

The augmentation of the departmental district nursing staff by 41 specially trained district nurses to a total of 205 nurses will allow better control of "tuberculous households" and should further improve "case-finding."

All departmental staff have been most conscientious in taking part in the tuberculosis control programme.

The North Auckland Hospital Boards have agreed to appoint a whole-time Tuberculosis Officer to be based at Whangarei.

All tuberculosis areas will then have adequate specialized medical officers to supervise diagnosis, treatment, and after care, with the exception of the eastern districts, North Island, who should have one Assistant Tuberculosis Officer.

Dr. C. E. Lyth, after twenty-five years' faithful service to the Otago Hospital Board, has resigned. Dr. Brian Thomson, of England, will take up his appointment in July, 1946.

TUBERCULOSIS RESEARCH

Improved control and new methods in diagnosis and treatment as have been reported from overseas have been diligently followed, and all new methods have been or are being investigated with a view to their introduction into New Zealand.

PLANS FOR THE FUTURE CONTROL OF DISEASE

The plans for the future control of tuberculosis in New Zealand envisage :—

- (1) A further intensification of "case-finding" by better notification, tuberculin testing, and x-ray surveys.
- (2) Better identification of "active" cases so that necessary measures of control can be instituted.
- (3) Further improvement and extension of tuberculosis accommodation in hospitals and sanatoria. This accommodation is regarded as a very necessary factor in the preventive control programme :
- (4) The improvement of housing conditions of European and Maori patients who are able to live in their own homes :
- (5) The further education of the general public in tuberculosis control per the medium of tuberculosis associations, as well as by the publicity afforded by the Department.

Further details and full statistical tables are available in the comprehensive report prepared for submission to the next Tuberculosis Officers' Conference in October, 1946.

DIVISION OF HEALTH BENEFITS

COST OF BENEFITS

The attached table gives a statement of the expenditure on the various classes of benefits since their inception. The table also indicates the nature of the various benefits and the dates of their coming into operation.

The following comments are made with respect to each of the five classes of benefits :—

Subdivision I : Maternity Benefits.—The actual increase in expenditure, shown in the total since 1940, is due mainly to an increase in the birth-rate. The birth-rate was relatively high in 1941–42 and also during the past year, when there were 3,400 more European births than in the previous year.

Subdivision II : Medical Benefits.—The important item in this subdivision is that of "General Medical Services" or, in other words, the fee-for-service system of remuneration of medical practitioners. As mentioned in last year's report, costs have risen steadily following the commencement of this benefit in 1942. Since last year 100