TABLE E.—TUBERCULOSIS OF THE RESPIRATORY SYSTEM: AVERAGE YEARLY NUMBER OF DEATHS PER 10,000 OF POPULATION BY SEX AND IN EACH AGE-GROUP.

Age.	Males								Females.							
	1899-1903.	1904-08.	1909-13.	1914-18.	1919-23.	1924-28.	1929-33.	1934-38.	1899-1903.	1904-08.	1909-13.	1914-18.	1919-23.	1924-28.	1929-33.	1934-38.
0–1	2·1	0·8	0·9	..	0·3	0·4	0·5	0·3	2·0	1·5	1·5	0·6	0·4	0·3	0·3	0·2
1–5	0·7	0·6	0·6	0·5	0·5	0·3	0·3	0·4	0·8	0·6	0·4	0·3	0·2	0·2	0·1	0·0
5–10	0·6	0·5	0·4	0·3	0·2	0·1	0·1	0·1	0·6	0·2	0·5	0·2	0·2	0·2	0·4	0·2	0·0
10–15	0·4	0·9	0·6	0·3	0·3	0·3	0·2	0·2	2·1	1·6	1·3	0·7	1·0	0·5	0·3	0·3
15–20	4·4	4·3	2·9	3·0	1·9	1·6	1·4	1·0	8·2	7·7	6·3	5·9	5·6	4·6	2·6	2·1
20–25	11·4	8·4	7·3	11·4	6·5	4·7	3·5	2·6	12·4	11·6	8·9	8·8	8·8	8·5	6·6	5·4
25–30	14·9	9·6	8·5	10·7	9·6	7·1	4·8	4·4	14·1	13·5	11·2	10·8	10·0	8·2	7·8	6·4
30–35	11·9	11·4	10·0	10·5	9·6	8·4	5·0	4·5	12·2	10·1	10·4	8·7	7·9	5·8	5·9	5·6
35–40	15·6	11·3	10·5	10·0	8·5	8·2	6·5	5·6	12·4	8·8	9·3	7·3	7·8	5·4	4·6	4·7
40–45	11·0	9·5	9·7	9·7	9·3	7·4	6·4	6·3	9·9	8·7	7·0	6·5	6·6	5·2	3·5	3·8
45–50	10·0	10·3	9·8	8·6	9·1	7·3	6·7	5·7	8·1	8·7	5·1	4·4	5·3	4·2	3·5	2·9
50–55	12·1	11·6	9·9	7·2	8·6	7·4	5·6	6·8	6·8	6·9	6·0	5·1	4·7	3·9	2·7	2·5
55–60	12·7	10·4	12·0	7·3	8·3	7·8	7·1	7·1	7·8	5·1	5·1	4·6	4·1	3·8	3·0	3·7
60–65	14·4	10·0	7·8	6·7	8·3	6·1	6·3	7·6	6·0	5·1	5·7	2·9	5·0	5·2	2·8	2·4
65–70	15·6	10·8	9·9	6·3	5·4	5·5	7·4	7·7	9·3	5·8	7·1	4·4	4·2	3·0	3·3	3·2
70–75	10·1	10·6	7·6	6·7	5·6	4·8	7·6	5·6	5·6	4·3	6·0	4·1	3·2	2·7	2·3	3·7
75–80	7·9	4·9	7·3	3·3	4·9	4·0	2·8	5·0	10·7	5·1	2·5	2·7	3·7	4·8	3·1	3·0
80 and over ..	8·4	4·3	2·9	4·0	3·4	3·7	2·4	1·3	3·4	2·6	0·9	1·4	2·1	1·3	1·2	1·0

Tuberculosis other than of the Respiratory System.—The number of deaths registered as being due to this condition was 115, an increase of 20 on the number for the previous year, which, however, was the lowest recorded since 1874. The average number of deaths during the past five years was 117.

TYPHOID FEVER.

This disease is widespread throughout the world, but is most common where sanitation is lacking. Its prevalence is a good index of the sanitary standard of a community. In the early days of settlement the standard was low and the incidence of typhoid fever high. During the final quarter of last century there was considerable improvement in sanitation in the larger centres of population and the prevalence of typhoid fever markedly declined. An example, that of Christchurch, may be cited not because it was worse than other towns, but because it was early in the field in the installation of drainage. The following extract is from a paper by Courtney Nedwill, M.D., and Edwin Cuthbert, M.Inst.C.E., read at the Congress of the Australian Association for the Advancement of Science, held in Christchurch in ~~1901~~ 1891

> "Before the drainage-works were put in hand the subsoil water was generally to be found within from 2 ft. to 3 ft. of the surface, while in some places it frequently covered the land. The almost uninterrupted flow from the numerous artesian wells has a considerable influence in helping to make the district a waterlogged one. At this period Christchurch was undoubtedly very unhealthy. Slop-water, added to subsoil-water, saturated the ground, and common cesspits were then to be found in almost every quarter of the district. In the year 1875—the date we are now speaking of—the population of the city itself was only 10,611, yet there were no less than 49 deaths from typhoid fever and 21 from phthisis; while the infant-mortality rate, calculated by proportion of deaths under one year to 1,000 births, had reached the high figure of 184·2, the general death-rate itself being 30·4.
>
> "If we compare the mortality bill of 1889 with this bad record we see at once the improvement that has taken place. From a town dangerous to live in Christchurch has been converted into a very healthy city. So soon as the effects of the works were felt the death-rate dropped. In the year 1882 it was 13·7; in the year 1888, 11·36; and in 1889, the latest year for which we have the returns, it was 9·77. In this last year the deaths registered from fever were only five, those from phthisis only eight, while the population had in the meantime increased from 10,611 to 16,785. It is to be regretted that reliable statistics cannot be obtained for the suburbs, so that we might deal with the larger population of thirty-five thousand, but there is every reason for believing that they have fully participated in the general improvement that has been so manifest in the city."

In the *New Zealand Medical Journal* (Old Series), Vol. 9, 1896, in an article by Dr. Pabst on a typhoid epidemic in Auckland during the summer of 1895–96, when 153 cases were admitted to Auckland Hospital, it is stated:—

> "The first case was admitted on September 6th, 1895, and the last on June 14th, 1896—*i.e.*, for ten months of the year cases are arising and the experience of the previous year agrees with this. In fact, so prevalent is typhoid, and so certain, under present circumstances, does it seem that it will appear during certain seasons in the year, that a building is specially reserved for typhoid. This building, which is of wood, is detached from the main one, and consists of two wards, capable of holding in all forty patients. The months of July and August, during which no typhoid cases occur, are utilized in fumigating and thoroughly cleansing these auxiliary wards."