LEPROSY.

The District Health Officer, Christchurch, reports:—

No fresh cases have been admitted to the lazarette on Quail Island, there being still 2 active cases and the recovered Maori who continues to act as nurse to the blind case. Swabs and specimens have been taken from the Maori for bacteriological examination, but always with a negative result.

Mr. Mackenzie still continues as caretaker, and contributes largely by his tact and kindliness to secure the comparative happiness of these patients.

(3.) PROVISION FOR INFECTIOUS DISEASE.

The District Health Officer, Auckland, reports:—

Point Chevalier Hospital.—Strenuous efforts have been made by persons owning land in the vicinity of this hospital to have it removed. It is, however, most conveniently situated, and no better site is offered. Wherever such an institution might be placed there would be a local outcry against it, and the Hospital Board would only find itself out of the frying-pan into the fire. The value of this institution was well demonstrated during the smallpox outbreak in 1913. During the past year only one case—a white patient—was treated there. As a sort of compromise with local prejudice, the Hospital Board has opened the grounds for use as a public park while the hospital is not occupied.

Provision for Tuberculosis Cases.—The Auckland Board has made no move towards providing more open-air treatment for consumptives. Most of their cases are sent to the Government sanatorium at Cambridge. A conference at which Dr. Bernstein and the District Health Officer attended was held in August, when the Board represented that financial conditions prevented them launching out to any extent. They were advised as a temporary measure to increase the accommodation at the Costley Home, while the Sanatorium would accept such of their cases as were fit to travel. The proposal to build at the Tamaki site has been abandoned.

The typhoid outbreaks, being chiefly among Maoris in outlying places, has been dealt with largely by erecting temporary camps. Thus no special strain has been thrown on the hospital accommodation except at Rotorua, where the hospital accommodation had to be supplemented by tents.

Prosecution for resisting the nurse and Inspector in removing cases to hospital had to be undertaken in one case at Taumarunui against some Natives.

In one instance a patient suffering from tuberculosis—a married woman, who was mentally affected—was forcibly removed to the Costley open-air wards, as she was endangering the health of the children.

The District Health Officer, Wellington, reports:—

Gisborne.—The hospital is now completed, and there is provision for 14 cases of infectious disease.

Stratford.—A new infectious hospital, containing 6 beds, has been completed.

Napier.—The provision of a new up-to-date infectious-diseases hospital in place of the one on the present site, which is inadequate, is now under consideration. Four shelters and better kitchen and sanitary accommodation have been provided for chronic consumptives.

Patea.—The Board has decided to erect additional accommodation, which will be available, if required, for isolation of cases of infectious diseases.

Masterton.—The erection of a few shelters for chronic consumptives has been considered by the Board.

The District Health Officer, Christchurch, reports:—

Tuberculosis.—The King George V Coronation Memorial Hospital was opened on the 3rd June, providing accommodation for 44 patients in more advanced stages than would be suitable for treatment in the Sanatorium shelters. Since its opening some cases admitted have so far improved as to warrant their transfer to the Sanatorium.

Scarlet Fever.—A ward for 19 beds was erected at Bottle Lake Hospital, replacing some old shelters. The permanent accommodation provides now for 41 cases, but in emergency a further 12 cases can be comfortably housed. New nurses' quarters have also been erected at this hospital.

The want of special accommodation for infectious diseases was felt in Greymouth, when an epidemic of scarlet fever necessitated accommodation being found for 18 cases at one time. This was met by utilizing wards in the Old Peoples' Home, necessitating the housing of the women in the General Hospital and crowding the men into fewer rooms. Fortunately this did not last long.

(4.) SANITARY CONDITION OF DISTRICTS.

The District Health Officer, Auckland, reports:—

Auckland City.

The inclusion of Grey Lynn Borough in the city area during the past year marks an important advance in the Greater Auckland movement which one must regard as being essentially of sanitary importance. The attitude of the Grey Lynn Borough Council was always satisfactory from the Health Officer's point of view, but with the extension of the sewerage system to that district the need for their existence as a separate body ceased to exist, and their mergence with the city will lead to the simplification of sanitary administration, as well as having economic advantages.

The efforts on the part of the more parochial element to frustrate the inclusion of the Remuera Road District also led to an inquiry, at which the Health Officer gave evidence showing the various sanitary disabilities which this suburb suffered. Remuera will join the city during the present year, and it is hoped Epsom, Newmarket, and Eden Terrace will follow immediately.

The health of the city has remained satisfactory during the year, the returns of typhoid cases being especially satisfactory considering the prevalence of this disease elsewhere.