

is not known in New Zealand. To guard against its introduction the Health authorities are working in close co-operation with the three branches of the Services. Quarantine regulations are rigorously enforced; and all aircraft to come into the country are fumigated on landing. With such measures there is likely to be no danger.

New Zealand's birth-rate has increased, at least temporarily, a trend that has continued since 1935 (when fewer babies per thousand of the population were born than ever before). And this is important—the increase in the birth-rate is not due to any marked increase in the number of first-born children. In 1938 first births accounted for 40.9 per cent. of the legitimate births. The percentages for the next three years are : 41.4, 41.7, and 40.2. Therefore, although the number of first births has increased considerably, the number of total births has increased to practically the same extent. Since the war the illegitimate-birth rate has increased, but only slightly.



Deaths and injuries from road accidents perhaps should not come under the heading of health, but as they contribute appreciably to our death-rate a summary of the present position will not be out of place. Not unexpectedly, because of the great reduction in the volume of traffic caused by war conditions, there has been an improvement—the number of fatalities in 1943 (which was 9 per cent. higher than in 1942) has decreased by more than 40 per cent. since 1939. Last year 145 persons were killed and 2,746 injured in road accidents in New Zealand.

Many of the former general activities designed to reduce vehicular accidents have had to be stopped until after the war, but the safety courses of traffic instruction for school-children have been

maintained and even extended. The effectiveness of this work is shown by the steady reduction in the numbers of school pupils injured (including killed) from 408 in 1938 to 106 last year—a reduction of nearly 75 per cent. It is hoped that, in addition to reducing the immediate accident-rate among juveniles, persistent instruction of the school-child will have a beneficial long-term result on the general road-accident rate in New Zealand.

Taken as a whole, wartime health in New Zealand is at least satisfactory (especially when it is compared with other countries—Europe in particular). With the peace it will be better. Doctors who return from war service will be familiar with new techniques and remedies. Wartime developments in the use of blood plasma and in surgery and anaesthesia will help. And in increasing quantities there will be available such powerful curative drugs as penicillin, which in certain fields has proved more efficacious than the sulpha drugs. To-day penicillin is available in New Zealand hospitals, but only in small quantities to be used only as a last resort. After the war it will be produced in greater quantities and with the other drugs it may well be that before many years diseases which are dangerous to-day will be relegated to the position at present held by such diseases as smallpox and cholera—one-time medical problems of the world. Health programmes will be continued and intensified; through the press and the radio education of the people will be carried on. Social security services, already in operation, will be of benefit to the people. New Zealand health will continue to be well served; it will continue to be as good as any in the world.

