

## TUBERCULOSIS.

The death-rate of 5·02 per 10,000 of the mean population gives New Zealand a remarkably low death-rate for this cause in comparison with other countries. The medical committee appointed to inquire into the question and treatment of pulmonary tuberculosis in New Zealand, after a very thorough investigation, presented their valuable report. The findings of the committee are well indicated by the concluding paragraph of its report, which reads as follows: "Investigation has satisfied the committee that pulmonary tuberculosis in this country does not constitute a grave national menace. Fewer people died from all forms of tuberculosis than are killed by violence. As far as can be ascertained, the prevalence of pulmonary tuberculosis in this country is less than that in any other country. Substantial progress has been made in adopting measures for its control and treatment; but pulmonary tuberculosis is an insidious and protracted infective disease, which will gain ground and become a menace unless constantly repressed. The most important contribution that can be made to the successful issue of the campaign is co-ordination of the measures and of the efforts now employed in fighting the disease."

The general Conference of the New Zealand Hospital Boards' Association, held at Palmerston North, adopted recommendations that Hospital Boards should combine into four groups—two for the North Island and two for the South Island—for the administration of tuberculosis sanatoria. Satisfactory progress is being made towards the carrying-out of this scheme.

## CANCER.

The death-rate of 9·87 per 10,000 of living persons represents an increase on the preceding year. Cancer is principally confined to persons of forty years of age and upwards, and during 1928, of all persons over the age of forty years whose deaths were registered, one in every seven of males and one in every six of females died from cancer. The Department has continued to give wide publicity by the aid of the press and display of posters and circulation of leaflets as to the early signs and symptoms of this disease, so as to encourage early treatment. The visit of Mr. Sampson Handley, the eminent English authority on cancer, resulted in the formation in New Zealand of a branch of the British Empire Cancer Campaign. With the formation of this branch we can look forward with confidence to renewed endeavours to fight this formidable disease.

## VENEREAL DISEASES.

The Department gratefully acknowledges the help it has received from the medical profession as a whole in its difficult and delicate task of administering the Social Hygiene Act and regulations. There is good reason to believe that the knowledge that there is power to enforce treatment has been a deciding factor in determining many patients to continue treatment until cured. It can be safely said that the social-hygiene legislation has proved of definite value.

## INFECTIOUS DISEASES.

Of the notifiable infectious diseases, the most common was scarlet fever, being epidemic for the last two years. Fortunately, in comparison with the extensive epidemic of 1903, the disease appears of a milder type. However, the case-mortality of 0·89 per cent. in 1928 showed an increase on the rate for 1927, which was 0·73. Influenza (all forms) showed an increase and a higher death-rate; diphtheria, a slight increase; while a light year was experienced in regard to whooping-cough and measles. Enteric fever is still rare. Dr. McKibbin, in his report, surveys the situation in reference to these diseases and the principal causes of death. An outbreak of dysentery in the Auckland District, particularly among the Native race, occasioned much concern. A full report will be available for next year's annual report.

## MATERNAL WELFARE.

The reports of Dr. Henry Jellett and Dr. Paget outline the efforts taken and steps essential for the protection of motherhood. These reports, in conjunction with the report of Dr. McKibbin, deal with the problem of maternal mortality as a whole. Deaths from accidents and diseases of the puerperal state remained at practically the same level in 1928 as in 1927, the numbers being 137 in 1927 and 134 in 1928. Owing to the lower number of births in the latter year, however, the rate per 1,000 births increased slightly, from 4·91 to 4·93. The reduction of deaths from these causes is a perplexing problem, but with the better training of medical students and the midwife, a higher standard of asepsis, and extension of ante-natal supervision, we hope to be able to look forward to a reduction of deaths.

## MEDICAL RESEARCH.

Dr. Hector has been investigating the problem of still-births and neo-natal deaths. Dr. Morris Watt, of the Otago University Medical School, has been working on hay-fever. Dr. Maclean, Dr. Helen Bakewell, and Dr. Turbott present reports respectively on an enteric-fever outbreak, posture of school-children, and comparative study of health standards of Maori and European children. These reports are included in the Appendix.