H.—31

The Health Act, 1920, was amended to give more adequate control of breeding-grounds of flies, mosquitoes, mites, or ticks capable of causing or transmitting disease. also been made a notifiable disease under this same Act.

Supervision of the production, processing, and distribution of all foodstuffs has received attention. A general tightening up of the standard required before a license is granted or renewed has been carried out by both local bodies and departmental inspectors. The report of the Milk Commission should stimulate interest in the production of an ample and safe

Hospitals.—During the year a modern hospital of 300 beds and all necessary staff quarters and services was commenced at Otahuhu, near Auckland. This hospital, which is being built at the cost of War Expenses Account, was primarily to deal with Service patients, who were expected to arrive in such numbers that the civilian hospital system might be unable to deal with them. When no longer required for Service patients, it will form a valuable part of the Auckland Hospital Board's institutions.

Clearing-hospital facilities were established at Ellerslie in order to deal with returning

Service patients who may arrive at Auckland.

The average number of occupied hospital beds substantially increased during the year. The figures will be given in the Appendix to the annual report published at a later date. The number of beds available in some districts is still considerably less than the demand

for them, but some Hospital Boards are showing an increasing unwillingness to embark

upon the expenditure necessary to provide adequate facilities.

In 1942 a pamphlet on "The Prevention of 'Hospital Infection' of Wounds' was reprinted by the Department and circulated to all hospitals. Some of our better hospitals have made a most commendable attempt to achieve the ideals of safety for their patients as set out in the pamphlet, while others have not reached the same standard.

Another pamphlet, on the prevention of cross-infection in hospitals, has been compiled by an authoritative committee in England. It is hoped to circulate this pamphlet also, as

there are too many cross-infections in some of our hospitals.

Arrangements have been made for a limited regular supply of penicillin from Australia. It has been found necessary to subject penicillin to a control order to ensure that the restricted amount available shall be kept for cases who need it most urgently and because the Australian authorities desire that it be available to our population on the same terms as it is to their own. In the meantime the pathologists in the main centres act as local representatives of the Department in the control and distribution of penicillin.

School Hygiene.—This year of the war the health of the school-child is beginning to show the effect of the times. Malnutrition is showing a decided rise. There is a connectional slight rise in skin troubles and external eye-diseases which are probably reflections of the nutritional state. On the other hand, there are bright spots in the lessened incidents of dental caries and goitre. This would seem to be the result of the widespread dental clinic care and response to propaganda for the more common use of iodized salt. Diphtheriaimmunization work was carried out steadily, there having been given during the year 23,466

complete courses of protective material.

Division of Tuberculosis.—Active steps continue to be taken in fighting this disease. Contact has been made with district staffs, facilities in the main hospitals for treating tuberculosis have been inspected, and visits have been made to all sanatoria. Conferences which were held at Palmerston North and Auckland have stimulated Hospital Boards to appoint Tuberculosis Officers, to institute hospital chest clinics, and to provide better accommodation for tuberculosis cases, including facilities for surgical-collapse therapy, occupational therapy, and education of the patient.

In Auckland a lay Tuberculosis Association has been formed on similar lines to those established in America and England. It is hoped that this will lead to the formation of a national association, whose main concern will be the rehabilitation of the tuberculous patient.

The first step in a tuberculosis-control programme is case-finding, and progress in this connection has been made possible by the appointment of additional district health nurses. These nurses have contributed largely to the compilation of the New Zealand Tuberculosis Register. The magnitude of the problem is shown in the following table, which sets out the number of cases of tuberculosis at present known to the Department:-

Cases of Tuberculosis in New Zealand (inclusive of Maoris)

				Pulmonary.	Non-pulmonary.	Total.
North Island South Island		 	 	$\frac{4,698}{1,398}$	386 181	5,084 1,579
,				esumed mixed	_	6,663
Total		 	 		l Iolins	6,772