

in the near future, be able to look for a considerable decrease in its existence among the Native population. Towards this end the model by-laws gazetted and now in operation in the Maori districts, and which are proving of great assistance to those responsible, should prove an important factor in limiting the occurrence of this disease.

Tuberculosis.—The death-rate of 6.48 per 10,000 of mean population is, I am glad to advise, second lowest on record. The campaign against this disease has been, and still is, one of the most difficult and important problems that faces any Department of Health. We must also consider its great humanitarian appeal, and withal define and regulate our policy, especially in these times, in due regard to expenditure. The extended provision of sanatoria is one that is at the present time engaging the earnest consideration of the Department, and in the near future in this respect additional accommodation will be provided at Waipiata, in Central Otago, to the extent of fifty beds. However, not on the Government alone should rest the full burden of the campaign against this disease, for undoubtedly Hospital Boards and local authorities must bear their share of responsibility. I am glad to be able to state that in regard to Hospital Boards there is an increasing tendency to, in some measure, meet the demands for the treatment of cases arising within their districts. In the general scheme of prevention, housing is of vital importance, and is one within the particular province it seems of local authorities. In a valuable report presented by a special committee of the Board of Health in 1919 on housing conditions in this country we find some very striking facts. Thus it was computed that 13½ per cent. of the population are living in crowded conditions, amounting to over 136,000 of the inhabitants. Of this number there were 209 cases of 3½ persons living in a single room; 498 of 3 to 3½ persons per room; 1,550 of from 2½ to 3 persons per room. However, herein appears manifested to some extent the contrariness of human nature. We find people of all classes who appear prepared to live under crowded, uncomfortable, and often socially disagreeable conditions by paying a high rent for a “bed-sitting-room, double bed, and use of kitchen,” or “two rooms and kitchenette,” rather than support proposals of a Government or of municipal authorities or other public bodies for the erection of small houses of two or three rooms and accessories on ample-spaced sections. In spite of times of financial stringency, these proposals have much to be commended from the authorities’ and purchasers’ standpoint. It is also reasonable to suggest the relaxation of some of the more stringent building by-laws, especially those relating to the height of rooms, so as to enable dwellings to be erected within the reach of the most modest income. Surely it is regrettable that in a young country such as this, with the knowledge of the evils likely to result from the above housing conditions, evidenced in the committee’s report, such a state should exist; and as long as it does one cannot with any degree of confidence look for a marked diminution in the incidence of this disease.

Other notifiable diseases.—Cerebro-spinal meningitis shows a decline; acute poliomyelitis, unfortunately, a substantial increase; puerperal septicæmia the lowest death-rate from 1917; erysipelas an increasing prevalence, while influenza was markedly less common than in former years. There were two cases of leprosy occurring among Chinamen, and these were removed to the Hospital on Quail Island.

Of the *non-notifiable diseases* we find again cancer most prominent. From this disease 1,044 deaths occurred, giving a rate of 8.53 per 10,000 of persons living, as against 8.72 for the previous year. Measles and whooping-cough: These dangerous complaints, mainly of childhood, were much less prevalent. Venereal diseases, as shown in the accompanying tables of this report, are far too common. The clinics established in the various centres have done excellent work, and their facilities are now being extended to sailors from oversea ships. Plague: Measures considered necessary to prevent the introduction of plague have kept departmental officers very busy. It was very difficult to get local authorities to see the need for certain precautions, but happily, with few exceptions, they rose to the occasion.

As regards the activities of the Department since its initiation, some twenty years ago, it is satisfactory to note that our efforts were the subject of appreciation in the address of Dr. Young, President of the British Medical Association, during the recent annual conference in Wellington. That address also stressed the growing interest in preventive medicine on the part of the medical profession, and the desire of that profession to assist the Department in carrying out its many and onerous functions.

SECTION 2.—DEPARTMENTAL FINANCE.

During the last few months of the year the burden of the Department’s finances was greatly increased by the taking-over of the four large military hospitals from the Defence Department, necessitating, naturally, a considerable increase in the Department’s estimates. By the exercise, however, of rigid economy in every direction, and by repeated reviews of the staff and work of the Department, with consequent retrenchment and a curtailing of expenditure wherever possible, even in minor matters, the aggregate of economies effected has enabled the Department to present estimates this year which show an increase only of £31,678, the results for the past year being as follows: Estimated net expenditure, £214,205; actual expenditure, £223,388; estimated expenditure for 1922–23, £245,883.

The capital requirements from the Public Works Fund for the Department’s own institutions are necessarily not reducible at present, and have for the last few years been in the neighbourhood of about £50,000 per annum. With the completion, however, of the new St. Helens Hospitals at Auckland and Christchurch, and the expenditure incidental to the taking-over of the military hospitals, the requirements of the Department from the Public Works Fund will be negligible.

In regard to the appropriation of subsidies for Hospital Boards, the amount of subsidies payable to Hospital Boards showed for the first time last year a decrease over the previous year, being, exclusive of subsidy on voluntary contributions, £338,672, as against £415,671. The amount payable,