

frequent calls on their support. To sum up, I find my position weak from lack of assistance in administering the Act over such a wide area, and from the fact that I am not an expert on legal and engineering questions.

The Clauses re Nuisances.—I have had on many occasions cause for complaint as to the careless disposal of nightsoil and refuse by contractors. One firm in particular I find repeatedly creating nuisances by depositing filth in unauthorised places, and in defiance of my directions. I cannot find, however, any clauses enabling me to prosecute in such cases. Where a nuisance exists, the owner or the occupier of the premises has to be proceeded against, and the true offender escapes and repeats the offence elsewhere. So, too, where the contractor neglects his work one can only reach him through the contract agreement with the local body, who will not generally take the matter up. I think that were nightsoil and refuse-removal added to the schedule of offensive trades a greater hold would be possible upon these contractors.

CLOSURE OF SCHOOLS.

No power is given to the District Health Officer to close a school during an epidemic. This power rests with the Board of Education. I am happy to say I have found this body in all dealings I have had with them ready to carry out my requests in a most satisfactory manner. But occasion might arise where some direct power was required, and the School Committee appear to be to some extent outside the jurisdiction of the Health Act, not being bodies corporate.

The duty of the schoolmaster in checking the spread of infectious disease among his children should be duly emphasized. In one instance an epidemic necessitating the closure of the school was traced to a child attending with hands desquamating from scarlet fever, detected only by chance by the master. I think that were he to notify the Health Department of such cases, so that prompt means could be taken, much infectious disease would be prevented.

DISINFECTION BY LOCAL AUTHORITIES.

Owing to the difficulty I have sometimes met with in getting the local bodies to realise their duty in the matter of disinfection of premises, I should be glad were this matter more clearly defined in the Public Health Act. It has been argued that section 29 leaves it optional on their part, and they point to section 27 as proof that it should be done by the owner and occupier on requisition by the District Health Officer. They complain, too, of the difficulty of recovering costs from the householders for the work done. In two or three instances where disinfection appeared to me to be urgent I have caused it to be done by my Inspector without any more notice than a verbal one to the occupier. The delay involved in the issue of a requisition to the owner as well, as required by section 27, would have proved undesirable, consequently I was compelled to go beyond my legal powers. Perhaps a clause dealing with such emergencies would not be amiss.

INSPECTION OF DAIRIES.

There appears to be some confusion as to whether the duties of inspecting the dairies of retail milk-suppliers is in the hands of the Agricultural or Health Department. That more stringent inspection is required is evident from the condition in which I found the dairies at the Thames when investigating the outbreak of typhoid there in September. In one or two instances where I thought interference necessary, and notified the Agricultural Department, it was suggested that their duties were only towards dairies concerned in butter and cheese manufacture. In any case dairies in general would benefit by stricter measures and a large staff of Inspectors in which-ever Department the control is placed.

LOCAL AUTHORITIES.

It is impossible to report in a hopeful manner of the administration of the public health at the hands of these bodies. Even the largest of them, the Auckland City Council, appears scarcely to realise that they are responsible for the conditions which affect the lives of the people whom they control; while with a few exceptions the smaller bodies seem totally ignorant of the fact. As regards the larger communities, this is doubtless owing to the general indifference to sanitary laws which has characterized the general public in the past. We are now about the stage of public opinion at which England was sixty years ago. People wonder if such measures as have been adopted for many years back in more advanced communities are really necessary, and the old out-of-date argument is frequently heard, that our forefathers knew nothing of microbes, and were none the worse. Until the public have been educated to a wider knowledge of modern sanitary requirements I do not believe much voluntary improvement will be made by the civic authorities, and I can only suggest meanwhile a freer use of the powers given under an Act which is much ahead of the times so far as my district is concerned.

The chief fault lies in the subdivision of the district into numberless small local bodies, in which the spirit of Little Pedlington is the chief feature, increasing inversely as the size of the community diminishes. As an example of this subdivision, it is only necessary to state that within a radius of eight miles of the centre of Auckland one finds seven Borough Councils, thirteen Road Boards, one Town Board, and a County Council—each one a separate and independent sanitary authority. The total population of one of these sanitary districts is twenty-six inhabitants.

There are eighty-two independent local bodies in the Auckland Sanitary District—fourteen boroughs, nineteen counties, forty-two Road Boards, seven Town Boards. As with few exceptions each requires much supervision before being worked up to the point of really doing something, the task of the District Health Officer is no light one. Promises are made freely, and you go away feeling satisfied that a real advance is about to be made, only to discover when in the course of time you manage to revisit the district that the same state of affairs exists as at the first.