

Tuberculosis other than of the Respiratory System.—The 115 deaths last year so assigned were distributed as follows (the figures for 1937 being given in parentheses):—

Tuberculosis of the meninges and central nervous system	..	..	35	(34)
Tuberculosis of intestines and peritoneum	..	..	19	(17)
Tuberculosis of vertebral column	..	..	18	(13)
Tuberculosis of bones and joints	..	..	5	(1)
Tuberculosis of lymphatic system	..	..	3	(1)
Tuberculosis of genito-urinary system	..	..	11	(7)
Tuberculosis of other organs	..	..	3	(2)
Disseminated tuberculosis	..	..	21	(17)
Tuberculosis of skin	..	..	..	(3)
			115	(95)

Unlike the diseases which have just been discussed, tuberculosis has shown a continuous and fairly steady decline. It is a social disease, most prevalent in countries where the standards of hygiene and of living are low, and becoming less prevalent as social conditions improve. Hygienic conditions in the Dominion were by no means good in the early days of settlement, and even up to the end of the century were very unsatisfactory.

The accompanying graph, which was prepared from quinquennial moving average standardized death-rates, shows the trend of the death-rate since 1899–1903. There was a definite rise in the rate during the war years and following the influenza epidemic, followed by approximately the same rate of decline as in pre-war days.

Tuberculosis in New Zealand has now reached a fairly low level, but it is probable that a more intensive campaign against the disease will be necessary if the rate of decline is to be maintained or improved.

Pulmonary tuberculosis has been a notifiable infectious disease since 1901, and it is now proposed to add other forms of the disease to the list of notifiable diseases. Insufficient investigation has so far been carried out for any definite statement to be made as to the percentage of tuberculosis other than of the respiratory system which is due to tubercle bacilli of human type or to those of the bovine type. What information is available points to the probability that the human type is responsible for about 80 per cent. of such cases, and the bovine type for the remainder.

The notification of all cases of tuberculosis will allow of more thorough investigation, with the discovery and treatment of many unrecognized pulmonary cases responsible for non-pulmonary cases.

Tuberculosis, often considered to be a family disease, is really a long-drawn-out family epidemic. Unrecognized cases spread the infection in the family or related circles to a greater extent than they do to others outside the family circle. The recognition of such cases is a necessary preliminary to the control of the disease.

Tuberculosis due to the bovine type of bacillus is a lesser problem than that due to the human type. It could be solved by the eradication of all tubercular cattle from our herds, or by the pasteurization of all milk supplied for human consumption. The former method of control would, however, only solve the problem of tuberculosis due to the bovine type of bacillus; pasteurization would solve both this and other problems.

The Medical Research Council is undertaking investigations into the incidence of the two types of tubercle bacillus in human cases, and also the incidence of tuberculosis amongst Maoris.

Pulmonary Tuberculosis.—With the exception of the years 1935 (471 deaths) and 1933 (476 deaths) the number of deaths registered in 1938 as due to this condition was the lowest recorded since 1888, when the population was slightly more than 600,000. The average crude and standardized death-rates per 10,000 of population in the eight quinquennial periods from 1899 are shown below:—

Pulmonary Tuberculosis : Crude and Standardized Death-rate.

Period.	Average Crude Death-rate.	Average Standardized Death-rate.	Period.	Average Crude Death-rate.	Average Standardized Death-rate.
1899–03	7·55	7·55	1919–23	5·06	4·92
1904–08	6·55	6·34	1924–28	4·19	4·03
1909–13	5·83	5·59	1929–33	3·53	3·26
1914–18	5·28	5·25	1934–38	3·32	2·94

Death-rates by age-groups are shown for the same period in Table E. It will be noticed that whilst for males the death-rate is highest in the age-groups above forty, the opposite is the case for females. Another interesting feature of the figures for the past five years is the further drop in the rate for females in the age-group twenty to twenty-five years. For a long period the death-rate in this age-group remained practically stationary, with a substantial fall for 1929–33. This downward trend has continued during the past five years.