

APOPLEXY OR CEREBRAL HÆMORRHAGE, 771.

A death from this cause implies disease of the brain-arteries, associated sometimes with high blood-pressure, and the actual hæmorrhage may be caused by sudden physical or mental effort. Of 764 deaths from this cause in 1926, 5 occurred in infancy, 34 occurred in persons under the age of forty years, 75 under fifty years, 183 under sixty years, and 379, or approximately half the total, under seventy years of age.

TUBERCULOSIS.

Tuberculosis (all Forms) in New Zealand, 1872-27.

Year.	Number of Deaths from Tuberculosis.	Death-rate from Tuberculosis per 10,000 of Mean Population.	Year.	Number of Deaths from Tuberculosis.	Death-rate from Tuberculosis per 10,000 of Mean Population.
1872	346	12.66	1900	752	9.85
1873	296	10.50	1901	775	9.96
1874	391	12.26	1902	802	10.05
1875	561	15.63	1903	769	9.38
1876	488	12.59	1904	799	9.46
1877	512	12.68	1905	678	7.79
1878	513	12.20	1906	720	8.04
1879	587	13.10	1907	856	9.31
1880	645	13.60	1908	840	8.89
1881	680	13.80	1909	803	8.26
1882	611	12.00	1910	731	7.36
1883	700	13.23	1911	733	7.27
1884	718	12.99	1912	716	6.89
1885	698	12.25	1913	812	7.60
1886	705	12.11	1914	728	6.67
1887	734	12.31	1915	793	6.30
1888	647	10.69	1916	742	6.74
1889	649	10.61	1917	755	6.87
1890	650	10.47	1918	832	7.54
1891	663	10.53	1919	762	6.71
1892	700	10.90	1920	851	7.21
1893	729	11.02	1921	793	6.48
1894	752	11.07	1922	821	6.56
1895	761	10.99	1923	792	6.21
1896	680	9.62	1924	736	5.67
1897	763	10.57	1925	684	5.14
1898	769	10.44	1926	727	5.37
1899	795	10.60	1927	668	4.86

New Zealand has the lowest death-rate from tuberculosis in the world, and the rate per 10,000 of mean population has reduced from 7.54 in 1918 to 4.86 last year.

Of the total of 668 deaths in 1927, 533 were assigned to pulmonary tuberculosis, showing a considerable reduction from 592 recorded in 1926. There were 135 deaths from other forms of this disease, comprising tuberculous-meningitis and peritonitis, and tuberculosis of the bones, joints, glands, &c. A small proportion only of these latter deaths, particularly those of children, are deemed by recognized authorities to be possibly due to infection from the cow, and bacteriological tests of milk-supplies in some New Zealand cities have shown the milk-supply to be remarkably free from bovine tubercle. The majority of these latter deaths and all, or nearly all, deaths from pulmonary tuberculosis are regarded as due to the human type of tubercle, presumably conveyed from human sources.

Although the death-rate from tuberculosis is reducing, it still takes sixth place as a cause of death in New Zealand and disables temporarily or permanently many more than it kills.

Probably New Zealand owes her comparatively low tuberculosis death-rate to healthy home, school, and workplace environment, nourishing food, an excellent sunny climate, and the rarity of overcrowding. But there are exceptional instances of bad habits and environment which should not exist. Given good food and cleanly habits if everyone slept and lived with wide-open windows in ample cubic space there would soon be a marked reduction in the tuberculosis death-rate. When a case of consumption is treated in a dwelling it is specially necessary for all inmates to live the open-air life. That is the practice in sanatoria. Most persons contract tuberculosis and recover. It is only the specially weak or those with bad living habits who succumb.

Pulmonary Tuberculosis.

Pulmonary tuberculosis is the only variety of the disease which is compulsorily notifiable. It cannot be said, however, that all cases of this disease are notified. The number of notifications for 1925 was 1,247; for 1926, 1,318; and for 1927, 1,343. It is satisfactory to note a larger proportion of cases is being notified, while the death-rate is steadily reducing.

Distribution of Deaths from Pulmonary Tuberculosis.—During the last two years the death-rate per 10,000 of mean population was—

						1927.	1926.
North Island	..	..	..	..	..	3.82	4.3
South Island	..	..	..	..	..	3.98	4.5

The difference is slight.

It would seem that attention to the six principal causes of death offers the main chance of appreciably reducing the general death-rate of the Dominion, which is already comparatively low. Scientific discovery may further aid us in reducing the deaths from these six and other principal causes. Meantime it is only by the willing co-operation of the public, the medical practitioners, and the Department of Health in disease-prevention in the home, school, and workplace environment of the people that great reductions in our death-rate will be made. It is particularly necessary to correct bad living habits, to treat disease in its early stages, and, wherever possible, to prevent the spread of any infectious illness.