

620. In each case a special officer occupies the position of Director, and, in addition, there is another officer in the position of Inspector of Private Hospitals. **This is an element of weakness, as the creation of separate compartments must tend to overlapping and over-staffing. More direct unified control would avoid this defect. Two branches at the most, with divisional officers in charge acting directly through the Director-General of Health, would be more economical, and we suggest that the divisions should be—**

(1) **Public Hygiene.**

(2) **Hospitals.**

621. The work in connection with the present Divisions of Dental Hygiene and School Hygiene falls naturally under the Division of Public Hygiene, and should be controlled by one officer directly supervised by the permanent head.

622. There appears to be no real necessity for a Director, Division of Hospitals, and also a special officer occupying a similar position in regard to private hospitals. One should suffice.

623. We shall now endeavour to indicate wherein economies might be effected in the administration of the Department—firstly, in connection with what might be termed its basic functions, and then in connection with the more recently created services.

#### *Sanitary Inspectors.*

624. The responsibility for the appointment of Sanitary Inspectors is divided between the Health Department and local authorities, and the result is that there is increasing duplication and overlapping in the work carried out by these officers.

625. The statutory authority for the appointment of Sanitary Inspectors by local authorities is contained in section 25 of the Health Act, 1920. The legislation requires that every local authority shall appoint a qualified Sanitary Inspector, or may contract with the Department for the services of one of its Inspectors.

626. The Act imposes upon the Department of Health the duty of inspection on behalf of all local authorities who do not appoint a Sanitary Inspector. The result of this legislation is that a duty of ill-defined magnitude devolves upon the Department, and some of the departmental Inspectors serve wide and broken districts.

627. Further complications arise from the fact that one or more local authorities of a group which contributes towards the salary and expenses of the Inspector employed by the Department may decide to appoint their own Inspector. **Definite economy would result from the co-ordination of the inspection services of local authorities and the Department, and we recommend that the law be amended to enable the Department to group the smaller local authorities and appoint Health Inspectors, whose salaries and expenses should be recovered in full from such local authorities.** It would also be necessary to ensure that where such arrangements have been made no contributing local authority could withdraw and appoint its own Sanitary Inspector without the approval of the Department and the other contributing local authorities. Continuity of agreement is essential to the satisfactory working of such a scheme.

628. There are fifty Inspectors in all in the employ of the Department, thirty-nine of whom are engaged in inspections under section 25 of the Health Act, 1920; but the Department does not recover the whole of their salaries and expenses from the local authorities. In addition, there is a Supervising Inspector in each of the four main centres. The Department also has three specialist Food and Drug Inspectors, two Inspectors of Maori Hygiene, and two Port Inspectors.

629. The Supervising Inspectors in the four centres are apparently required in order to ensure uniformity of practice, **but the salaries of these officers should be recovered from the respective local authorities, as in our opinion there is no good reason why the general taxpayer should be required to meet the cost of purely local services.**

630. So far as can be ascertained, those local authorities which appoint their own Inspectors have well over one hundred Inspectors throughout the Dominion. **From the evidence we have obtained, it seems obvious that a considerable saving could be effected both to local authorities and to the Consolidated Fund by the co-ordination of the duties as between these authorities and the Health Department.**

631. A greater degree of co-ordination between local authorities and the Department, and a revision of charges at present made to local authorities for the services of Inspectors employed by the Department, should lead to substantial savings, estimated at from £3,000 to £5,000 per annum.

#### *Bacteriological Laboratory Services.*

632. These services which for many years have been the function of the Department were extended between 1919 and 1922, and the number of technicians was then increased from four to fifteen. A portion of the work was later transferred to the control of Hospital Boards, and the Departmental staff has now been reduced to seven. The Department undertakes the examination of bacteriological specimens in the interest of public health, but we suggest that this responsibility should be borne by the Hospital Boards. **We recommend that, except as regards the manufacture of calf-lymph, which should be undertaken by only one laboratory, the responsibility for providing a bacteriological laboratory service should be imposed upon Hospital Boards and that statutory provision should be made accordingly.** The transfer of the laboratory technicians to the staffs of the Hospital Boards at Invercargill, Dunedin, Gisborne, and Whangarei would be involved.

633. The Department also contributes to the cost of Hospital Boards' laboratories in certain cases, **and we see no reason why this special assistance should be given.** The general subsidy for maintenance purposes provided by the State should amply recompense Hospital Boards for special bacteriological work done for the State.

Saving in respect of salaries of technicians, £2,500.