letter, Dr R. Wright-St.Clair, 17 April 1991