or the milk-supply of the town, as is frequently the case in epidemics of typhoid, but that the epidemic was probably due to defective sanitation, the principal defect being pollution of the subsoil of the flat portion of the town by leaking drains.

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WELLINGTON DISTRICT.

REPORT OF DISTRICT HEALTH OFFICER.

As may be observed in the accompanying map, the Wellington Health District includes the Wellington and Taranaki Provinces, thus forming an area of some square miles, and, according to last year's census, embracing a population of 183,170 persons. In this are no less than 93 local bodies—viz., 20 boroughs, 9 town districts, 21 County Councils, and 43 Road Boards—each of which, be it observed, is a "local authority" under the Public Health Act. The population of these local authorities varies considerably—from the City of Wellington with a population of 43,638 to the Hurford Road Board with a population of 56..

The difficulties in the way of a successful sanitary administration of this district may not at first sight be apparent, but they are, nevertheless, very real. Apart from the difficulties arising from size of the health district, and the time thereby lost in travelling from place to place, it is the duty of the District Health Officer to keep in touch with all these local authorities, many of whom are entirely ignorant of their obligations under the Act. Another great difficulty exists in the distance that some townships lie from their controlling authorities. Since the repeal of the Town Districts Act of 1886 many townships have sprung up, with populations that just fall short of the number requisite to allow their incorporation as boroughs, and which are therefore under the control of the surrounding County Councils. As these County Councils only meet once a month, it is not to be wondered at that the sanitary affairs of the townships in question are not looked after with the same degree of interest that would be the case where all administration was performed by a "local authority" in the strict sense of the word. For instance, the writer has one township in his district that is situated about twenty miles from the place where the controlling authority holds its meetings monthly. In the intervals between the meetings there is usually no responsible officer of that local authority to whom the townspeople can appeal in matters of urgency. In the face of these difficulties, is the sanitary administration of the township likely to be successfully performed, especially as regards the control of infectious disease? For the purposes of sanitation it is a great pity that the Town Districts Act of 1886 has been repealed, for the writer is acquainted with more than one thriving township where that Act is still in force, and where to all appearances it answers admirably.

Again, the great disparity in the sizes of the local authorities has already been mentioned, and an example given of a Road Board with a population of fifty-six. In the event of an infectious disease occurring in the district under that Road Board, the Department would expect the Board to attend to the disinfection of the infected premises—a process that might easily swamp all its available funds. From economical no less than for purposes of sanitary administration it is sincerely to be hoped that a Counties Act will soon be passed which will merge these smaller Road Boards into fair-sized County Councils.

With a view to obviate some of the above-mentioned difficulties, and to become better acquainted with the local authorities with whom he has to work, the writer has personally interviewed the chief Borough and County Councils in his district, and propounded to them a scheme of local sanitary administration that has in the majority of instances obtained their approval. Briefly, it is the appointment of properly qualified sanitary inspectors, whose sole duty it shall be to make themselves acquainted, and keep the District Health Officer informed, on all matters affecting the sanitation of their districts.

Under an interpretation clause in the Public Health Act, local authorities may combine for the purposes of sanitation, and it is on the strength of this clause that the writer has already formed a combined sanitary area. The advantages are obvious, for, in place of those very worthy but shortsighted gentlemen who, besides collecting the dog-tax, licensing vehicles, and attending to fire-escapes, are expected to report monthly to their Councils that the sanitary condition of the town "is excellent," there will be a continuous chain of properly qualified inspectors who will attend to sanitation only, and who therefore will be able to undertake the work of a comparatively large district. Nor will the appointment of such inspectors occasion the local bodies much, if any, additional expense if they be content to combine in the manner suggested. The population included in these sanitary areas would vary from about twelve to eighteen thousand. The sanitary affairs of a district thus constituted could be easily looked after by one ordinarily active man. Moreover, when all such sanitary areas are formed, in the event of a considerable outbreak of infectious disease it will be quite simple to reinforce the Inspector of the infected district with the aid of the Inspectors of the adjoining districts, should the work prove too much for him. The central authority of a sanitary area thus formed would in the majority of instances be a borough, which could combine with the neighbouring town districts, County Councils, and Road Boards. It has been found by experience that the local authorities, though willing to contribute their share towards the Inspector's salary, yet prefer that that official should be entirely under the control of the District Health Officer. This is most fortunate, for it would free the Inspector from those local influences which might handicap him in the due performance of his work.

Such a combination of local authorities would also obviate those difficulties that have arisen in the United Kingdom, where boroughs that have adopted all the requirements of modern sanitation are yet surrounded by insanitary areas over whom the municipal authorities have no control. It