

Sewerage system needs renewal and enlarging as soon as finances allow.

The water-supply recently established is proving a great benefit.

Opotiki.—Nightsoil-removal service has been improved by replacing the ten-day with a weekly service.

“Clean-up” week was well organized and effective. A weekly garbage-removal service should be installed.

A sewerage system would be a boon to this low-lying township.

Water-supply is ample and good.

Whakatane.—Rubbish removal and disposal: A weekly collection and disposal service has been inaugurated.

Water-supply has been tested bacteriologically and chemically, and found satisfactory. The chlorine plant fell into disuse during the year. Since the supply has remained good, its replacement has not been urged.

PORT HEALTH INSPECTION.

Four vessels arriving from overseas were given a clean bill of health by the Port Health Officer.

FOOD AND DRUGS ACT.

Sampling of various foodstuffs, and especially milk, has proceeded regularly, and lead to three successful prosecutions. Seizures of foodstuffs have been necessary from time to time.

Milk-supplies: One firm has established an up-to-date pasteurizing plant in a well-conducted dairy factory, delivering bottled pasteurized milk of very high standard. Supervision over country dairies has improved, with better conditions resulting. Eating-houses and food-shops are all licensed annually and kept under regular supervision. Many improvements have been effected, and measures for the control of flies and rats enforced.

MAORI HYGIENE.

The Maori is making a steady approach to the standard of living of his pakeha friends. The tendency is to get away from pas. Better houses are being built; tanks are coming into favour for water-supplies; the adoption of privies, general in some areas, is extending rapidly in the remainder. Huis and tangis are conducted in a satisfactory manner, suggestions for the betterment of sanitary arrangements being always attended to promptly.

ADMINISTRATION.

This health district was inaugurated on the 16th July as a medical unit. School work, with its necessary travelling, has meant frequent personal contact throughout the district. Inspectors and nurses, whether controlled through the Department or local authorities, have been brought into closer co-operation for preventive work. This has entailed much work and no little time in meeting various local authorities and Boards, but good team-work should result in future.

SECTION 9.—CANTERBURY-WESTLAND HEALTH DISTRICT.

Dr. TELFORD, Medical Officer of Health.

The outstanding feature for the year has been the abnormally high incidence of scarlet fever, the number of cases amounting to 2,124, the incidence rate per 1,000 population being 8.08.

There are many factors contributing to this high incidence, the first factor being that in 1927 we did not get a lowering of incidence of this disease in the spring months, as is usual, and cases continued to be reported right through the spring and summer months. With this state of affairs and an abnormally low rainfall, I was able to anticipate an extensive outbreak for the year now ended.

In connection with the incidence, I would draw your attention to several factors in the spread of this disease. The disease was propagated by a considerable number of undetected cases of a mild type, in which the rash was of a transient nature, lasting only an hour or two, and with no marked throat symptoms. A large number of these cases were detected only when they had entered the peeling stage, and prior to this they had ample opportunity of infecting many other children. Even medical men had been in considerable doubt as to the diagnosis in several instances, being confused as to whether the disease, at the time, was one of German measles, slight septic rash, or an influenza accompanied with skin-blush. These cases were treated until the rash disappeared, when they were liberated by their medical attendant; but subsequently, owing to peeling or some other complication of the disease, the true diagnosis of scarlatina was established. With the considerable number of people out of employment, and families not having too much money in hand, they were diffident, in many cases, particularly in the country districts, in calling in a doctor to settle the diagnosis of these children's complaints, with the result that the disease was spread. Another point is that they did not like to incur the expense in connection with their maintenance upkeep in an infectious-diseases hospital, and the ambulance hire to and from their homes.

It is an unquestionable fact that school and other picnics have been a definite means of keeping this disease going to its present extent in the health districts above mentioned. A Medical Officer of Health, not having power under the general provisions of the Health Act to prohibit these picnics and other gatherings for children, is very much handicapped in his control methods.