Tuberculosis.

The death-rate of 4·86 per 10,000 of the mean population is the lowest so far recorded in this Dominion. Since 1872 the death-rate from this disease has fallen from 12·66 to 4·86. Despite this noticeable decline in the tuberculosis death-rate and the fact that we have the largest proportion of beds for tubercular cases of any country in the world, I have been much concerned at the demands, through their respective Boards, of certain Medical Superintendents, particularly of the South Island, for increased sanatorium accommodation. The matter, however, was brought to a climax by the application last November of the Medical Superintendent, through the North Canterbury Hospital Board, for additional accommodation for chronic tubercular cases in connection with the Cashmere Sanatorium. I asked the Board to wait until a committee of recognized physicians could report on the whole question of sanatorium accommodation in the two Islands. My request to defer the matter for the nonce was not favourably considered either by the North Canterbury Board or the Medical Superintendent concerned. However, in February I told the executive of the British Medical Association that I was asking that body to give the Minister of the Department the names of certain physicians whom they could recommend for this investigation. This has been done, and a committee consisting of Dr. Fitchett, of Dunedin, Dr. Fenwick, of Wellington, and Dr. Johnson, of Auckland, are now investigating the position as regards tuberculosis in the two Islands. The report of these gentlemen and their recommendations is awaited with great interest.

In an editorial the late editor of the *British Medical Journal*, Sir Dawson Williams, says: "Probably the real truth about sanatorium treatment is that, while of value to the individual, it is mainly educative, that it is expensive, and that from the point of view of prevention or the extermination of tuberculosis its value is small compared with the magnitude of the whole task. Throughout all the reports that we have examined there runs the thread of State assistance and subsidy, and it is interesting to note that when Governments embark on large schemes of social amelioration each successive plunge in welfare schemes brings with it fresh difficulties." In referring to village settlements the same editorial states: "Without any wish to minimize the misfortunes of the consumptive, nor any desire to undervalue attempts to reduce or control possible sources of infection to the rest of the community, it is possible to feel doubts as to the wisdom of embarking on a large expenditure of State money in what are, at present, experiments. Neither sympathy for the unfortunate consumptive nor fears for extension of infection should be allowed to lead to hasty and ill-considered expenditure. Behind the whole method of settlements, sanatoria, and other attempts at curative measures there looms the question whether research should not be directed mainly to the production of resistance to the attacks of an ubiquitous and unexterminable germ."

Information regarding the measures undertaken by the school medical service for the prevention of tuberculosis will be found in the report of the Director, Division of School Hygiene. An endeavour is being made to select such children as would likely to become victims of tuberculosis, and to provide for their special supervision and care. This includes advice to parents as to improvement of home environment, the arrangement for residence in convalescent homes and health camps, the establishment of nutrition classes in schools. Children who are inmates of households where there is a sufferer from tuberculosis are kept under special observation. By the aid of the press and distribution of pamphlets the Department has endeavoured to educate the public as to the early symptoms of tuberculosis and measures as to its prevention.

Cancer.

The death-rate of 9·63 per 10,000 of living persons is a slight improvement on the preceding year. Wide publicity has been given through suitable leaflets and the aid of the press as to the early signs and symptoms of the disease, so as to educate the public as to the necessity of early medical advice.

Infectious Diseases.

With the exception of scarlet fever of a mild type, which was epidemic throughout the year, other notifiable diseases, such as diphtheria, enteric fever, and pneumonic influenza, show a much lower incidence.

Maternal Mortality.

Dr. McKibbin in his report covers important phases of the difficult problem relating to deaths associated with childbirth. In spite of the very active campaign for the reduction of these deaths, the rate of 4·91 per 1,000 live births represents an increased rate on the preceding year. The marked increase of deaths from puerperal septicæmia is somewhat disturbing, particularly the distinct rise from this cause in the Auckland District, which is at present being made the subject of a special investigation. On the other hand, it is encouraging to note the fall in the deaths from other puerperal causes, probably arising in part from improvements in ante-natal supervision and our midwifery service. In this connection the reports of Dr. Henry Jellett and Dr. Paget will be read with interest. Dr. Jellett's observations on the administration and medical aspects of maternal welfare work are worthy of special attention, as also his appeal on behalf of the obstetrical department of our only Medical School.

The New Zealand Obstetrical Society, formed by the New Zealand Branch of the British Medical Association will, I am sure, be of distinct value in improving the standard of obstetrical practice in the Dominion. Its advice and assistance will be much valued by the officers of the Department, who realize that the problem of maternal mortality can be best approached by co-operation between all branches of the medical profession.