

As population in Britain and her self-governing colonies shows a tendency to decrease, it is all the more necessary—apart from sentimental reasons—to take all possible measures to protect the lives of our infant population.

One of the many recommendations made by the Commission with a view to lower the infantile death-rate (admittedly higher than it ought to be) was that the milk-supply should be placed under a rigid supervision, and all possible means taken to insure that this, the staple food of young children, should be collected, stored, brought into town, and distributed under the very best possible conditions.

Again, in a discussion on physical deterioration recently held in the Old Country, it was unanimously agreed that one of the chief causes of such deterioration was due to the polluted milk supplied to children.

(2.) *An Infantile Death-rate largely due to Diarrhoeal and Dietetic Diseases.*

A glance at the vital statistics of the colony will show that the mortality-rates are very low as compared with those of other countries. Whereas the death-rate for the last decade in the United Kingdom was 16 per 1,000 living, it was only 10 per 1,000 living in New Zealand. The infantile death-rate of the colony is also comparatively low. In the United Kingdom during the decade 1894–1903 the infantile mortality was 143 per 1,000 births against 80 per 1,000 births in New Zealand during the same decade.

So far, so good. But when we come to compare the infantile mortality of our chief centres with those of the larger towns of England the comparison is by no means favourable. Attached is a table showing the infantile mortality of our chief centres during the decade 1894–1903. It will be seen that Auckland heads the list with a mortality-rate of 134 per 1,000 births, followed by Christchurch with 112, Wellington with 105, and Dunedin with only 74. Compare these with the death-rates of some of the larger towns of the United Kingdom. In London for the same decade the death-rate was 158. In 1903 it was only 131 in that city. In Bristol it was only 116.

When the natural advantages of the colony as to climate and social conditions are taken into consideration, it must be admitted that the infantile death-rate of our cities is far too high.

A glance at the two following tables will show approximately the causes of death in infants under one year. For the decade 1894–1903, of 15,667 deaths, 17 per cent. were due to diarrhoeal diseases and 12 per cent. to atrophy, debility, and inanition—practically 31 per cent. to dietetic disease.

Infantile Deaths : Average per 1,000 Births for Ten Years, 1894–1903.

Year.	Auckland and Suburbs.	Christchurch and Suburbs.	Wellington and Suburbs.	Dunedin and Suburbs.
1894	139	103	94	70
1895	141	116	124	60
1896	162	128	96	72
1897	125	112	98	63
1898	151	91	131	80
1899	141	143	117	92
1900	128	108	73	79
1901	99	110	100	79
1902	140	117	130	89
1903	121	101	93	62
Mean total for ten years ...	134·7	112·9	105·6	74·6

Deaths of Children under Five Years for the Ten Years 1894–1903 from the Undermentioned Diseases.

Nature of Disease.	Auckland.	Wellington.	Christchurch.	Dunedin.	Total.
Inflammatory diseases of the digestive tract	821	380	371	207	1,779
Dietetic diseases	485	329	347	192	1,353
Tubercular	101	119	75	48	343
Premature births	188	262	251	239	940
Bronchitis and pneumonia ...	196	185	161	169	711
Accident	49	53	58	56	216
From other causes	395	302	235	179	1,111
Total deaths	2,235	1,630	1,498	1,090	6,453
Average for ten years	223·5	163	149·8	109	645·3

NOTE.—“Inflammatory diseases of the digestive tract” include diarrhoea, cholera, enteritis, and acute gastric catarrh. “Dietetic” include marasmus and convulsions. Percentage of deaths caused by inflammatory diseases of the digestive tract and dietetic diseases: Auckland, 58·48; Wellington, 42·88; Christchurch, 47·98; Dunedin, 36·60: four centres, 48·53.