

in addition to his other duties, is capably carried out by Inspector Cowdrey. In the course of the year several old and insanitary premises have been inspected by me in conjunction with the City Council officers.

It had been decided by the Wellington City Council to hold a health week. This project was abandoned owing to the proposed dates clashing with those of the general election. It was decided, however, to institute a clean-up week, which is anticipated to take place at an early date.

Mosquitoes.—Several complaints have been received from various localities in the city and suburbs. The city Sanitary Inspectors have treated the infected pools periodically during the warm weather.

Paved Roads and Streets.—Where these have been laid down, in whatever form, there is a marked improvement in the sanitary condition of the localities.

Public Disinfection.—During the year representations were made to the city authorities to erect a disinfecting and cleansing station for the purpose of dealing with infected articles, second-hand clothing, and the eradication of vermin. While agreeing as to the need for such a station, the Council had to postpone its erection owing to financial considerations.

Water-supply.—Samples of water were taken periodically from the Karori Reservoir, and the watershed occasionally examined. The crude chlorination plant is still in use.

Milk-samples.—These are taken almost daily in the City of Wellington, and inspections are periodically made of the dairies and cow-sheds. In the smaller boroughs and townships, milk-samples are taken fortnightly or monthly throughout the district. A conference was held between representatives of this Department, members of the City Council, and the city milk department with regard to the question of milk-sampling in the City of Wellington. It was agreed that this Department would undertake the necessary sampling.

Bread and Butter Samples.—These are taken monthly for weight, and for analysis as occasion requires. The regulations under the Health Act, 1920, for preventing contamination of food during manufacture or sale are gradually being enforced throughout the districts, with good results and satisfaction to the majority of vendors.

Drainage and Plumbing Regulations.—These have been gazetted by a number of local authorities, including townships and counties, who desire a standard class of work.

Infectious Diseases.—The epidemic of infantile paralysis, to which I need not now refer more particularly, terminated in April, 1925. With the exception of scarlet fever of a mild type, which has been prevalent for some months, there has been no serious increase in the notifiable infectious diseases.

Diphtheria.—In Wellington City a number of cases occurred in the vicinity of a cow-shed and insanitary watercourse. This stream (or drain) was promptly cleansed by the officers of the City Council, and the cow-shed in question was required to be removed. Other insanitary areas in close proximity to the infected premises were also put in order.

Tuberculosis.—Measures were taken to prevent the spread of this disease, and instructions are given to the householders for the benefit of the patient also. Inspectors are active in these matters.

Puerperal Fever.—Cases occurring in private hospitals are visited personally by the Medical Officer of Health, and all necessary precautions taken.

Lead Poisoning.—Fortunately these cases are rare. Four notifications were received; three of these were workers in a paint-factory, which was visited personally in conjunction with the Officer in Charge, Department of Labour, and Inspectors of this Department. Matters were thoroughly investigated.

Private Hospitals.—These are being watched and kept up-to-date as far as practicable. A special inspection of all the fire appliances and fire-escapes in Wellington City is made by an Inspector of this Department in conjunction with a City Council Inspector.

I desire to express my sincere appreciation of the willing co-operation accorded to me by the staff of the Wellington District Health Office and the Inspectors in charge of the outlying districts.

Part 2.

Dr. W. B. MERCER, Medical Officer of Health.

I have pleasure in forwarding my annual report for the year 1925.

The proportion of urban to rural population is not unduly large considering the present-day trend of influx of the population from the country to the town, but it does show that in these two districts, which include only one town with a population of over twenty thousand, the tendency is towards urban rather than rural life. An urban population is, on the whole, more exposed to disease and infection than a rural one, and has a higher morbidity and mortality rate. It can therefore be reasonably assumed that the Health Department's preventive measures for infectious disease are adequate and well carried out by our Inspectors, because, in spite of the increasing urban movement of the population, the morbidity and mortality rate of infectious disease is steadily declining.

The executive administration of these two large health districts is carried out by thirteen departmental Inspectors of Health (who are directly under the control of the Medical Officer of Health and the District Office) and some fourteen or fifteen local-authority Sanitary Inspectors. As regards our own Inspectors, I wish to say at the outset of my report that no senior and controlling officer could wish for more loyal or willing and active officers under him. Tact and common-sense above the average is required from them in many difficult circumstances, and as far as my experience goes our Inspectors always exercise it. Although I am not so much in contact with the Inspectors of local authorities,