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The figures are incomplete, as they represent only cases treated at the venereal disease clinics in the four main centres and in particular do not include cases occurring amongst members of the Armed Forces, who normally are treated by the Service medical departments. The position, however, can be regarded as showing a definite improvement. Male civilians treated for venereal disease in 1943 are fewer than in any of the preceding war years, while the Armed Forces also report a lower incidence.

The increase since 1939 in females attending the clinics is an indication of the active steps which have been taken to follow up known contacts and to bring them under treatment.

Cancer.—The cancer clinics established in the larger hospitals by Hospital Boards in conjunction with the New Zealand Branch of the British Empire Cancer Campaign Society record a steady improvement in the number of successful treatments. These clinics are available for hospital and private patients alike.

Under arrangements with the New Zealand Branch of the British Empire Cancer Campaign Society, the Radio Physicist of the Society visits all treatment centres for the purposes of calibrating plants and clinical dosimeters against the portable standard of the laboratory, and for advising upon measures for the protection of patients and staff from electrical and radiation risks.

PRINCIPAL CAUSES OF DEATH

The following table gives the main causes of death, the actual number of deaths therefrom during the year, and the death-rates per 10,000 mean population for each of the last five years:—

Cause.				1943.		1942 :	1941 :	1940 :	1939 :
				Number.	Rate.	Rate.	Rate.	Rate.	Rate.
Heart-disease (all forms)				5,183	33.68	$36 \cdot 41$	31.55	$29 \cdot 52$	27.80
Cancer				2,191	$14 \cdot 24$	13.07	13.18	$12 \cdot 02$	11.79
Violence				933	6.00	$5 \cdot 77$	$5 \cdot 64$	5.68	$5 \cdot 72$
Pneumonia				217	$1 \cdot 41$	1.52	$1 \cdot 47$	1.60	$2 \cdot 02$
Pneumonia (secondary to influenza), whooping-cough, and measles					0.17	0.81	0.38	0.28	0.58
Bronchitis				214	$1 \cdot 39$	$1 \cdot 36$	0.94	$1 \cdot 12$	$1 \cdot 36$
Broncho-pneumonia				257	$1 \cdot 67$	$2 \cdot 11$	1.96	1.79	$2 \cdot 00$
				5 72	$3 \cdot 72$	3.93	3.88	3.88	$3 \cdot 98$
Kidney or Bright's disease				413	$2 \cdot 68$	$3 \cdot 19$	3.66	3.18	$3 \cdot 47$
Apoplexy or cerebral hæmorrl				1,506	$9 \cdot 97$	9.90	8.95	8 · 45*	$5 \cdot 77$
Diseases of the arteries				187	$1 \cdot 21$	$1 \cdot 22$	1.14	0.98*	$3 \cdot 46$
Senility				488	$3 \cdot 17$	3.03	$3 \cdot 13$	$2 \cdot 63$	$2 \cdot 16$
				332	$2 \cdot 16$	$2 \cdot 28$	$2 \cdot 21$	1.98	$2 \cdot 23$
Hernia and intestinal obstruction				100	0.65	0.74	0.73	0.78	0.70
Diseases and accidents of childbirth (puerperal mortality)				67	0.44	0.55	0.77	0.62	0.68
Appendicitis				73	0.47	0.44	0.55	0.58	0.69
Diarrhœa and enteritis				90	0.58	0.50	0.53	0.50	0.45
Epilepsy				71	0.46	0.53	0.43	0.34	0.26
Epilepsy Common infectious diseases—									1
Influenza (all forms, including pneumonia)				65	$0 \cdot 42$	1.61	0.49	-0.77	$1 \cdot 10$
Diphtheria				32	$0 \cdot 21$	0.16	0.11	0.10	0.16
Whooping-cough				17	0.11	0.03	0.44	0.15	0.01
Scarlet fever				$ $ $ $ $ $	0.01	0.01	0.01	0.01	0.01
Typhoid and paratyphoid				3	0.01	0.05	0.05	0.04	0.02
Scarlet fever Typhoid and paratyphoid Measles				7	0.9	0.20	0.03	0.01	0.05
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^{*}Owing to an alteration in the international agreement as to the allocation of deaths to various causes, the figures for these two conditions are not separably comparable with those of earlier years.

REPORTS OF DIVISIONAL DIRECTORS

Public Hygiene.—There has been close co-operation with the Armed Forces in enforcing measures aimed at preventing the introduction of disease from overseas.

In particular, active steps have been taken to deal with the risk of importation of mosquitoes not present in the Dominion. A Mosquito Control Committee has been set up and two officers have been appointed whose duties are to collect specimens of mosquitoes for identification and to carry out surveys of mosquito-breeding places in Wellington and Auckland and in the vicinity of aerodromes and elsewhere. Following their reports, steps are being taken to eliminate all potential breeding-grounds for mosquitoes in and about our ports and aerodromes. In collaboration with the Army Medical Service, a booklet has been printed to instruct hospital medical officers and medical practitioners in the detection and treatment of cases of malaria that may occur among men arriving from malarious areas overseas.