The Chief Health Officer to the Minister of Public Health.

Sir,— Department of Public Health, Wellington, 21st October, 1910.

I have the honour to lay before you the report of the Department of Public Health for the year ending 31st March, 1910.

The general health of the Dominion has been good.

There has been a slight increase in the notifications of enteric fever—635, as against 561 last year. This increase is almost entirely due to a smart outbreak of the disease in the Wellington District during the early months of this year, where the notifications were 278, as against 222 during the previous year. Of this number, 65 cases were notified in Wellington and suburbs.

The District Health Officer could assign no special cause for this outbreak, but with good grounds suspicion fell on certain consignments of oysters.

The notifications of scarlet fever were less by 917—1,266 as against 2,183; and of diphtheria by 46—578 to 624 in 1908–9.

Section 83, Hospitals Act.

It is to be hoped that local authorities will take advantage of section 83 of the Hospitals Act, and delegate to the Hospital Boards their powers and responsibilities under the Public Health Act, notably with regard to the control of infectious diseases.

Such an arrangement would make for efficiency and economy, especially as the Hospitals and Health Departments are now combined under one head. It can hardly be gainsaid that the authority responsible for the care and treatment of the sick should be also conversant with those influences that are likely to cause sickness. As matters now stand, the Hospital Boards, though responsible for the accommodation and treatment of persons with infectious diseases, have no official knowledge as to how these diseases are contracted or spread; and, even if they have information as to the cause or causes that are filling their infectious wards, they are powerless to take any action that may be considered necessary.

As the law now stands, notifications of infectious diseases have to be forwarded to the local authority in whose district the infectious case occurs, and also to the District Health Officer. In many instances the local authority has neither the machinery nor the staff to carry out the provisions of the Act, and the District Health Officer may be two hundred miles from the scene of the outbreak. Again, if one local authority has the machinery to take the necessary precautions, in all probability the local authority of the district adjoining has none; consequently there is no uniformity of action on the part of local authorities either as regards sanitation or the control of infectious diseases, and this lack of uniformity is naturally more obvious when there are several local authorities in a district—and, speaking generally, their name is Legion.

The country local authorities might very well waive all their responsibilities under the Public Health Act, and the larger boroughs those relating to the control of infectious diseases, in favour of the Hospital Board of the district. By this means the efficient and economical administration of the public-health laws would be assured, and the central Department, instead of having to deal with 380 local bodies, as is now the case, would only have to deal with thirty-six. The mutual advantages of such a system are surely obvious.

Tubercular Diseases.

There were 800 deaths from tubercular diseases—viz., pulmonary consumption, 588; other forms of tubercular disease, 212.

A gradual decline is noticeable during the last twenty years in the mortality-rate from these diseases, the most noticeable "drop" being in the rate from consumption for the quinquennium subsequent to the initiation in 1903 of an anti-tuberculosis campaign.

Mean Death-rate per 100,000.

	Phthisis.	Other Tubercular Diseases.
1890–94	.. 82·2	24·7
1895–99	.. 79·3	25·1
1900–4	.. 73·9	23·4
1905–9	.. 62·0	24·0

So far, this is satisfactory, but a great deal remains to be done before it can be said that the campaign against this, the most prevalent of all diseases, is being efficiently conducted.

The Hospital Boards have loyally helped the Department. During the past six years four sanatoria have been opened, and annexes have been erected in connection with some of the principal hospitals, which, with the Government Sanatorium at Te Waikato, provide a total of 160 beds for the open-air treatment of the disease.