for both economy and efficiency. The negotiations have already been entered into with the Red Cross Society and the Taranaki and Stratford Hospital Boards with a view to the nurses employed by these bodies co-operating with the Department and undertaking certain duties, such as the inspection of school-children and supervision of cases of infectious disease in specified areas. If the experiment is successful, it is hoped to extend this new system to other parts of New Zealand as opportunity offers. Dr. R. J. Mecredy has been appointed to the new district, with headquarters at New Plymouth.

Vital Statistics.—In certain directions our vital statistics for the past year may be considered satisfactory. The crude (actual) death-rate, 8·74 per 1,000 of mean population, is still comparatively low, though it shows a slight increase over the rate of 8·29 for the previous year. The increase was due principally to the epidemics of whooping-cough and influenza. However, this rate is in line with the remarkable succession of low rates established in recent years. The infantile-mortality rate was 39·76 per 1,000 live births, in comparison with 39·9 for 1925. As pointed out by Dr. McKibbin in his report, it is encouraging to note that the record low infantile-mortality figure of 1926 had been produced by a reduction in the deaths during the earlier age periods of life. It is hoped that this foreshadows a further reduction in this rate. Probably the intensive ante-natal work is beginning to make itself felt. The birth-rate of 21·05 per 1,000 of mean population is the lowest on record, and the rate of still-births, 31·1 per 1,000 live births, shows an increase. The falling birth-rate is a matter of considerable concern.

Of the notifiable diseases, scarlet fever, diphtheria, and pneumonic influenza showed an increased incidence, and particularly so pneumonic influenza, with a notification rate of 4·73 per 10,000 mean population, in comparison with 0·52 for 1925.

Tuberculosis.—Death-rate per 10,000 mean population was 5·37. As with South Africa and Australia, we have a very much lower death-rate than other countries. Although the death-rate does not show a definite tendency to increase, the fight against this scourge must be more vigorously continued. Consideration is being given to the treatment of tuberculosis by the Hospital Boards, and the report of their association on this disease is awaited with interest. The paper on "The Incidence of Tuberculosis among New Zealand School-children" read by Dr. Mary Champtaloup at the Australasian Medical Congress, and included in the report of the Director, Division of School Hygiene, outlines an important investigation aiming at the prevention of tuberculosis among our school-children.

Cancer.—The death-rate of 9·91 per 10,000 is the highest yet recorded, and is a matter of concern. Attention is directed to the comments embodied in the report of the Director of Public Hygiene on this disease.

Maternal Mortality.—The rate of 4·25 per 1,000 live births represents a steady decline in this rate. It is satisfactory to note that since 1922 the rate has fallen 0·89. The initiation of intensive activities on behalf of the expectant mothers, and subsequent establishment of ante-natal clinics and closer supervision of maternity hospitals, no doubt has been of value in this respect.

In this connection the following comments of Dr. Marshall Allen, Director of Obstetric Research, Victoria, who visited New Zealand during the Medical Congress, which appeared in a Press interview may be quoted: "The association of ante-natal clinics with the Plunket centres he considered most valuable. The work being done in this respect in New Zealand was, he said, far in advance of anything in Victoria. There is no doubt, he said, that the private maternity hospitals here are far more thoroughly inspected than those in Victoria. Dr. Allen spoke in terms of high approval of the system adopted in New Zealand of providing sterilized labour outfits for expectant mothers. This provision alone was a great advance in the campaign for maternal welfare. Another excellent feature was the endeavour of the Health Department to standardize the methods of technique."

The keen interest taken by the medical profession in this problem and the assistance it has rendered the Department has been most gratifying.

The accompanying reports of Dr. Jellett, Dr. Paget, and Dr. Gurr detail the progress made in their special spheres of maternity work.

Venereal Diseases.—The extent to which these diseases are rife is indicated to some extent in the accompanying table showing returns from the V.D. clinics in the chief centres. Increasing attention is being given to the question of venereal disease in relation to the care of pregnant women in the ante-natal clinics. The regulations in operation for better supervision and control of sufferers continue to work satisfactorily, and have been of undoubted benefit.

Propaganda and Publicity.—The Department has continued, through its officers, to distribute many thousands of pamphlets, all aimed at spreading the principles of health. During the past year arrangements were made for the publication of a weekly series of newspaper articles dealing with some important phase of public health. The newspapers are perhaps the best method of reaching the public, and they exercise a tremendous force in moulding and educating public opinion. I wish to take this opportunity of expressing my great appreciation of the service the newspapers of the Dominion have rendered the Department in this direction. Health Week campaigns and similar valuable movements throughout New Zealand have received every assistance from the officers of the Department.

International Pacific Health Conference, Melbourne.—Dr. Watt, Deputy Director-General of Health represented New Zealand at this important Conference for the discussion of medical and health problems connected with the island groups of the Pacific. The report of the Conference covers the problems dealt with, and will form a valuable basis for a future policy in regard to these matters. The presence of Sir George Buchanan, C.B., M.D., Senior Medical Officer, Ministry of Health, Great Britain, added much to the value and interest of the Conference. I only regret that this eminent officer could not be spared to visit New Zealand.