It must be realized that there are many difficulties in the compilation of the Tuberculosis Register, but as departmental and hospital workers gain further experience, greater accuracy will be obtained. Further details in the register returns disclose information which can be taken as near to the true position as it is possible to attain. These are as follows :—

RACIAL DISTRIBUTION

The known incidence rates of tuberculosis :	Per 1,000 Population.
In Europeans—	
North Island	3·47
South Island	3·47
In Maoris—	
North Island	23·24
South Island	25·48
In combined races—	
North Island	4·98
South Island	3·59

The New Zealand European incidence is 9·7 times the annual deaths. The New Zealand Maori incidence is 5·7 times the annual deaths. The New Zealand combined race incidence is 8 times the annual deaths.

Taking the generally accepted formula of ten times the annual deaths as being correct, it would appear that most of the actual European cases have been found, but there is still need to pursue the active measures, introduced in recent years by the Department, to find all Maori patients and have them placed under adequate supervision and control.

SEX DISTRIBUTION

Further register details show a New Zealand incidence of cases—
In males, both races, as 4,230.
In females, both races, as 3,501.

PROGRESS OF NOTIFIED CASES

Number of cases returned with disease as deteriorating or stationary	1,445
Number of cases returned with disease as improving	1,321
Number of cases returned with disease as "quiescent" or "arrested," but still under supervision	2,374
Number of cases classified as apparently cured during 1944 and deregistered	381
	5,521
Number of cases whose accurate classification has yet to be determined	2,201*

* It is to be regretted that such a large number of cases still exist in the country whose classification has still to be determined. This is due in some areas to the inadequacy of tuberculosis clinic staff or to the imperfect liaison between hospital clinics and the departmental staff. It is realized that amongst this number there must be some active cases with positive infection that are a menace to others. Attempts are being made to have this figure reduced.

Degree of infection as ascertained from the bacteriological investigation of known pulmonary cases	6,760
(*a*) Number declared to have tubercle bacilli present in the sputum	708
(*b*) Number declared to have no tubercle bacilli present in the sputum	1,323
(*c*) Number declared as having no sputum available for examination or not investigated	4,729†

† The large number in (*c*) is being investigated, and it is expected that with more intensive searching more positive active cases will be found. The lack of skilled laboratory technicians and a deficiency of facilities are mainly responsible for this figure.

Disposition of cases notified (all forms), 31st December, 1944 (1943 figures in parentheses) :—

	1944	(1943)
Supervised in hospitals	1,114	(954)
Supervised in sanatoria	661	(577)
Total in institutions	1,775	(1,531)
Supervised in homes	5,308	(4,707)
Supervised in hutments (Maoris)	182	(106)
Supervised in boardinghouses or nomadic	466	(400)
	7,731	(6,772)

Compared with the 1943 figures, it will be noted that numbers of tuberculosis patients supervised in institutions have increased and that 76 extra hutments, mostly for Maoris, are in occupation. The remainder of the cases are supervised at chest clinics or by visiting District Health Nurses, with the exception of 247 cases who appear to be under no medical or nursing supervision.

Incidence of non-pulmonary and mixed pulmonary and non-pulmonary forms stand at 859 cases (of which 239 are Maori patients).

In this total there are 351 cases which show an affection of the bone and joint systems, and these are distributed proportionately between the North and South Islands as is the general population. A proportion of glandular, bone and joint, and intestinal tuberculosis is due to bovine infection. The remaining cases are undoubtedly due to the human type of infection.

The workers in Auckland and Dunedin who are typing available specimens from these cases will not be able to give us the respective incidence of bovine and human types until a sufficient number of cases has been examined. The work is long and laborious and needs special skill. Moreover, every case does not provide the requisite specimen for testing. Surgeons have been requested to notify every non-pulmonary case and also to send all available specimens for typing either to Auckland or Dunedin.