1914. NEW ZEALAND.

PUBLIC HEALTH

AND

HOSPITALS AND CHARITABLE AID:

REPORT THEREON BY THE INSPECTOR-GENERAL OF HOSPITALS AND CHARITABLE INSTITUTIONS AND CHIEF HEALTH OFFICER.

Presented in pursuance of Section 76 of the Hospitals and Charitable Institutions, Act, 1909.

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REPORT.

The Inspector-General of Hospitals and Chief Health Officer to the Hon. the Minister of PUBLIC HEALTH, HOSPITALS, AND CHARITABLE AID.

Department of Public Health, Hospitals, and Charitable Aid,

SIR. Wellington, 3rd September, 1914.

I have the honour, in the absence of Dr. Valintine, Inspector-General and Chief Health Officer, to lay before you the annual report of the Department for the year ending 31st March, 1914.

PUBLIC HEALTH.

The past year has been a somewhat eventful one in the history of the Department, owing to the epidemic of smallpox which broke out amongst the Maoris north of Auckland in May, 1913, and which extended to Marsden, Kaipara, Auckland, Bay of Plenty, Thames, and Waikato. Further particulars of the epidemic will be found in the appendices to the report of the District Health Officer, Auckland. It is satisfactory to note that no case of the disease has been notified since the 5th April, 1914. As

a continuing precaution three specially appointed Medical Officers have been engaged in patrolling and vaccinating in the lately infected districts, and will continue to do so during the ensuing winter.

Smallpox excepted, the general health of the Dominion has been good. The general death-rate is 9.47, as against 8.87 last year. The infantile-mortality rate for New Zealand was 59 deaths per 1,000 births, an increase upon that of the two previous years. The following table shows the rates of infantile mortality in New Zealand and four chief centres each year 1903-1913.

Number of Deaths per 1,000 Births.

	Year.	New Zealand.	Auckland and Suburban Boroughs.	Wellington and Suburban Boroughs.	Christchurch and Suburban Boroughs.	Dunedin and Suburban Boroughs.
1903	•••	 81.08	121.48	92.76	100.52	62.30
1904		 70.98	70.12	95.33	102.96	93.02
1905		 67.52	91.52	9 6·2 1	88.99	67.13
1906		 $62 \cdot 10$	85 ·80	71.88	74.37	72.60
1907		 88.78	97.19	117.80	126.16	95.36
1908		 67.88	81.87	81.67	67.82	74.54
1909		 61.60	61.85	$84 \cdot 21$	62.78	48.52
1910		 67.73	79.02	84.59	69-40	79.08
1911		 • 56·31	63.02	73.36	62.90	43.42
1912		 51.22	56.95	61.32	60.03	38-11
1913		 59.17	80.81	60.23	63.49	73.42

Further particulars with regard to the vital statistics of the Dominion are attached, through the courtesy of the Government Statistician, as an appendix to this report.

The following table shows the death-rates for the more prevalent infectious diseases per 10,000 of the population:-

-		Proportion of 10,000 of Mea							
				1909.	1910.	1911.	1912.	1913.	
Enteric				0.57	0.62	0.66	0.44	0.56	
Scarlet fever				0.27	0.13	0.09	0.07	0.10	
Diphtheria				0.66	0.76	0.61	0.44	0.57	
Phthisis				6.05	5.54	5.28	5.04	5.41	
Other forms of tu	berculosis			2.18	1.82	1.99	1.85	2.19	

The interest of the Hospital Boards and public regarding the care of sufferers from tubercular diseases, especially phthisis, and the precautionary measures against the spreading of such diseases augur well for a still more successful outcome being demonstrable in the future for the campaign that has been so well initiated generally throughout the Dominion.

The King George V Coronation Memorial Hospital for Consumptives, forming an important addition to the Sanatorium of the North Canterbury Hospital Board, was opened by the Minister of the Department in June last. The campaign has been rigorously carried on in the Canterbury District under the able direction of Dr. Blackmore, assisted by Miss Rochfort, late Matron of the Te Waikato Sanatorium, who has been entrusted with much of the work of the Christchurch Tuberculosis Dispensary.

A report by the Medical Superintendent of Te Waikato Sanatorium (Dr. Alfred Bernstein) will

be found on page 13.

SALE OF FOOD AND DRUGS ACT.

A very considerable amount of work has been involved in the administration of the regulations under the above Act, gazetted in 1912. On the whole it may be said that manufacturers and sellers have shown readiness to conform thereto. It is, as yet, too early to say what amendments may be required to render these regulations still more effective. So far, however, there has been little or no adverse criticism. In the matter of the adulteration of milk by the addition of water, prosecutions have been frequent; nevertheless the continuation of interference with this most important of food-stuffs appears to demand still more stringent measures. It is hoped that the more recent infliction of severe penalties for such adulterations will have a salutary effect.

