

1927.
NEW ZEALAND.

DEPARTMENT OF HEALTH.

ANNUAL REPORT OF DIRECTOR-GENERAL OF HEALTH.

Presented in pursuance of Section 100 of the Hospitals and Charitable Institutions Act, 1926.

HON. J. A. YOUNG, MINISTER OF HEALTH.

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REPORTS.

The DIRECTOR-GENERAL OF HEALTH to the Hon. the MINISTER OF HEALTH, Wellington.

I HAVE the honour to lay before you the annual report of the Department for the year 1926–27.

PART I.—GENERAL SURVEY.

SECTION 1.—GENERAL.

PUBLIC HEALTH.

The extent to which the Department has discharged its responsibilities conferred under various Acts is indicated in the attached divisional and special reports. The Dominion can congratulate itself on the fact that the death-rate and the infantile-mortality rate in New Zealand are the lowest in the world ; that the incidence of enteric fever has been reduced to a phenomenal degree ; that the death-rate from tuberculosis is second or third lowest in the world ; and that the New Zealand infant at birth has an expectation of life greater than he would have in any other country. At the same time, we, as other countries, are ever confronted with formidable problems of preventive medicine. More knowledge of the laws of health and the nature of disease is required and such knowledge must be passed on to the public ; and the Department is endeavouring to meet the situation by actively encouraging research and the education of the public in health matters. Personal disregard of the laws of health results in much invalidity and many premature deaths. Credit is due to voluntary organizations for splendid work in creating public interest in these matters.

The major portion of the Taranaki Provincial District has been constituted a separate health district. This is the first step in a movement by the Department to do away with overlapping of several branches of nursing service and to provide for closer medical supervision. The suggestion is in future to have one Medical Officer in the district who will act as both Medical Officer of Health and School Medical Officer. The change is on the lines of a system which obtains in another country. In no case does more than one nurse, one Inspector, and one Medical Officer cover the same ground. The main object of the scheme is to decentralize public-health administration and to bring the unit of control nearer the homes of the people. The advantages of the scheme are twofold, as it makes