

is, so far as is known, higher than that of any other country. There has also been experienced a considerable reduction in the number of deaths associated with child-birth since the Department entered upon a campaign for the promotion of maternal welfare. These achievements signify nothing less than the saving of innumerable lives and prevention of a vast amount of sickness and invalidity.

The Social Security Act, 1938, with its provisions for profound changes in the system of medical care of the people, represents another important milestone in the progress of preventive medicine in New Zealand.

Still, the history of preventive and curative medicine in New Zealand is by no means a perfect record. Many largely preventable diseases have taken and continue to take a heavy toll of human life. Big problems still confront medical and social science and their application, but the future is full of promise and we can look forward with confidence to a steady advance in health, vitality, and happiness of the people of New Zealand.

VITAL STATISTICS.
(Exclusive of Maoris.)

Death-rate.—The death-rate was 9·71 per thousand mean population, as compared with a rate of 9·08 in the preceding year. The Government Statistician in his report on vital statistics for the year 1937, in commenting upon the rising death-rate, had this to say :—

“ The rising trend in the crude death-rate in recent years has its origin at least partly in the gradual ageing of the population as a whole. The effect of a constantly declining birth-rate operative in New Zealand for many years has now begun to exert an unavoidable influence upon the mortality experience of this country. The annual accretion of young people is insufficient to maintain its necessary proportion of the population, with the result that more and more people are being exposed to the degenerative diseases of old age. Consequently as every person must eventually die, the death-rate must continue to rise for some years to come, since the present death-rate is still much lower than could be regarded as possible in a population stable in respect of age and constitution.”

Infant Mortality.—The infant-mortality rate was 35·63 per thousand live births, being much higher than the rate of 31·21 in 1937. The widespread epidemic of measles and prevalence of diseases of the respiratory system associated with this disease has exerted a baneful influence on infant life during the year. In another section of this report the position is analysed.

Still-births.—The still-birth rate was 27·3, representing an improvement on the 1937 figure of 29·38. It is the lowest figure recorded for this rate.

Birth-rate.—The total births were 27,249, equivalent to a rate of 17·93 per thousand mean population. For the third year in succession the birth-rate shows a gratifying increase over the previous year.

Maternal-mortality Rate.—The maternal-mortality rate, including deaths from septic abortion, was 4·07 per thousand live births, as compared with 3·61 in 1937. The number of septic abortions was 30, against 24 in 1937. When the deaths from septic abortions are deducted the rate is 2·97.

The following comparative statement issued by the Census and Statistics Department of the death-rate from puerperal causes (with separate rates for septic abortion, other puerperal causes, and puerperal eclampsia) in certain countries for the latest available period of from three to five years is now given, as it may be of interest to overseas readers.

Puerperal Mortality in various Countries : Rates per 1,000 Live Births.

Country.	Period.	Septic Abortion.	Puerperal Sepsis.	Total Sepsis.	Puerperal Eclampsia.	All Puerperal Causes.	
						Including Septic Abortion.	Excluding Septic Abortion.
Norway	1932-36	0·54	0·70	1·24	0·65	2·74	2·20
Sweden	1931-35	0·76	0·91	1·67	0·53	3·32	2·56
Japan	1933-36	0·01	0·64	0·65	0·65	2·66	2·65
Estonia	1932-36	0·73	0·49	1·22	0·29	3·42	2·69
Italy	1931-35	0·18	0·95	1·13	0·55	2·87	2·69
Netherlands	1932-36	0·32	0·64	0·96	0·41	3·07	2·75
New Zealand	1933-37	1·04	0·50	1·54	0·73	4·15	3·11
Denmark	1933-37	0·33	0·98	1·31	0·41	3·78	3·45
England and Wales	1933-37	0·41	1·17	1·58	0·60	4·05	3·64
Switzerland	1932-36	0·66	0·76	1·42	0·53	4·49	3·83
Germany	1932-34	1·39	1·04	2·43	0·52	5·24	3·85
Australia	1933-37	1·44	0·83	2·27	0·81	5·36	3·92
Eire	1933-37	0·12	1·36	1·48	0·75	4·54	4·42
South Africa	1933-37	0·57	1·84	2·41	0·56	5·00	4·43
Canada	1933-37	0·59	1·20	1·79	0·98	5·13	4·54
U.S.A.	1932-36	0·97	1·31	2·28	1·14	6·01	5·04
Greece	1931-35	0·08	2·84	2·92	0·09	5·25	5·17
North Ireland	1933-37	0·26	1·64	1·90	1·00	5·64	5·38
Scotland	1933-37	0·37	1·94	2·31	0·82	5·76	5·39
Chile	1932-36	0·50	3·51	4·01	0·54	8·32	7·82

The above comparisons are affected to a greater or lesser extent through differences in methods of assignment and classification of these causes of death adopted in the various countries, especially in cases of their association with other causes of death. In some instances these variations of methods may affect the respective death-rates considerably.