REPORT.

In compiling this report the Committee has adopted the method of dealing separately with the various questions in the order in which they are set out in the order of reference.

SECTION I.

Question 1.—Past and present incidence of pulmonary tuberculosis in New Zealand.

In New Zealand, as in other civilized countries, the incidence of pulmonary tuberculosis has declined steadily during the past fifty or sixty years. The fall has been uninterrupted, and does not appear to have been influenced by any of the remedial measures introduced in the last thirty years for the direct treatment of the disease. The explanation usually given is that the decline has been brought about by education, by sanitary reform, and by improvement in economic conditions.

In estimating the incidence of pulmonary tuberculosis in this country two sources of information are available—(*a*) notification returns, (*b*) bills of mortality.

In New Zealand pulmonary tuberculosis has been a notifiable disease since 1901. In the earlier years notification was very incomplete, and even to-day it cannot be relied upon to give trustworthy information. In some cases patients and doctors alike are opposed to notification. Often doctors are careless and neglect to make returns; and, on the other hand, patients who pass from doctor to doctor or from doctor to hospital are sometimes notified more than once. Notifications for the last ten years are shown in Table I.

TABLE I.—NOTIFICATIONS OF CASES OF PULMONARY TUBERCULOSIS, 1918–27.

Year.	Number of Notifications.	Year.	Number of Notifications.
1918	1,072	1923	1,002
1919	984	1924	1,072
1920	1,305	1925	1,247
1921	1,207	1926	1,318
1922	1,129	1927	1,343

The only inference that can be drawn from this list is that there has been a steady increase in notification in the last three years. It is probable that this increase is due to the greater activity of various administrative bodies resulting in a higher proportion of cases being notified.

More reliable information is given by the death-rate. Tables II and III show that the death-rate per 10,000 of the population has fallen from 9·70 per 10,000 in 1872 to 3·88 per 10,000 in 1927.

TABLE II.—DEATHS FROM TUBERCULOSIS OF THE RESPIRATORY SYSTEM, 1872–1927.

Year.	Number of Deaths.	Rate per 10,000 Mean Population.	Year.	Number of Deaths.	Rate per 10,000 Mean Population.
1872	265	9·70	1900	577	7·57
1873	206	7·16	1901	596	7·66
1874	270	8·47	1902	617	7·73
1875	339	9·45	1903	570	6·95
1876	307	7·92	1904	598	7·08
1877	326	8·07	1905	496	5·70
1878	326	7·75	1906	556	6·21
1879	399	8·90	1907	612	6·66
1880	447	9·42	1908	671	7·10
1881	468	9·50	1909	634	6·52
1882	454	8·91	1910	574	5·78
1883	531	10·02	1911	563	5·55
1884	530	9·59	1912	553	5·32
1885	514	9·02	1913	640	5·99
1886	500	8·59	1914	564	5·17
1887	534	8·95	1915	546	4·97
1888	476	7·86	1916	565	5·14
1889	499	8·16	1917	584	5·31
1890	520	8·38	1918	638	5·78
1891	495	7·86	1919	585	5·12
1892	524	8·16	1920	671	5·63
1893	545	8·24	1921	609	4·98
1894	576	8·48	1922	594	4·74
1895	553	7·99	1923	619	4·86
1896	523	7·40	1924	573	4·41
1897	596	8·26	1925	560	4·21
1898	597	8·11	1926	592	4·38
1899	593	7·91	1927	533	3·88