

## PRINCIPAL CAUSES OF DEATH

The following table gives the main causes of death, the actual number of deaths therefrom during the year, and the death-rates per 10,000 of mean population for each of the last five years:—

Cause.	1942.		1941 : Rate.	1940 : Rate.	1939 : Rate.	1938 : Rate.
	Number.	Rate.				
Heart-disease (all forms)	5,625	36·41	31·55	29·52	27·80	27·45
Cancer	2,020	13·07	13·18	12·02	11·79	11·76
Violence	891	5·77	5·64	5·68	5·72	6·57
Pneumonia	235	1·52	1·47	1·60	2·02	4·03
Pneumonia (secondary to influenza), whooping-cough, and measles	125	0·81	0·38	0·28	0·58	1·23
Bronchitis	210	1·36	0·94	1·12	1·36	1·32
Broncho-pneumonia	326	2·11	1·96	1·79	2·00	2·33
Tuberculosis (all forms)	607	3·93	3·88	3·88	3·98	3·93
Kidney or Bright's disease	493	3·19	3·66	3·18	3·47	3·82
Apoplexy or cerebral hæmorrhage	1,530	9·90	8·95	8·45*	5·77	5·61
Diseases of the arteries	188	1·22	1·14	0·98*	3·46	3·62
Senility	468	3·03	3·13	2·63	2·16	2·64
Diabetes	352	2·28	2·21	1·98	2·23	1·88
Hernia and intestinal obstruction	114	0·74	0·73	0·78	0·70	0·72
Diseases and accidents of childbirth (puerperal mortality)	85	0·55	0·77	0·62	0·68	0·72
Appendicitis	68	0·44	0·55	0·58	0·69	0·77
Diarrhœa and enteritis	78	0·50	0·53	0·50	0·45	0·64
Epilepsy	82	0·53	0·43	0·34	0·26	0·32
Common Infectious Diseases—						
Influenza (all forms, including pneumonia)	248	1·61	0·49	0·77	1·10	0·88
Diphtheria	24	0·16	0·11	0·10	0·16	0·20
Whooping-cough	4	0·03	0·44	0·15	0·01	0·14
Scarlet fever	1	0·01	0·01	0·01	0·01	0·01
Typhoid and paratyphoid	8	0·05	0·05	0·04	0·02	0·05
Measles	31	0·20	0·03	0·01	0·05	1·07

\* Owing to an alteration in the international agreement as to the allocation of deaths to various causes, the figures for these two conditions are not separately comparable with those of earlier years.

## REPORTS OF DIVISIONAL DIRECTORS

*Public Hygiene.*—Increased duties falling on Medical Officers of Health due to administration of benefits under social security legislation have resulted in less time being available for preventive work. However, the Department has endeavoured as far as possible to maintain essential health services. Considerable attention has been given to maintaining adequate quarantine control against the introduction of disease from overseas. A temporary arrangement has been made with the various Services to overcome difficulties and ensure as far as possible our safety, especially as regards the introduction of mosquitoes and rats. The necessity for increased vigilance in eliminating mosquito-breeding grounds and in destroying rats has also been impressed on local authorities.

The existence in this country of a large unvaccinated population is a matter for serious concern. "It is a fact worth noting," states a United States Public Health Service Bulletin, "that where laws requiring vaccination for school attendance have been in force for a number of years smallpox has practically disappeared, while nearly all of the cases reported in recent years have occurred in sections where there are no such laws."

It is hoped that the public will avail themselves more generally of the protection against smallpox which is afforded by vaccination.

*Hospitals.*—At an early stage of the present war it was decided as a matter of policy that provision for treatment of Service patients should be undertaken by utilizing with necessary extensions the hospital facilities provided by Hospital Boards and the Department. Financial assistance was provided from the War Expenses Account to Hospital Boards of the four main centres in order to extend the accommodation and treatment facilities there. Similarly, extensions were made at Pukeora Sanatorium, Waipukurau, and at Cashmere Sanatorium, Christchurch. A Services Convalescent Hospital of 160 beds was erected at Rotorua, this institution being administered by the Department, and additional provision was made at Queen Mary Hospital, Hanmer.

In order primarily to ensure the prompt clearance of hospital ships on arrival, a clearing hospital accommodating 300 patients was erected at Wellington on land adjoining the wharves. A special railway siding alongside the hospital was provided for hospital trains. The provision of a clearing hospital also greatly facilitated the work of the War Pensions and other Departments concerned with various aspects of the serviceman's welfare.

With large-scale mobilization within the Dominion extensive special provision had to be made for hospital care of camp sick. Hospital Boards in certain districts were therefore called upon to establish temporary hospitals by the acquisition and conversion of racecourse buildings, schools, church halls, and other premises. Steps have since been taken to provide special additions to existing general hospitals in order to release school premises and to provide more satisfactory accommodation for service patients generally.

*School Hygiene.*—The standard of health of the school child has on the whole been satisfactory. There was no apparent falling off in nutrition or increase of diseases—e.g., skin-diseases; dental caries; nose, ear, and throat troubles—which might be attributable to food shortages or lessened care in the home due to mothers being employed in industry.