I know for the most part that they carry out their duties conscientiously and to the best of their ability. Their duties, too, are responsible and extensive. There is possibly a tendency to utilize their services too much in the direction of revenue-collecting, and to allow them too little time to devote to their primary duties as Sanitary Inspectors. In my opinion, more information and co-operation could be willingly obtained from these Inspectors.

Diphtheria.

This infectious disease has been fairly uniformly prevalent throughout the two districts, with one striking exception—viz., the Hawke's Bay Subdistrict of the Wairarapa-East Cape Health District. During the first quarter of the year, when infantile paralysis was in evidence, and the accommodation existing at some of the larger hospitals, notably Palmerston North and Wanganui, was severely taxed, fortunately diphtheria notifications were very few. In the late autumn, however, cases began to be notified more freely, which continued through the winter and spring. It is not necessary to go into statistical details of the incidence of this disease in either one or both of the two health districts, but I have taken the incidence of diphtheria from the notifications received in the six larger boroughs—Gisborne, Napier, Hastings, Palmerston North, Wanganui, and New Plymouth—containing a population of nearly 100,000, and I find that Gisborne has the highest case-rate—viz., 43·8 per 10,000 of mean population; Palmerston North the next, with 35·7; New Plymouth third, with 24·9; and Wanganui fourth, with 10.0. Then there is an extraordinary drop to Napier, with only one notified case, and Hastings, with only five. What is the reason for this extraordinary difference of morbidity-rate? It cannot be entirely due to immunity, either natural or artificial, for although diphtheria was unduly prevalent in the Hawke's Bay District some six or seven years ago, and has been gradually declining since, there are hundreds of children of age 1 to 5 who have not had the disease; and, further, no artificial immunization by means of any prophylactic vaccine has been carried out in this district. In the absence of any scientific bacteriological evidence to account for this decline in morbidity in this particular subdistrict we are driven to a conclusion—possibly quite an erroneous one—that the decline is the result of preventive measures which have been carried out in previous years.

Other Infectious Diseases.

There is nothing to call for any special comment. Scarlet fever maintains about its usual incidence, but is generally a very mild type of the disease. Typhoid fever amongst the white population has a very low incidence, practically negligible.

No serious outbreaks of non-notifiable infectious disease, such as influenza, measles, whooping-cough, have been brought to my knowledge. Whooping-cough was, however, prevalent in the Hawke's Bay District, especially Napier Borough, in the winter. No deaths from secondary pneumonia occurred with regard to non-infectious notifiable disease. The only two diseases included in the Second Schedule of the Health Act that have been notified are hydatid or echinococcus disease and tetanus. I have been trying to obtain more information from doctors who notify cases "hydatid" as to possible origin of infection. I have not obtained anything very striking. Tetanus infection of wounds still occurs, but there have only been four cases in the two health districts during the year. I believe that prophylactic treatment is reducing the incidence of this disease, and undoubtedly the modern technique for "passive" immunization of infected patients saves lives which formerly would have died.

General Sanitation.

Our Inspectors' reports of work carried out are systematically received and filed, but unfortunately such is not the case with the local bodies' sanitary work. Reports of work done and improvements effected in general sanitation are meagre, and do not give the Medical Officer of Health much information about the sanitary progress of the town or district. The Medical Officer of Health should be able to obtain more information from local authorities, especially the larger boroughs. At present he can form only a general impression of the sanitary progress of any particular borough. From a broad view I am satisfied that the general sanitary work in most of the larger boroughs is well carried out. It is true that the Sanitary Inspector has far too many revenue-collecting offices and duties to attend to, and it is quite impossible for him to devote as much time as he ought to house-to-house inspection, which, after all, is the only way to keep down nuisances.

No extensive water-supply or drainage works have been started or completed. Wanganui City has recently increased its existing water-supply by laying down an additional main. Wairoa has practically completed its water-supply works. New Plymouth needs a new drainage scheme and additional water-supply, which will cost a considerable sum.

On the whole, refuse collection and disposal is being satisfactorily carried out. The larger boroughs are more keenly alive to the importance of this necessary sanitary duty. Gisborne has made great improvements to its insanitary and unsightly refuse-dump in the borough. I am satisfied that all the local authorities, large and small, are anxious and willing to carry out necessary sanitary improvements as far as their financial means will allow them to do so. It is always a pleasure to me to meet the executive officers of a local authority and to discuss any outstanding sanitary matter.

SECTION 3.—CANTERBURY-WESTLAND HEALTH DISTRICT.

Dr. T. F. Telford, Medical Officer of Health; Dr. Dawson, Assistant Medical Officer of Health.

I have the honour to submit this, my annual report for the year ended 31st March, 1926, the figures being those for the calendar year 1st January to 31st December (inclusive), 1925.