SECTION 2.—CENTRAL WELLINGTON HEALTH DISTRICT.

Dr. Findlay, Medical Officer of Health.

Part 1.

Scarlet Fever.—Number of cases, 637. Rate per 10,000 of population, 46·17. Four deaths.

Diphtheria.—189 cases notified. Rate per 10,000, 13·69. Eight deaths.

Pulmonary Tuberculosis.—Notifications, 6·09 per 10,000 of population. Death-rate for urban area, 5·23 per 10,000 of population.

It is found extremely difficult to maintain contact with some patients. Daily notification by the hospital of discharges from all cases of infectious disease has proved of assistance. The T.B. clinic at the Wellington Hospital continues to do good work. All child contacts are followed up by the School Medical Officer.

Enteric Fever.—Two cases—one a sailor from the s.s. " Ruapehu " (infection contracted elsewhere), and a case from Porirua (source of infection indefinite). No deaths.

Cerebro-spinal Meningitis.—Three cases. Three deaths.

Poliomyelitis.—Four cases. No deaths.

Influenza (Pneumonic, Septicæmic, and Fulminant).—Three cases. Two deaths.

Pneumonia.—Fifty-one cases notified. Rate per 10,000 of population, 3·79.

Puerperal Fever.—Full-time cases: Twenty-seven cases notified. Four deaths.

Measles and German Measles.—Both these conditions were very prevalent during the year. The attendance at several schools was considerably decreased. Four deaths occurred from measles. There was a short epidemic; cases complicated in seven instances by pneumonia in a girls' boarding-school, Lower Hutt. One girl died. The incidence showed the known fact that measles, under certain conditions, may become very potent. Investigation showed that the amount of square feet of space per child in the boarding establishment was not below accepted standards. Nevertheless, the adoption of the balcony-cubicle system in all boarding-schools is a desideratum.

Infantile Mortality.—42·51 per 1,000 births.

Part 2.

General Administration and Health Conditions.

Wellington City.—Population, 111,400.

City Council Organization.—Prior to last year sanitary and health matters, in keeping with the disorganization in the City Council in the Engineer's Department, were not as satisfactory as might have been. With the advent of the new City Engineer at the end of 1926, the sanitary staff has been placed under better supervision. During the year the Medical Officer of Health and Senior Inspector Middleton devoted considerable time to supervision and inquiry into local matters, and have made many visits of inspection. During the course of the year many complaints from diverse sources were referred to this office and suitable action ensured.

Garbage: The much-discussed question of suitable garbage-carts in Wellington City has been met to some extent by the provision of a folding canvas cover on a frame to each rubbish-cart. I think the innovation has been the means of considerable improvement. To equip the whole city with sufficient carts of new type, even if practicable in Wellington, would be an expensive matter.

Disposal of Garbage: The destructor and masticator at Rongotai continue to do good work. Experience has shown, however, that masticators should not be installed in too close proximity to habitations or extensively used roads. The material, when spread, has a distinct odour, which is carried several chains by the wind. It would appear that for New Zealand, where local authorities are unwilling, and often unable, to provide sufficient spoil for the proper management of refuse-tips, destructors are the best form of disposal. In Sydney the report of the Medical Officer of Health states that he is definitely in favour of incineration.

Stables and Fly Nuisance: With the continued increase of motor traffic and the decrease in the number of stables a vast improvement in the fly nuisance in certain portions of the city has eventuated. In 1923 there were 209 stables; at the 31st March, 1928, the number had been reduced to 70—a reduction of 37 for the year. A special point has been made of ensuring that City Council Inspectors supervise stables most closely. The Council has most excellent by-laws governing this matter, but observation has led me to the belief that the methods usually recommended for dealing with the flies are, under civilian conditions, only very partially effective. With the view of improving the methods at our disposal, Inspector Cowdrey, at the direction of the Medical Officer of Health, has carried out extensive experiments in his garden and at a stable by way of testing the efficiency of various sprays, &c. Unfortunately, the advent of the colder weather has hindered the completion of the work, which will be resumed in the early spring. It is hoped to definitely determine what methods are most suitable for civilian life. Under camp conditions, as supervised by Professor Kirk during war-time with many assistants, the fly menace could be definitely controlled. Our experience is that under civilian conditions the problem is much more difficult.

Water-supplies: These continue to be definitely supervised by inspection and chemical and bacteriological tests.

Water Board: In the 1927 session of Parliament the Wellington City and Suburban Water-supply Bill was passed. The newly constituted Water Board commenced its activities early in 1928. I took an early opportunity of getting into touch with the Board and ensuring the fullest co-operation between the Medical Officer of Health and the Board. The Board now has definite control of the principal water-shed areas in the Upper Hutt and Akatarawa regions, and is considering the advisability of the purchase of a few remaining areas in order to complete the scheme. Great public interest