APPENDIX.

REPORTS OF DISTRICT HEALTH OFFICERS.

SIR,— Department of Public Health, Auckland, 31st March, 1908.

I have the honour to present the annual report of the Auckland District.

The district covers approximately 20,000 square miles, with a population of 200,000, of whom more than a third—81,000—live in an area of 28,000 acres situate on the isthmus between Waitemata and Manukau Harbours.

For a student of sanitary problems few fields offer more opportunity than the District of Auckland. Here we have almost every form of administrative government, including 3 Native Town Boards, 83 Road Boards, 23 County Councils, 7 Town District Boards, 7 Borough Councils, a City Council, and the interesting form of government direct by the Government of the Town of Rotorua.

The Health Department for the province, as represented by a District Health Officer, a staff of four Inspectors located respectively at Auckland, the Waikato, Thames, and Whangarei, supervises the work of the various local authorities besides acting as an advisory body under the Chief Health Officer. As the district is large and the requirements of sanitary reform numerous, much of the work has to be done by the issue of letters, memoranda, circulars, and instructions from the Auckland Office. A pleasing feature during the past year has been the frequency of requests for advice on the part of local authorities who are becoming conscious of their responsibilities with regard to sanitation. More especially is this noticeable in outlying districts such as the King-country, Hokianga, and Hikurangi.

As far as Auckland is concerned, we are still in swaddling-clothes with regard to progressive sanitation. The past year has not been without its object-lesson of the dangers of procrastination. Fortunately, however, owing to the initiative and strenuous advocacy in season and out of season of our leading citizen, the much-delayed comprehensive drainage scheme now bids fair to pass beyond the stage of discussion. Seen through spectacles untinted by parochialism, the natural concomitant of residence in prescribed areas, it seems unnecessary to prolong the present multiplicity of control. A city which not only in name embraces socially and commercially one community, one watershed, one water-supply, one drainage system, with streets continuous or contiguous, at present controlled by seventeen representative bodies, calls for one responsible authority in order to do justice to its unique natural endowments, its present prosperity, and its future as a centre of commerce in the southern Pacific. Parts of each arbitrary division are for some purposes known by the name of the adjoining area of which they are in reality an extension; as a matter of actual fact it has not been unknown for one authority unwittingly to refer to another the upkeep of a road in their own district. Small wonder, therefore, that some people are not aware where they live as regards local administration until the tax-gatherer calls for the rates. Large numbers of children living in one district attend school in another. Frequent difficulties arise in the allocation of notifications of infectious disease through part of a street being under a Council and another part under a Road Board. A dairyman resident in the city must comply with regulations more stringent than a competitor who opens a milk-shop a few doors further up the street. Many institutions are as convenient for adjoining districts as those for which they were primarily intended. Auckland is not unique in this respect, but has simply repeated the experience of other towns which have developed by a process of accretion and the opening-up of suburbs. There are many people, however, who realise the advantages of amalgamation for purposes of sanitary administration. However, much previous experience has imbued me with the advantages of dealing with public-health problems on a definite plan, and the concentration of administrative control. A year's occupation of the position of District Health Officer in Auckland has almost sufficed to make this preconceived opinion a conviction. The lack of uniformity in the by-laws, and in one case even the absence of such by-laws, were it not for the existence of a Department directly responsible for the administration of a Public Health Act, all-embracing in its enactments, would multiply the difficulties of sanitary supervision. Fortunately we have in the City Council the nucleus of a body which, when strengthened by representatives of the outlying authorities, all pledged to a policy of progressive reform, bids fair to evolve an administrative authority worthy of a city which for natural assets has few equals.

VITAL STATISTICS.

As this subject is extensively dealt with in the report from Head Office it will suffice merely to record some figures which are instructive as illustrating the health of Auckland and district.