The annual reports of the Department from 1900 reveal the honourable role that preventive medicine has played in the development of New Zealand. The following extract from a report by Dr. R. H. Makgill is an illustration of the difficulties the Colonial Secretary had in mind that faced the public-health pioneers in dealing with local authorities :—

> " It is impossible to report in a hopeful manner of the administration of the public health at the hands of these bodies. Even the largest of them, the Auckland City Council, appears scarcely to realize they are responsible for the conditions which affect the lives of the people whom they control ; while with a few exceptions the smaller bodies seem wholly ignorant of the fact. As regards the larger communities, this is doubtless owing to the general indifference to sanitary laws which had characterized the general public in the past. We are now about the stage of public opinion at which England was sixty years ago. The chief fault lies in the subdivision of the district into numberless small local bodies in which the spirit of Little Pedlington is the chief feature, increasing inversely as the size of the community diminishes."

In face of such difficulties progress was still being achieved. Following on the Act of 1900 there was a more or less constant stream of enactments—viz., the Sale of Food and Drugs Act ; Acts for the registration of medical practitioners, chemists, nurses, and midwives. Quackery Prevention Act ; Poisons Act ; Plumbers Registration Act ; Hospitals and Charitable Institutions Act—truly evidence of progressive administration. In this period also the problem of prevention and treatment of tuberculosis was seriously tackled by the establishment of sanatoria in the North and South Islands, and hospital services and constructional work began to receive close and expert supervision. An outline of the development of the New Zealand hospital system is given in the Hospital Section of this report.

Medical supervision of school-children came into operation. St. Helens Hospitals were opened to provide a maternity service for wives of working men with moderate incomes. A safe milk-supply on similar lines as now adopted by the Wellington City Council was advocated by Dr. Frengley, and Dr. Pomare, with inspired diction and enthusiasm, was pleading and working for the health and well-being of the Maori race. Pioneers whose lives had been spent in the campaign for sanitary reform and care of the sick had cause to reflect with satisfaction on the steady progress of preventive medicine. The establishment in 1875 of a Medical School at the Otago University for the training of medical men was proving an important step towards the provision of skilled medical care of the people of New Zealand. Voluntary health organizations were inaugurated having for their object the diffusion of sound knowledge on infant welfare, first aid, and home nursing. These have played a definite part in the education of the public in such matters.

Since the passing of the 1900 Act many changes in the population and its distribution had occurred ; new facts had come to light in relation to preventive medicine, and evidence given before the Royal Commission on the Influenza Epidemic revealed a great need for simplification of health legislation, and the necessity for more clear definition as to the duties of local authorities, Hospital Boards, and the Department of Health. These were some of the reasons of the causes that influenced the introduction of the Health Bill for 1920, which eventually became law. The main features of this enactment were the creation of a Board of Health under the chairmanship of the Minister with advisory, or even, under certain circumstances, mandatory powers in regard to matters of public health ; the definite delegation to local authorities of certain routine matters ; and generally the strengthening and widening of the powers of the Department.

Among some of the outstanding reforms following this enactment are formation of new health districts ; increased personnel of the Department ; amalgamation of Hospital Boards ; better inspected, built, and conducted public and private hospitals ; legislation for control of venereal diseases was passed ; steps to ensure safer maternity ; improved standard of nursing education ; institution of Medical Research Council, Medical Council, Dental Council, and Opticians and Masseurs Registration Boards ; extension of school medical and dental services ; increased attention to health of Maoris ; formation of health camps for delicate children ; provision of free milk for school-children ; intensive health education of the public ; institution of a higher standard of sanitation and safer water-supplies and modern sewerage systems throughout the Dominion ; and extended power of supervision of food, dangerous drugs, and poisons in the interests of the public health. The establishment of a New Zealand Branch of the Royal Sanitary Institute and the Hospital Boards Association of New Zealand exerted a beneficial influence in the respective fields of sanitary science and hospital administration.

In addition to these progressive measures remarkable advances have been made in all branches of medicine which have added to the sum of human welfare. These great scientific and medical discoveries have been readily availed of for the conquest of disease. For instance, the discovery of insulin in 1922 has revolutionized the treatment and prognosis of diabetes, while the death-rate from diphtheria fell promptly with the introduction of diphtheria antitoxin, and to-day thousands of children are being immunized against this dread disease of childhood. Hydatid disease has been vigorously combated, while the formation of New Zealand Branch of the British Empire Campaign Fund has strengthened the attack against cancer.

It would be possible to enlarge on how science is gaining in its attack on other infectious diseases. As a result mainly of these advances in preventive and curative medicine human life has been greatly prolonged, as shown by reference to our vital statistics. The average standardized death-rate for the five-yearly period 1874–78 was 14·16 per 1,000 living, being nearly twice that of the average of 7·14 for the past five years. In 1872 the infant-mortality rate was 100·42, in 1938 it was 35·63 per 1,000 live births. In 1872 the tuberculosis crude death-rate was 12·66, in 1938 it was 3·93, and typhoid fever, once one of the principal causes of death, has dropped from a high position to a very lowly one. There were 2,548 deaths from this disease during the five years 1872 to 1876 in comparison with only thirty-six in the period 1934 to 1938. The expectation of life is also steadily increasing in New Zealand, and