

the organism had probably died after the long journey of some of the specimens. Dr. Cook, the Medical Officer of Health for the district, was of the opinion that these cases belonged to the Flexner group and his opinion has since been confirmed by the isolation of the Flexner bacillus from a further series of cases during the current year. Most of the original cases were in very isolated districts, and considerable difficulty was entailed in getting in touch with them. These cases demonstrated the need for improved sanitary education of the Maori.

*Influenza.*—The death-rate for influenza (all forms) declined from 1.26 in 1934 to 0.74 per 10,000 in 1935.

*Poliomyelitis.*—Eight cases were notified in comparison with 14 for the preceding year.

*Lethargic Encephalitis and Cerebro-spinal Meningitis.*—Four cases of the former (14 in 1934) and 10 of the latter (19 in 1934) were notified.

*Puerperal Sepsis.*—In 1935 there were 8 deaths from sepsis following childbirth, in comparison with 17 in 1934. The deaths due to sepsis following abortion numbered 23 as against 42 in 1934.

*Whooping-cough and Measles.*—The total deaths from whooping-cough numbered 42, while only 1 death was recorded for measles, which had been epidemic the previous year.

*Tuberculosis.*—The death-rate from tuberculosis (all forms) was the lowest ever recorded, being 3.88 per 10,000 (4.20 in 1934). A definite advance has been made in the campaign against this disease by the establishment of tuberculosis clinics in various parts of the North Island, similar to those operating for a number of years in the South Island. In future, the tuberculosis specialists in the employ of the Palmerston North and Waipawa Hospital Boards will pay regular visits to various centres. The co-operation of the medical superintendents of hospitals and the local practitioners is assured, and it is hoped that when the scheme is fully organized it will materially assist in the selection of cases suitable for sanatorium at an early stage in the disease, and will also ensure that all contacts are kept under regular medical or nursing attention. In Auckland the Hospital Board has its own tuberculosis officer and administers a tuberculosis clinic in connection with the shelters at Costly Infirmary. Wellington Hospital Board's decision to appoint a whole-time tuberculosis officer and to organize the necessary clinic in the city area will also stimulate the campaign against the disease in that city.

*Hydatid Disease.*—In last year's report attention was drawn to the unfavourable position of New Zealand as regards the incidence of hydatid disease, and measures were outlined for its prevention. Arrangements have been made for public hospitals to report upon all admissions of cases of hydatid disease to the Hydatid Research and Prevention Department at the Otago Medical School. A standard record form has been brought into use for this purpose. At the request of the Medical School authorities, several thousand copies of a special poster and pamphlet dealing with hydatid disease were distributed to post-offices, county offices, slaughterhouses, and other places where they would be of educational value. Arrangements were also made with the Director-General of Agriculture to distribute a copy of the pamphlet with each of the 30,000 stock returns sent out by his Department. This will ensure that a copy goes to every person in the Dominion owning sheep, and should be a valuable method of propaganda.

*Goitre.*—An investigation into the incidence of goitre in certain districts of the North Island of New Zealand was carried out in 1928 by Dr. R. A. Shore of this Department with Mr. R. L. Andrew of the Dominion Laboratory. As a result of that study it was found, generally speaking, that where the iodine content of the soil was high, the incidence of goitre was low and *vice versa*. However, certain anomalies were discovered which on available information could not be accounted for. In order to try and throw some further light on the matter another investigation was undertaken by the same officers in the Taranaki area in 1933. The results again were inconclusive. A most interesting point, however, was brought out—namely, that in the interval between the two investigations the incidence of goitre in the school-children in certain Taranaki areas had increased enormously without any known change in environment (including water and food supply). Whereas in 1928 the average incidence of goitre in school-children was 7 per cent. in boys and 10 per cent. in girls, in 1933 the rates had risen to 82 per cent. and 87 per cent. respectively. No explanation so far can be given for this increase, but further inquiry is proceeding.

*Cancer.*—The work of the New Zealand Branch of the British Empire Cancer Campaign Society is now exerting a widespread influence in control of cancer in this country. There are four Divisions in the Branch—one in each of the main centres. At each of the four main hospitals there are Cancer Consultation Committees to which are referred all cases of cancer which enter the hospital. The advice of the committee is available also for outside cases which may be referred to it by private practitioners and institutions outside the hospital. The personnel of these committees is drawn from the staffs of the hospitals, both honorary and stipendiary, and the hospitals themselves provide accommodation for the meetings of the committees. The Divisions, from their funds, supply the requirements of the committees in clerical assistance for the maintenance of the record system and for the preparation of the annual reports, and also in respect of some of the technical assistance. Some of the Divisions have a paid registrar, whose salary is also paid by the Division. The Hospital Boards in New Zealand co-operate fully with the society in the maintenance of these consultation clinics.