

every person within the Dominion. There is urgent need for reform in the following directions :—

- (1.) To bring together and consolidate in one statute all Acts, parts of Acts, and sections which directly relate to matters of public health.
- (2.) To remodel and, as far as practicable, simplify the general scheme and distinct provisions of the public-health law.
- (3.) To confine the legislation to matters which are likely to be put into actual operation, and exclude as far as possible what may be fairly termed stillborn enactments.
- (4.) Where it is found necessary to deal with any matters by way of by-laws or regulation, to make it obligatory for the authority that is to administer the Act or part of the Act that relates to such matter to make the required by-law or regulation.
- (5.) To empower the Board of Health to direct inquiries into any matters relating to the administration of public-health affairs.
- (6.) To amend subsection (1) of section 2 of the Public Health Amendment Act, 1918, by adding to the *ex officio* members "the Government Statistician."
- (7.) To clearly define the powers and duties of the Health Department and each and every local authority in relation to public health.

NOTE.—In very many instances the powers are ill-defined or may be exercised by more than one authority, and the carrying-out of important duties is often left as a matter of inference instead of being specifically allotted and directed.

- (8.) To make it obligatory on the part of the Borough Councils to submit improvement schemes relating to housing-conditions to the Board of Health.
- (9.) To review section 7 of the Public Health Amendment Act, 1918, in respect to—(a.) Whether it is intended by section 2 that the District Health Officer shall give notice to the owner requiring "structural alterations," and not the local authority as provided in section 1. (b.) As to what is the position with regard to proceedings pending under section 291 of the Municipal Corporations Act, 1908, and section 90 of the Public Health Act, 1908 (repealed).
- (10.) To make clear as to what section 8 of the Public Health Amendment Act, 1918, really means, as the local authorities are in doubt as to—(a.) Who is to take the initiative—whether it is the District Health Officer, as in section 29 of the Municipal Corporations Amendment Act, 1910, without a certificate. (b.) Whether it applies to hotels and all other places of residence.
- (11.) To review section 31 of the Municipal Corporations Amendment Act, 1910, as to how the proviso affects the public interest in respect to the power to make by-laws "prescribing a minimum of frontage and area on which a dwellinghouse may be erected," when it is required to clear congested areas and erect new houses thereon, if plans of the subdivision have at an earlier period been "deposited" or "approved" as defined in that section.

GENERAL SCHEME FOR THE ADMINISTRATION OF PUBLIC-HEALTH AFFAIRS.

All the evidence taken by the Commission points to the need for materially strengthening the Health Department both in respect to the Head Office and to the District Offices. It is very clear that each and all of the health districts are far too extensive for any one District Health Officer to properly supervise. The Canterbury Health District comprises an area of 24,517 square miles, with a population of 217,046 Europeans and 1,047 Maoris. Within this district there are seven Hospital Boards, four ports of entry, one city, twenty-one boroughs, thirty counties, five Town Boards, and eleven Road Boards. To expect a Medical Officer in charge of such a district to devote time to scientific work is to look for