

WATER-SUPPLIES.

The public water-supplies have been duly supervised by the Medical Officer of Health and Inspectors, and much advice has been given regarding the care of catchment areas and methods of purification and chlorination. Samples of water for bacteriological and chemical examination have been obtained as required.

FOOD AND DRUGS.

In connection with the supervision of food and drugs, many inspections of food-sellers' premises have been made and samples of foodstuffs and drugs obtained for analysis during the year. Advice has been given regarding the regulations as to the establishment of new businesses, and the licensing and conduct of restaurants, eating-houses, &c., under local-authority by-laws. When legal action has been necessary concerning flagrant breaches of the Food and Drugs Act, such as the addition of water to milk, cases have been satisfactorily determined and publicity given to the results through the press. A good deal of work was also done in consideration of the labelling of foodstuffs in accordance with the regulations.

NATIVE HEALTH.

There are very considerable numbers of Maoris resident throughout the district, and, apart from the epidemic of dysentery and cases of enteric fever and tuberculosis, there has not been a great deal of sickness in the area. A general clean-up campaign was instituted of settlements and kaingas throughout the dysentery-infected areas, and, through the Native Department, water-supplies and tanks and satisfactory privies were provided in many cases, with great resultant improvement in general living-conditions, which should bear fruit in better general health in the future. Tuberculosis is fairly prevalent, many cases being concealed owing to the strong objection which the Maoris have against hospital and institutional treatment. Much good work is done by the Maori Inspector and the various district nurses by lecturing on necessary subjects and the distribution of Maori pamphlets, &c. The Native-school teachers are also of great assistance in reporting sickness and treating minor ailments with medicines supplied by this Department.

Ratanaism and tohungaism is practically non-existent now. Medical assistance has been provided by the Department through subsidized medical officers to Maoris, and in indigent cases special visits are authorized at departmental expense. In some cases preventive action regarding enteric fever was seriously hampered by the Maoris concealing cases and hurriedly removing them to the bush owing to their objection to hospital treatment. It is to be hoped that this obstructive policy will give way to educational endeavour.

SECTION 4.—CENTRAL WELLINGTON HEALTH DISTRICT.

Dr. FINDLAY, Medical Officer of Health.

Birth-rate.—18·68 per 1,000 mean population of urban area.

Death-rate.—9·21 per 1,000 mean population of urban area.

Scarlet Fever.—Number of cases, 339. Rate per 10,000 of population, 22·92. Four deaths.

The increased incidence apparent in 1926–28 now shows a definite decline. In 1930 we should expect a further substantial decrease in the number of cases.

Control: A nurse has not been employed full time on infectious-disease work. A card index showing the incidence in schools has been kept, and wherever there appeared indication of possible spread of infection in a school a visit was paid by a member of the school medical staff, and the children in the class or classes examined. Occasionally one finds that School Committees or parents become apprehensive on the occurrence of cases in the school, and suggest school-closure and disinfection of school. Our experience shows that only in very extreme instances are such radical methods necessary. In special instances the overhaul of the children in the class has proved quite sufficient.

Home nursing as against hospital: Seventy per cent. of the cases were sent to hospital, as against 68 per cent. in 1928. Where conditions were suitable, home nursing was quite satisfactory. The departmental pamphlet on "Home Nursing and Infectious Disease" is left with the householder in all such cases. Satisfactory home treatment must reduce hospital cost and requirements to some extent.

Length of stay in hospital: This has not been reduced in this district.

Diphtheria.—Number of cases, 395. Rate per 10,000, 26·70. Twenty deaths.

The importance of early medical attention and the administration of antitoxin, where necessary, in all possible cases of diphtheria is again apparent. Parents and guardians should also recognize that great care is necessary in convalescence after diphtheria in the matter of restricting the movements of the patients.

Immunization with antitoxin: Arrangements have been made to recommence immunization with toxin-antitoxin at an institution in the district. At another institution, where all the children were inoculated some two and a half years ago, there have been no cases of diphtheria since. Previously diphtheria was recurrent in the institution.

Pulmonary Tuberculosis.—Number of cases, 150. Rate per 10,000, 10·14. Sixty-four deaths. Death-rate for urban area, 4·80.