Remuera Road District.

A poll of the ratepayers of a portion of the district on the city side was taken to decide if a sewerage scheme therefor be proceeded with. This has been carried, and now Mr. Metcalfe, the Engineer for that portion, is engaged upon a scheme for the completion of sewerage throughout the district.

Northcote.

At the request of the Chairman of the Waitemata County Council and some of the inhabitants of Northcote I delivered a lecture on "Sanitation" there on the 5th September, 1905. The attention given me by a large audience was pleasing evidence of the interest taken therein.

Country Districts.

Waihi.—The Borough Council have taken over the nightsoil service, and an improvement is shown, though the system is as yet very far from satisfactory. The Council have practically decided to avoid the needful sewerage scheme, and propose adopting that poor substitute—the system of drainage to a concreted side channel.

Hamilton.—Despite the warnings already given by my predecessor and myself, there is as yet no sewerage in the borough. The scheme referred to in my last report was not proceeded with, and now a third is being prepared by the Borough Engineer. The people of Hamilton West seem oblivious to the fact that any of these systems would be infinitely preferable to no drainage at all. I have already remarked on the excessive numbers of enteric-fever cases from this town. Instead of attacking every likely cause of infection and minimising or removing it, much valuable time is wasted by Council and burgesses in listening to the oft-repeated question, "What is the cause?" A set of sanitary by-laws have been drawn up for the Borough and passed by the Council. I submitted a draft to the Borough Solicitor. Much time was given up to consulting with the Borough Solicitor on the many points in the by-laws. Ultimately he has evolved a set which has many striking and valuable features.

Cambridge.—In marked distinction to the vacillating ways of the sister Waikato town, a small drainage scheme is under consideration by the Council, and is likely to be completed before this year is ended. The saleyards in the centre of the town continue to be an increasing nuisance. New saleyards outside of the town are proposed, but there is much agitation against this intention.

QUARANTINE REGULATIONS.

Consultations were held with Dr. Sharman, Port Health Officer, on four occasions. The decision arrived at in each case did not warrant special measures being undertaken.

HOSPITAL FOR INFECTIOUS DISEASES.

Regarding the accommodation necessary for the treatment of scarlet fever and diphtheria at Auckland, a finale has now been arrived at by the selection by Dr. Valentine, Acting Chief Health Officer, with the unanimous concurrence of the Hospital Board, of a site on the present Hospital grounds, and the approval of the plans for the buildings necessary. These are to consist of a pavilion for scarlet fever containing twelve beds in two main wards and two single-bed wards. For diphtheria two main wards containing eight beds, and one single-bed ward. Nurses' quarters are also provided in a single block, those attending upon the one disease, however, being walled off from the others. The formation of the ground and the limited space demanded this type of design. Each nurse will have a separate bedroom. The pavilions are designed on the right-angled triangle or "sun-absorbing-bungalow" style now being much favoured in house-construction. After much consideration this type was adopted; and I have to acknowledge my thanks to Dr. Hay, Assistant Inspector of Hospitals, for much help in arriving at that decision. Ultimately—when Auckland has increased in population—it is recognised that the treatment of infectious diseases must cease to be conducted on the General Hospital grounds. Having this in view, the structures above referred to are in wood. I enclose copy of the ground-plan. Its reproduction in this report will be of value to other Boards contemplating the building of wards for infectious diseases.

Plans almost identical in detail have been approved for a scarlet-fever pavilion at Waihi.

In January of this year the Controller and Auditor-General signified to the Auckland Hospital and Charitable Aid Board that, "It is unlawful to use the hospital and charitable funds for the purposes of an infectious-disease hospital," and that "the funds for such purposes should have been provided under and in the manner prescribed by the Public Health Act." The Board then requested me to take such action as was necessary under the provisions of the Public Health Acts to levy contributions from the contributory local bodies in the Auckland Infectious Diseases Hospital District sufficient to cover half the amount advanced and expended by the Board on infectious diseases up to the 31st December, 1905, the said amount being £2,910 9s. 1d. In consequence of representations made by the meeting of delegates held subsequently, this was reduced by the sum expended prior to the 1st April, 1904, and by the sums received by the Board on account of fees for the treatment of patients. I summoned a meeting of the local authorities, among whom, under date 30th May, 1904, the Chief Health Officer directed such expenditure should be apportioned, and this meeting was duly held in the City Council Chamber, by the courtesy of the Auckland City Council, on Friday, the 2nd February, Dr. Valentine, Acting Chief Health Officer, being voted to the chair, and the following resolution was agreed to by local authorities or their delegates then present: "That this meeting agrees to the percentage basis of allocations suggested by the Assistant Chief Health Officer for the construction and upkeeping of the infectious-diseases hospital."