

with the authorities' matters, or by adoption as a whole. If this is done there can be no question as to the responsibility of the enforcement. There is still a tendency—a diminishing one, I believe—to think that it is the duty of the Health Department rather than the local authority to carry out and enforce the provisions of the Health Act and the regulations framed under the Act.

#### INFECTIOUS DISEASE.

The year 1923 is a record one for the Hawke's Bay Health District in regard to the notification of infectious diseases. In 1922 we had the lowest returns since the district was opened in 1920, but 1923 is even lower. Although this low return is in general with the figures throughout all the health districts in New Zealand, it is nevertheless satisfactory because it shows that the Inspectors, both departmental and local authority, are carrying out their duties in supervising and investigating all cases of infectious disease notified. It shows further that the public generally, and the parents in particular, are ready and willing to carry out the instructions laid down under the regulations as to infectious diseases.

#### PUERPERAL SEPTICÆMIA AND MATERNAL MORTALITY.

During the year twenty-five notifications of puerperal septicæmia were received. There were six deaths. In addition there were five maternal deaths from puerperal causes, making a total of eleven deaths. This is three less than the previous year. Since the time (July, 1922) these maternal deaths have been investigated by the Medical Officer of Health there has been a steady decrease in the Hawke's Bay Health District.

During the year 1923 we have been quite free from any outbreaks of puerperal septicæmia in private maternity hospitals.

#### PRIVATE HOSPITALS.

I am pleased to report that the private hospitals in the Hawke's Bay Health District are well managed and maintained. The improvements that have been made in the last four years are noticeable in many ways. It is quite rare to find, when inspecting private hospitals, any serious defects either in the maintenance or sanitary conditions which would be liable to cause a spread of puerperal sepsis. Four years ago this was far from being the case; there were defects which would catch the eye at even a casual inspection. There are still, however, two or three maternity homes where structural improvements and renovations might be made, but the small amount of work and the remuneration derived from it prohibits the licensee from doing what should be done in the way of improvements. These licensed maternity homes, however, will probably in the course of a year or two cease to carry on, and it would be unreasonable to enforce requisitions which would probably compel the licensee to close down. If one is satisfied that the licensee is carrying on her midwifery carefully and to the best of her ability under the conditions which obtain, I think a reasonable latitude must be allowed.

#### SECTION 4.—WELLINGTON HEALTH DISTRICT.

Dr. W. F. FINDLAY, Medical Officer of Health.

#### SCARLET FEVER.

This disease has again shown a considerable decrease as compared with the preceeding year.

#### DIPHTHERIA.

For the year 1923 an increase of 214 cases is shown as compared with 1922.

The cases in Wellington City developed chiefly in the Clyde Quay, Mount Cook, Newtown, and Kilbirnie areas. I am indebted to the School Medical Division for their close co-operation in this epidemic. Various schools were visited by school medical officers and nurses. Between the 25th June and the 1st August, 159 carriers were discovered and isolated. This threw considerable strain on doctors, nurses, Inspectors, the City Council Infectious-disease Branch, and the District Health Office. There is no question but that hardship and inconvenience was caused to many homes through the restrictions which the discovery of a "carrier" automatically imposed. It is noteworthy, however, that the incidence was considerably reduced in August. I am pleased to be able to state that from the very commencement of 1923 diphtheria in the city was closely watched and swabbing undertaken where necessary. The services of the school nurses were of the greatest advantage with regard to swabbing, which is frequently found necessary.

The introduction of toxin-antitoxin immunization would in time undoubtedly reduce the yearly expenditure and inconvenience at present caused by this disease. No disease figures so largely in the activities of the district staff as does diphtheria.

#### TUBERCULOSIS.

It is pleasing to be again able to chronicle a substantial decrease (forty) as compared with the previous year.

Viewed from the aspect of overcrowding, hereunder is an extract from the New Zealand Year-book, 1924. This indicates the position as regards housing at the 1921 census:—

|                               | Overcrowding<br>Dwellings<br>(Number). | Persons<br>affected<br>(Number). | Persons affected<br>to Total.<br>(per Cent.). |
|-------------------------------|--|----------------------------------|---|
| Auckland urban area .. ..     | 2,321                                  | 16,899                           | 11.97   |
| Wellington urban area .. ..   | 1,920                                  | 12,828                           | 13.62   |
| Christchurch urban area .. .. | 1,348                                  | 10,316                           | 10.76   |
| Dunedin urban area .. ..      | 933                                    | 117,676                          | 10.85   |