Types of Tuberculosis.

Although very little investigation of the type of bacillus responsible for cases of tuberculosis other than pulmonary has been carried out in New Zealand, the small amount of information available points to approximately 80 per cent. of the cases being due to human type and 20 per cent. to the bovine type of bacillus. The decline in pulmonary tuberculosis inevitably leads to lessened risk of contacts contracting non-pulmonary tuberculosis due to the human type of bacillus, and the campaign against pulmonary tuberculosis is therefore the method of attack likely to have the greatest effect on the morbidity and mortality from non-pulmonary forms of the disease.

The following table shows the accommodation available in public institutions during the year ended 31st March, 1935 :—

Institutions.	Number.	Number of Beds.	Number of Patients treated.
Sanatoria	5	580	919
Special tuberculosis hospitals	3	233	294
Totals	8	813	1,213

In addition, 285 beds were available in other institutions controlled by Hospital Boards. New Zealand thus has nineteen beds for every ten deaths from tuberculosis.

Preventive Work.

Tuberculosis Clinic.—A definite advance in the campaign against this disease was the establishment of tuberculosis clinics in various parts of the North Island of New Zealand similar to those which have been operating for a number of years in the South Island. There is now in operation in the North Island a system whereby a tuberculosis specialist visits the various centres in the Hospital Board districts at regular intervals, and, in co-operation with the Medical Superintendents and medical practitioners, examines and gives an opinion of any cases referred to him. It is hoped by this means to achieve the following objects : (*a*) To follow up and keep under observation cases that have been discharged from sanatoria ; (*b*) to follow up and keep under observation the contacts of actual cases of tuberculosis ; (*c*) to arrive at an earlier diagnosis in the case of suspected cases, so that sanatorium treatment may be instituted at the most favourable period.

School-children.—The percentage of all forms of tuberculosis found in routine examinations of school-children in 1935 was 0·06 for European children and 0·46 for the Native race. The supervision of children in contact with tuberculosis cases is carried out by the School Medical Officers, and exact records are now available of over a thousand such children. Co-operation is maintained with tuberculosis specialists attached to sanatoria and hospitals to ensure periodic expert examination. The value of this work is demonstrated by the opportunity it gives not only for early and appropriate treatment when required, but also more generally by measures for improving health and nutrition, thus preventing the onset of disease.

The Children's Health Camp Movement mentioned in the Bulletin article of July, 1934, continues to receive public support. Some 2,500 delicate and undernourished children were treated in these camps during the year 1935. The finance of these camps benefited to the extent of some £11,000 from the sale of Christmas health stamps and donations through the Post and Telegraph Department, and the assistance of various voluntary organizations.

Nutrition.—The question of nutrition of school-children has received special consideration. Height and weight and age survey of some 40,000 New Zealand children demonstrated that our children are both taller and heavier than they were twenty years ago. However, for various reasons it has been found that many children fall short of their potential level of positive health and vitality. To guard against this from a dietetic standpoint a considerable amount of work has been carried out in arrangements for supplying children at school with half a pint of milk daily free of charge. Space does not permit of detailed information regarding the many schemes projected. Government and municipal subsidies and the generosity of voluntary and private philanthropic organizations give material assistance. The Government has recently made a grant of £30,000 for the supplying of milk to school-children. From observations in New Zealand schools it may be regarded as proven that the addition of half a pint of milk to the usual dietary of children will, generally speaking, result in improved nutrition and health. The average consumption of milk in New Zealand has recently gone up from half a pint per person to five-eighths of a pint per day, presumably as a result of propaganda and of schemes for milk-distribution at school. The Department of Health supervises as far as possible practical schemes for milk-distribution.

Housing.—The housing question—of such paramount importance in dealing with the problem of tuberculosis—is receiving attention. The Government has formulated a housing-scheme for the amelioration of undesirable housing-conditions that exist, particularly in the city areas of the larger towns, and for a higher standard of housing generally throughout the Dominion. A Housing Department has been created in charge of a Director of Housing Construction under a Parliamentary Under-Secretary.