WELLINGTON DISTRICT.

Department of Public Health, Wellington, 9th April, 1906.

Dr. Mason, Chief Health Officer.

I HAVE the honour to present my annual report for the year ended the 31st March, 1906.

In the early part of the year much time was devoted to lecturing, and addressing local bodies and meetings, in connection with the anti-consumption movement, which has been most successful and in all probability will be well taken up throughout the colony. I particularly draw your attention to the success which has attended Dr. Finch's efforts in this direction in the Canterbury District, and I trust that legislation may be introduced to allow the local bodies outside the North Canterbury Hospital District to contribute to the sanatorium which it is proposed to erect in the neighbourhood of Christchurch.

For the first four months following your departure from the colony, the greater part of my time was naturally devoted to Head Office work, though at times I was enabled to make visits of inspection, particularly to some of the dairies surrounding Wellington. Information gained by the latter, and also from the reports of the various District Health Officers, is embodied in the attached report on the milk-supply.

Each health district was visited.

Three separate visits were paid to the Cambridge Sanatorium.

Three separate conferences of local bodies agreed to the respective allocations made by the Department for the erection and upkeep of infectious-diseases hospitals.

Details of the above and other matters are referred to at greater length in another portion of this report.

I trust that the construction of the new offices will be pushed on. During the year no less than seventeen officers have been absent from duty on account of ill health. Sore throats of a septic nature occurred among three members of the Head Office staff. I cannot but regard this unusual proportion of illness as due to the unhealthy condition of the present offices.

I take this opportunity to record my appreciation of the manner in which the various officers have assisted me during the seven months I was in charge of the Department.

My special thanks are due to Dr. Makgill, who, despite his many and onerous duties as District Health Officer, Bacteriologist, and Superintendent of Vaccine, was at all times ready to help me with his valuable advice. I sincerely hope the Hon. the Minister will recognise the excellent work being done by this officer, who, to keep pace with the demands on his time in connection with his laboratory and vaccine work, has had to do a great deal of work out of the ordinary office-hours. I particularly draw your attention to the reports of the Public Vaccinators on the excellence of the vaccine lymph prepared by Dr. Makgill.

To the Chief Clerk, Mr. Grix, for his careful and conscientious work and knowledge of routine, I am also very much indebted.

CONTRIBUTIONS OF LOCAL AUTHORITIES TO INFECTIOUS-DISEASES HOSPITAL.

During the past year I have attended four meetings of local bodies cited under section 4 of "The Public Health Amendment Act, 1904," to settle the proportion such local bodies should contribute towards the construction and maintenance of the infectious-diseases hospitals. The representatives of the local bodies contributing to the Palmerston, Wairarapa, and Auckland Boards unanimously agreed to the allocations suggested by the Department. Unfortunately, owing in some measure to local influences and to an error in citation, the representatives of the local authorities contributing to the Southland Hospital would not agree to the allocations suggested: hence the matter will have to be decided by the Resident Magistrate.

Naturally in these allocations care has been taken to place the larger contributions on those local authorities likely to receive most benefit from an infectious-diseases hospital. Of necessity it follows that residents in these local authorities' districts immediately surrounding the infectious-diseases hospital derive most benefit from such an institution. Much depends upon the prompt isolation of an infectious case in a thickly populated borough or district, whereas, on the other hand, in sparsely populated country districts an infectious case should not prove so great a danger to the community as in the former. Again, except under exceptional circumstances, it would be in the highest degree unwise for infectious cases from country districts to be moved into infectious-diseases hospitals situated in towns, and thus open up additional avenues for the distribution of infection.

Appended is a list of the contributions agreed upon by the local authorities contributing to the Palmerston North, Auckland, and Wairarapa Hospitals:—

Palmerston North Infectious-diseases Hospital.

Name of Local Authority	Population.	Actual Proportion.	Per Cent. agreed upon.
Palmerston North Borough Council	6,534	$\frac{1}{3}$	50
Feilding Borough Council	2,298	$\frac{1}{8}$	11
Kairanga County Council	6,778	$\frac{1}{4}$	11
Oroua County Council	..	..	10
Manawatu County Council	3,000	$\frac{1}{9}$	10
Foxton Borough Council	1,211	$\frac{1}{24}$	2
Pohangina County Council	1,536	$\frac{1}{12}$	2
Kiwitea County Council	2,844	$\frac{1}{10}$	2
Halcombe Town Board	..	..	1
Rongotea Town Board	..	..	1

These allocations were unanimously adopted by the local bodies concerned.