And again, from the same report:—

> "There is a real danger here lest the insistent calls given by disease and suffering for immediate relief should actually delay progress by attracting scientific effort along the wrong paths. While many problems offered in the medical field, as the experience of war has shown, can be and have been solved by direct and organized attack, others may not yield now to a frontal attack, nor until the general level of knowledge and preparation has been raised a stage higher. Power to prevent or cure a disease must not be expected to come by sudden discovery, nor often as the result of a special campaign, however vigorously prosecuted. Rapid gains, often unforeseen and in unexpected directions, may be confidently expected, however, so long as the area of accurate knowledge is maintained in its growth: we cannot foretell the flow of water here and there in the irrigating channels along a shore, but we know the flow must certainly follow whenever the tide rises the general level of the waters."

New Health District.—It has long been recognized that the area administered by the Medical Officer of Health, Wellington, was too extensive. Consequently a separate health district, known as "the Wellington-Hawke's Bay Health District," was constituted during the year. It consists of the counties of Patea, Waitotara, Waimarino, Wanganui, Rangitikei, Kiwitea, Pohangina, Oroua, Manawatu, Kairanga, Horowhenua, Woodville, Weber, Dannevirke, Waipukurau, Patangata, Waipawa, and Hawke's Bay and all boroughs and town districts geographically contained in or contiguous to the said counties. Dr. D. Cook, formerly Medical Officer of Health, Whangarei, was appointed to take charge of the district with his office at Palmerston North. The district will be administered on the same system as North Auckland, South Auckland, East Cape, and Taranaki—*i.e.*, the Medical Officer of Health will also be the School Medical Officer and will closely supervise and co-ordinate the school work with the public-health work throughout the district. The opening of the new district will also ensure that closer supervision will be given to the health of the Maori people in this area.

Health Education.—Health education was continued along the same lines as in previous years. The Department is again indebted to the press and the broadcasting authorities for their readiness to assist in raising the standard of knowledge of the public in health matters. A series of health articles of interest to the farming community are being published in the *Journal of Agriculture*, while other articles have also appeared in the *Journal of the New Zealand Branch of the Royal Sanitary Institute*, the *New Zealand Nursing Journal*, and the *Journal of the Hospital Boards Association of New Zealand*. Courses of lectures have been given to training-college students, post-graduate sisters, and dental nurses. At all times much individual instruction is given to parents during medical examination of school-children.

Approval has been received for the purchase of projectors and health films for educational work among the Maoris and other sections of the community, and at an early date these will be available for the use of Medical Officers in the field.

Boards Associated with the Department.—The Boards associated with the Department are the Board of Health, Medical Council, Medical Research Council, Dental Council, Nurses, and Midwives Registration Board, Opticians Board, Masseurs Board, and Plumbers Board. Two of these bodies were brought into existence during the year under review—namely, the Medical Research Council and the Dental Council.

Reference has already been made to the programme of the Medical Research Council. The Dental Council was established pursuant to the Dentists Act, 1936. The powers of the Dental Council in relation to the dental profession are very much the same as the powers of the Medical Council in relation to the medical profession. Both bodies are entrusted with the custody of the appropriate register and are vested with the powers of granting or withholding registration. In addition, both Councils have been given a measure of disciplinary control.

The other Boards referred to continued their work during the year much along the lines of previous years.

Health Administration in New Zealand.—An outline of the existing system of health administration in New Zealand has been prepared and is published in the appendix of this report. It may be of interest to readers overseas.

Staff.—It is with profound regret that I record the death of Dr. Ada Paterson, Director of School Hygiene since 1923. Dr. Paterson's reports bear witness to her wide sympathies, balanced judgment, and wise foresight in all matters relating to the health of children. Her premature death was a severe blow to the Department and to the Service with which she has been so intimately associated and which she controlled so ably for many years. Dr. Paterson was associated with many organizations working in the interest of women and children. The health-camp movement, particularly, was one in which she took a deep interest.

In the death of Mr. W. T. Findlay, Accountant, the Department lost an officer who had rendered many years of loyal and excellent service.

In conclusion, I wish to express my thanks for support rendered me by officers during the year.

M. H. Watt, Director-General of Health.