Food and Drugs.

Regular inspection of foodstuffs and food-sellers' premises has been carried out during the year, and very considerable improvements have been effected in the conditions under which food is sold, compliance with the departmental regulations regarding food-sellers' premises being largely responsible for this. Samples of various foods and drugs, and especially those in everyday use, have been obtained for analysis during the year, and in a few instances it has been found necessary to institute legal proceedings for the sale of milk, ice-cream, and butter which did not comply with the regulations. There was generally noticeable a willingness on the part of vendors to comply with the regulations, and breaches of the labelling regulations were quickly remedied when brought under notice.

Native Health.

The incidence of infectious disease in the Native population has been fairly low, and district nurses to Maoris and Inspectors have done good educational work by lecturing on various health and sanitation matters and by the distributing of departmental pamphlets. As previously recorded, there were minor outbreaks of enteric fever, but these were carefully investigated and all necessary precautions were taken, patients being removed to hospital whenever practicable. The Natives seem to seek the help of the Department in case of sickness more than formerly, although cases sometimes occur where the disease is secreted. In one fatal case the police were informed and a post-mortem examination was made, which proved of salutary effect.

There are a number of T.B. cases in the district, some of whom will not submit to proper treatment. Others are attended by doctors and the hospital, and some have been sent, through the Waikato Hospital, to a sanatorium. Continual advice is given in these cases as to the mode of living, and also precautions *re* spread of infection.

I would place on record my appreciation of the assistance rendered to the Department by the Native-school teachers, who have assisted in reporting cases of sickness and in treating minor ailments with medicines and ointments supplied for the purpose by the Department.

General.

Other matters which have received attention have been the inspection of hotels and of cemeteries and burial-grounds, also the supervision of offensive trades.

The School Medical and Dental Services have carried out much good work amongst the school-children during the year, and some expansion of the work has been effected.

Some educational work was effected by the Department in connection with the Waikato Winter Show in Hamilton, when arrangements were made to demonstrate as many of the departmental activities as possible, special features being made of the School Medical and Dental Services and of the Ante-natal Division.

In conclusion, I may record that the year past has been one of definite progress in all branches of departmental activity.

SECTION 4.—CENTRAL WELLINGTON HEALTH DISTRICT.

Dr. Findlay, Medical Officer of Health.

Birth-rate.—18·98 per 1,000 mean population.

Death-rate.—9·44 per 1,000 mean population.

Scarlet Fever.—Number of cases, 663. Rate per 10,000 of population, 46·49. Five deaths.

Control: A nurse has not been employed full time upon infectious-disease work. In all cases where necessary, however, a school nurse visited affected schools and examined the children and in some cases the homes. I have instituted a new card system showing infectious diseases in schools, thereby enabling a very close watch to be maintained. School authorities and the public appear to appreciate the close school supervision. Reasonable attention to this enables us to combat complaints and requests for more extreme and unnecessary action.

Home Nursing as against Hospital: Fewer cases were sent to hospital than in 1927. Perusal of the reports does not show that the results as to a second case occurring in the house are any greater where home treatment was employed than where the case was sent to hospital. Where conditions appeared reasonably good and the request was made for the patient to remain at home permission was generally given. Home treatment is, as you know, quite in accordance with the views of British authorities. In such cases the need for strict adherence to precautions was expressly stressed. A departmental pamphlet on the subject is left in the home as a routine. During the year a certain number of suspicious cases were discovered in the schools, and these were usually kept at home until certified free from infection. The keeping of these cases in the home did not adversely affect the other members of the family. In mild epidemics home treatment appears to be sound, and certainly must result in a considerable saving in public-hospital costs.

Diphtheria.—Three hundred and ninety-six cases notified. Rate per 10,000, 28·11. Fourteen deaths.

Again experience shows that deaths are, in almost all cases, practically attributable to delay in obtaining a medical attendant or in recognition of the cases. It seems undoubted that medical men should swab almost every sore throat, and, if in doubt, should administer anti-toxin in some cases when waiting for bacteriological report. Laryngeal diphtheria has been the cause of death in more than one instance, and in the absence of signs upon the tonsils diagnosis would in some cases be difficult.