

active case rate among the Maori was 31 per 1,000 population during the period of investigation.

Primary pulmonary lesions were noted in 3.06 per cent of 914 Maori X-rayed; tracheo-bronchial calcification was reported 27 times; and enlarged hilum shadow, without calcification, was noted in 6 individuals.

Turbott states that "Regarding type of lesion, childhood or adult, no dogmatic statement is made. From this investigation it seems as if the adult Maori is not being overwhelmed by the childhood acute first infection type of lesion as in primitive unprotected races, such as Jamaicans, reported upon by Opie,³ but is going through the costly process of building up relative immunity."

The mortality from all forms of tuberculosis among the Maori was found to be approximately nine times that among Europeans in New Zealand with a rate of 49.4 compared with 4.5 per 10,000 population.

The immunological findings among the Maori were similar to those among the Indians in Cattaraugus County. Approximately 49 per cent of the 2,022 Maori had a positive reaction to the Mantoux tuberculin test. Infection was acquired more frequently in the early ages and young adult life than in later life. Among the Maori contact was found to be a serious factor, especially in children up to 15 years of age.

Both of these studies of native races indicate a high morbidity and mortality from tuberculosis among them. However, the fact that both the Indians and the Maori show some resistance to tuberculosis—neither race seems to be overwhelmed by the acute first infection type of lesion—is of considerable interest because of its bearing upon the prospect of control of the disease among them.

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REPORT ON MATERNAL MORBIDITY AND MORTALITY IN SCOTLAND¹

WITH the publication of this report another detailed analysis of carefully studied cases is added to a rapidly growing literature directed

³Opie, Eugene L.: Epidemiology of Tuberculosis of Negroes. *Bulletin of the International Union Against Tuberculosis*, July, 1931, viii, No. 3.

¹Douglas, Charlotte A., M.D., D.P.H., M.C.O.G., and McKinlay, Peter L., M.D., D.P.H.: Report on Maternal Morbidity and Mortality in Scotland.

toward the prevention of death and sickness associated with childbirth. Data for the report cover nearly all of the maternal deaths in Scotland for a period of a little less than three years; in all, conditions surrounding 2,527 deaths were reviewed. The analysis followed those lines which have become almost routine for recent studies on maternal mortality. Details of antenatal, intranatal, and postnatal care; the effects of age, parity, and home conditions; birth attendants; previous health status; period of gestation; complications of pregnancy and labor; and a good many other factors, are evaluated primarily for purposes of allocating cause and responsibility for death. The conclusion—that well over 50 per cent of puerperal deaths are preventable—follows the detailed review of these cases as it has followed almost every other maternal study. Recommendations for earlier and more continuous prenatal care, for making available better facilities in complicated cases, for the restriction of manipulation and instrumental interference, for the protection of the puerperal woman from dangers of infection, for closer organization of those responsible for obstetric care, all of these, and more, follow as almost obvious results.

One part of the study differs significantly and importantly from other surveys dealing with maternal health; namely, that it includes a somewhat similar survey of pregnant women who did not die. Information for this aspect of the more general public health problem was obtained from the analysis of over 39,000 schedules representing nearly all of the births in Scotland during a six-months period ending in June, 1932. Age of the mother, previous parity, and rooms per person furnish the basic headings under which abnormalities of mother, complications of pregnancy, and complications of labor are tabulated. These tabulations furnish useful but not altogether satisfactory information. The well-recognized deficiency of such data for a representative group of births is discussed and it is pointed out that the collection of records from physicians and midwives presents great difficulties. In many cases the attendant at birth keeps no record and for a large number of cases only very incomplete data are submitted. The selection of cases which result from the failure to obtain complete data adds to the difficulties of interpretation. However, if the inclusion of this material does no more than to focus attention on its importance, a valuable end will be gained.

No copy or reproduction of the schedule on which the original records were made is included in the report and, in line with this omission, com-

plete statements of the details of the analysis are not given. This will doubtless appear as a serious omission to critical readers and to those who will wish to use the report for reference and as an aid in planning further studies.

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NUTRITION PROBLEMS IN A RELIEF POPULATION

SPECIAL diets were supplied for one or more individuals in more than 10 per cent of the 170,593 families carried by The Family Service Division of the New York City Emergency Relief Bureau on April 1, 1936, according to a report by Sue E. Sadow,¹ supervisor of the Home Economics Department of The Family Service Division. Diet therapy had been prescribed for over 28,000 persons under medical care. Of these, Miss Sadow states: "nearly 25 per cent were suffering from malnutrition, 10 per cent from anemia, over 7 per cent from tuberculosis, over 6 per cent from diabetes, nearly 5 per cent from gastric ulcer, and the balance from a variety of conditions including respiratory, gastro-intestinal, cardiac, cancer, kidney diseases, and so on. The cost to the City of New York for the additional requirements necessitated by these therapeutic diets was over \$103,000 a month." These figures, says Miss Sadow, give "cause for thought" and she very pertinently asks "What do we know about the state of physical health of other members of these families? Do we not need to be more concerned with the total health situation in the family?"

Little is known of the nutritional status of the large population dependent on relief or of that other large population forced during these years of depression to manage on extremely small earnings. On the basis of a special examination of 514 school children in a poor neighborhood of New York City in June, 1933, physicians rated the nutritional status as "good" for 38 per cent of the children in families with a weekly income of \$6.00 or more per person; for 19 per cent of those in families with less than \$4.00; for 23 per cent of those in families on home relief; and for only 8 per cent of the children in families on work relief.² Thus at the

¹Sadow, Sue E.: The Problems of Therapeutic Diets in a Public Relief Agency. *The Family*, October, 1936, xvii, No. 6, pp. 204-209.

²Kiser, Clyde V. and Stix, Regine K.: Nutrition and the Depression. *The Milbank Memorial Fund Quarterly*, October, 1933, xi, No. 4, pp. 299-307.