

women by the practices adopted. Their health may be quite ruined or may be so interfered with as to make life miserable for themselves or their husbands and provide work for the Divorce Courts. Then methods used to avoid conception in the early stages of married life may take away the possibility of having children when they are desired. If persons who advocate birth-control so earnestly would see that it is carried out in instances in which the community would gain, instead of encouraging the better-educated and desirable citizens to limit their families and instructing unmarried people to carry out undesirable practices, then I might have more sympathy with them. We must remember also that what might be excellent advice in overpopulated countries might be the worse possible advice for underpopulated countries like ours. No one is more proud of or has more sympathy with our Australian women than I, and I understand well the difficulty of bringing up a family under modern conditions; but one can see a tendency in many of our young people to aim at enjoying all the pleasures of this life without accepting its responsibilities. However, I have not lost faith in our women, and I believe that if the older members of the fair sex, instead of organizing all sorts of events to assist institutions of doubtful benefit, formed a large society to encourage a more healthy state of mind in our younger women and to educate them and help them in their troubles when they marry and have children, they would do much good. Also it should be instilled in their minds that every Australian woman who bears a child is fighting for her country as well as any man who went to the Great War, and that it is much better for a married woman to hold a baby in her arms than a pet poodle, which may give her hydatids."

Dr. Riley, Professor of Obstetrics and Gynæcology of the Medical School, Dunedin, contributes in a recent issue of the *New Zealand Medical Journal* an able article on birth-control, in which he truly states: "No country can remain virile unless the population is at least stationary; if it is to be progressive, there must be increased population. If people marry they should take the responsibilities of marriage—love is something more than the mere gratification of passion. What is wanted is courage to face all the difficulties and sometimes even the hardships of married life—more of the old pioneering spirit which enabled the makers of this country to carve out a future almost with their bare hands . . . What is wanted in New Zealand is an adjustment of values. The petty social round, the theatres, concerts, kinema pictures, the encumbrance of our houses with useless and unnecessary adornments are nothing to the joy and interest of little children. Children are the best insurance against old age, their voices help to renew our youth."

Like Dr. Abbott, as regards Australia, I have not lost faith in New Zealand womanhood. To rely on other countries to so large an extent to keep up our population is deplorable. Our best arrival is the infant born in a New Zealand home to be brought up with a love of his country and of the British Empire. It is important that our manhood should realize this also, for I fear that many of them are not anxious to assume the responsibilities of parenthood. They should bear in mind Professor Allen's remarks in Melbourne in his presidential address before the Medical Congress, 1908, "The childless home lacks the deepest source of joy, and those who think that they can cheat the purpose of marriage without incurring the risk of personal injury, simply deceive themselves."

TUBERCULOSIS.

The death-rate of 4.56 per 10,000 of mean population establishes a record for this disease. The rate for 1928 was 5.02. During the year the public generously subscribed to the Christmas Seal campaign, with the result that the amount of £2,500 will be available as a nucleus for the establishment of permanent health camps in the Dominion for treatment of children specially liable to tuberculosis. The co-operation of the Post and Telegraph Department by which special stamps were sold at the post-offices throughout the Dominion, which made this appeal possible, is greatly appreciated. I feel sure that any such future appeals will be well supported by the public.

CANCER.

The death-rate from this disease (10.43) is the highest on record. It is a moot point whether this increase is real or only apparent and due to the increasing proportion of older age groups in the population, and to improved facilities for diagnosis. The important fact is that cancer is all too prevalent, and this should act as a stimulus to the campaign inaugurated by the New Zealand branch of the British Empire Cancer Campaign Society. This society has made an excellent beginning, and shows promise of becoming a very real force. The appointment by the society of Dr. H. M. Begg of the staff of the Imperial Cancer Research Committee, London, for research work in New Zealand is in line with the policy of the society's committee. The liberal donations to this worthy organization by public-spirited citizens is very satisfactory.

INFECTIOUS DISEASES.

Of the notifiable infectious diseases scarlet fever ran a fairly high incidence, but was of a mild nature, with a case mortality rate per 1,000 notifications of 5.57 in comparison with 8.98 for the previous year. A light year was experienced with regard to whooping-cough, but the diphtheria death-rate shows a rising tendency. However, the death-rate of 0.65 per 10,000 mean population for diphtheria shows a remarkable fall in comparison with the rates of early years.

MATERNAL WELFARE.

A slight improvement in the death-rate from diseases and accidents of the puerperal state is recorded. Of such deaths 129 took place, being 5 less than for 1928. The rate per 1,000 live births was 4.82, which marks a slight fall on previous rate of 4.93. Dr. Jellett and Dr. Paget in their reports