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Section 5, Charitable and Hospitals Institutions Amendment Act, 1910, has been given effect to by the Napier Borough Council.

Legal Proceedings in Sanitary Matters.—These have been compiled by Inspector Gardiner, and

are enclosed on separate sheets.

No modifications or improvements have been made in the borough by-laws during the year. Medical Inspection of School-children. — One inspection of the children of the Catholic school with reference to an outbreak of diphtheria was made.

Insanitary Buildings.—Buildings wholly condemned, 15; condemned pending repairs being effected, 50; buildings pulled down, 9; buildings condemned and now unoccupied, 5; buildings

repaired as requisitioned, 27.

The number of deaths registered in the Napier office for 1911 were 435, but all of these did not occur in the borough, as deaths occurring in Napier South, Greenmeadows, Taradale, and Clive are registered in Napier. One death was registered from blood-poisoning, one from hydatids, and fourteen from cancer.

Napier continues to be one of the cleanest towns in Australasia; other towns may equal it in this respect, but I believe that none excel it. This, coupled with the fact that it enjoys a large proportion of possible sunshine (2,600 hours on an average per annum), makes it a healthy place of residence, and

accounts for its low death-rate.

During the year Mr. F. B. Gardiner took over the duties of Sanitary Inspector for the Hawke's Bay Hospital District. I am glad to be able to place on record that I have found him capable, I have, &c., conscientious, energetic, and tactful.

FRED DE LISLE, L.R.C.P., D.P.H., District Health Officer.

Wellington, Hawke's Bay, Nelson, and Marlborough.

To the Chief Health Officer.

During the year the various Hospital Boards in the district took over the work of controlling infectious disease imposed upon them by section 5 of the Hospitals and Charitable Institutions Amendment Act, 1910, and appointed Inspectors for that purpose: To Waiapu, Inspector Terry was appointed, having been transferred from the Mental Hospitals Department; to Hawke's Bay, Inspector Gardiner was transferred from Stratford; to Wairarapa North, Inspector Cairns was transferred from Masterton Borough; to Wairarapa South, Inspector Miller (previously the Department's Inspector in that district); to Wellington, Inspectors Reed and York appointed; to Palmerston North, Inspector O'Brien, formerly Department's Inspector in that district; to Wanganui, Inspector Pargeter; to Hawera-Stratford, Inspector Gray, from Wellington; to Taranaki, Inspector Kendall, formerly Borough Engineer, New Plymouth; to Wairau-Picton, Inspector Johnston, formerly departmental Inspector in that district.

No appointments have been made in the Cook, Waipawa, Patea, Nelson, or Buller Hospital Districts; but before the end of the year the Cook Hospital Board were taking steps to fill the position. During the year Wairoa ceased to be a portion of the Hawke's Bay District, and became a separate

hospital district, and, unfortunately, has since been without an Inspector. It is hoped that an appoint-

ment will soon be made.

In many districts arrangements have been made, under section 94 of the Public Health Act, between the Hospital Board and the various local authorities within its boundaries, whereby the Hospital Board's Inspector has been also made Sanitary Inspector (Inspector of Nuisances) for the local authorities concerned, thus at small cost providing efficient inspection by a properly-trained Inspector in localities where the local authority could not afford to provide such service by itself, and at the same time relieving the Hospital Board of part of its burden.

Section 83 of the Hospitals and Charitable Institutions Act has not been taken advantage of in

the district, though in one instance negotiations are in progress.

Chief Inspector Schauer and Inspector Wilson are both retained by the Department for special

work, the latter being also Inspector for several local bodies in the Rangitikei County.

It is to be noted with regret from the year's vital statistics that, although the general death-rate of Wellington is lower than any of the chief centres, the infantile death-rate is still considerably higher. The death-rate of children under five is also high. This points to some local conditions especially affecting the very young, and of these the milk-supply is naturally the most important, this forming

the greater portion of the natural food at these ages.

That the milk-supply is not satisfactory is well known, and is borne out by the number of warning letters and prosecutions rendered necessary after analysis of samples taken. This Department has systematically taken samples from all parts of the city, and where necessary action has been taken; but, unfortunately, the fines imposed have been so low as to make it almost pay a vendor to run the risk—at any rate, the result of prosecution does not seem to have materially improved the supply. The Health Committee of the City Council is now considering a new proposal by which it is hoped the Council may be able to ensure the provision of a good milk-supply, at least, so far as infants and young children are concerned. The carriage and storage of milk are very important items, both in the vendor's distributing depot and in the home, and I regret to say that faults apparently exist in both, so that should the former become perfect, it still remains to educate the public as to the necessity for the greatest care in cleanliness of household untensils and the selection of a suitable place to keep this sensitive and readily decomposable food. As regards the vendors, it seems incredible that, knowing that human life is dependent on a healthy supply of milk, persons, for the sake of greedy gain, should tamper with this article.