

REPORTS OF DIVISIONAL DIRECTORS

DIVISION OF PUBLIC HYGIENE

HYGIENE AND SANITATION

It is not possible to report any material improvements in the field of general sanitation. If anything, there has been some regression in this respect. A lowering of general standards of hygiene is particularly evident in relation to housing, eating-houses and food premises generally, and hairdressers' premises.

There has been a great increase in the installation of swimming-baths in schools, and with the personnel at present available the necessary supervision is lacking.

QUARANTINE

An amendment to the Quarantine Regulations has been gazetted providing for the effective spraying of aircraft arriving from overseas, to prevent the introduction of live mosquitoes. Special officers have continued to carry out mosquito surveys in the Wellington and Auckland districts. Large numbers of larvæ and adult insects have been collected and sent to the Cawthron Institute for identification. The elimination of potential breeding-grounds in the neighbourhood of ports and aerodromes is also receiving attention.

New Zealand is one of the signatories to the International Sanitary Convention and the International Sanitary Convention for Aerial Navigation as recently amended. This is of considerable importance in view of the great expansion in air transport services that will develop in the future.

SALE OF FOOD AND DRUGS ACT

Considerable progress has been made in consolidating the regulations under the Sale of Food and Drugs Act. This work is now well advanced and the new regulations will be ready for gazetting during the present year. During the year an amending regulation was enacted requiring that metal saucepans should be free from poisonous metals and other poisonous substances, and should be stamped or embossed with the name of the maker. This was done primarily to prevent the manufacture of saucepans from scrap aluminium containing lead, copper, zinc, and other impurities.

DANGEROUS DRUGS AND POISONS

Two medical practitioners and a nurse were prosecuted for offences under the Dangerous Drugs Act.

The adequate inspection of pharmacists' records has suffered in certain districts owing to staff shortages.

DIVISION OF HOSPITALS

FIVE-YEAR PLAN

At the instance of the Commissioner of Works, Hospital Boards were asked to indicate their building proposals for the next five years. A rough estimate of the cost of the proposals submitted is £13,000,000. New Zealand already has, so far as is known, more hospital beds per 1,000 of population than any other country. In view of the housing shortage, it is questionable if more than a fraction of this proposed programme of building will be accomplished.

BUILDING-MATERIALS

Two years or more ago, Hospitals Boards were urged to build in light structure wherever possible, owing to the critical shortage of reinforcing-steel. The shortage of satisfactory timber is now such that Boards are urged to build in permanent materials wherever possible.

HOSPITAL BEDS PER 1,000 OF POPULATION

The following table is taken from the figures supplied by Hospital Boards and published in successive Appendices to the Department's annual reports.

The totals are those of public and private hospital and chronic beds, including maternity, tuberculosis, and infectious-diseases beds, but excluding beds in mental hospitals and excluding beds in private or religious charitable homes, of which the Department has no record.

	1936-37.	1937-38.	1938-39.	1939-40.	1940-41.	1941-42.	1942-43.	1943-44.
Number of beds in public hospitals ..	8,876	9,085	9,234	9,816	11,182	11,617	12,118	12,497
Number of beds in charitable institutions under Hospital Boards	1,914	1,907	1,918	1,797	1,102	1,063	977	933
Number of beds in private hospitals ..	2,538	2,633	2,643	2,765	2,875	2,820	2,983	2,842
Daily average occupied beds in temporary hospitals	410	341
Total public, private, and chronic beds	13,328	13,625	13,795	14,378	15,159	15,500	16,488	16,613
Number per 1,000 of population ..	8.4	8.5	8.6	8.8	9.3	9.5	10.1	10.2

NUMBER OF BEDS PER 1,000 OF POPULATION WHICH SHOULD BE PROVIDED

It is impossible to lay down a definite figure, as each district is a problem of its own. Among the factors which influence the demand for beds are the habits of the population in seeking to enter hospitals for various types of illness, the availability of medical practitioners, and their habits in sending patients to hospital or retaining them for home treatment.

Housing facilities, the availability of domestic and private nursing or district nursing assistance, and an efficient out-patient department are important factors. Dangerous industries and scattered populations and the prevalence of certain diseases are important, while the efficiency and attitude of the hospital medical staffs are not the least important factor.