HOSPITALS AND CHARITABLE AID.

Receipts.

The total amount received by Boards, separate institutions, and Government institutions for the past year on account of hospitals, charitable aid, and public health was £660,464, an increase of £76,791 over the previous year, the receipts for the past four years being—

	•	•	-	•		0	£
1910-11							494,985
1911–12	• •	• •		• • •			556,108
1912–13							583,673
1913–14		• •			• • •		660,464
							000,101
The receipts from the			f revenue	were as	follows :-	-	
Government contri	ibutions—	•					
1910-11							167,941
191 1–12							. 189,011
191 2 –13							200,256
1913–14							219,520
Tamias an local and							
Levies on local aut		-					101 504
1910-11	• •	• •	• •	• •	• •	• •	131,524
1911-12				• •	• •	• •	149,203
1912–13			• •	• •	• •		166,281
1913–14		• •			• •.		175,120
Voluntary contribu	itions						
1910–11							35,433
1911–1 2							31,656
1912–13							25,930
1913–14		• •		• •			49,856
					• •	•	,
Payments by perso	ons relieve	ed					
1910–11	• •						61,983
1911–12				• •			64,138
1912-13	••						77,369
1913–14 `							84.026

Voluntary contributions, though fluctuating considerably, show, in relation to the total expenditure, a downward tendency. Last year, however, the amount was swelled substantially by the gift of £15,000 from Mr. Cawthron, of Nelson.

Payments by persons relieved last year exhibit an increase of £6,657 over those for the previous year, payments by hospital patients almost wholly accounting for the increase.

	Year.			Payments by Hospital Patients.	Payments by Inmates of Charitable Institutions.	Total.*
				£	£	£
1910–11	• •		•	42,714	14,028	56,742
1911-12				47,338	16,698	64,138
191 2-13				56 , 25 5	20,888	77,369
19 13–14		• •		62 , 680	20.987	84,026

^{*} Includes also district nursing fees.

Expenditure.

The total expenditure of Hospital and Charitable Aid Boards was £549,830, and compares in detail with that of 1912-13 as follows:—

					1912-13.	1913~14.
					£	£
Hospital maintenan	ce*				 22 8,337	249,911
Charitable aid		.			 90,687	94,735
Public health					 7,803	11,867
Administration				• •	 22,210	21,323
Capital expenditure		• •			 100,822	140,840
Other expenditure			• •		 19,928	31,153
					0.1.00	05.10.000
					£469 787	£549_830

^{*} Includes expenditure on pathological, dental, and tuberculosis out-patients departments.

The total expenditure by	sepai	ate instit	utions wa	as,—		1912-13.	1913-14.
						£	£
Hospital maintenanc	\mathbf{e}					2,801	3,181
Charitable aid						6,784	8,315
Administration						590	951
Capital expenditure						2,527	1,637
Other expenditure	• •	• •				. 1,548	1,452
					_	£14,249	£15,536

The expenditure on Government institutions (Te Waikato Sanatorium and St. Helens Hospitals) was,—

1912-13. 1913-14.

				1912-13. £	1913–14. £
Maintenance	 		 	10,979	12,176
Administration	 		 	524	445
Capital expenditure	 • •		 	4,813	1,051
Other expenditure	 • •	• •	 	93	657
				£16.407	£14.329

There was also expended by the Department on other means of medical and nursing assistance a sum of £5,241, made up of—

The total expenditure by Hospital and Charitable Aid Boards, separate institutions, and the Department in the relief of the sick and needy was therefore £584,936; and this is apart from the expenditure of private charitable organizations.

Hospital Expenditure.

The total expenditure on account of hospitals for the last four years was as follows:--

Year.		Maintenance.	Administration.	Capital.	Miscellaneous.	Total.	
			£	£	£	£	£
1909-10		1	187,922	10,406	59,213	4,699	262,241
1910-11			199,573	11,586	70,814	5,830	287,803
1911-12			225,796	13,255	84,798	5,663	329,513
1912-13		•]	240,527	12,644	98,051	3,598	354,818
1913-14		·	262,007	13,948	130,343	4,856	411,454

Hospital Maintenance Expenditure.

The gross cost of hospital "maintenance"—for Boards, Government, and separate institutions—was last year £262,007, as against £240,527 the previous year:—

			Patients und	ler Treatment d	Average Number under Daily Treatment.			
	Year.		General Hospitals.	Special Hospitals.	Total.	General Hospitals.	Special Hospitals.	Total.
1909–10			21,108	1,420	20,695	1,709	138	1,847
1910-11			23,584	1,607	25,191	1,839	186	2,025
1911-12			24,681	1,879	26,560	1,900	178	2,078
1912–13			26,979	1,789	28,768	2,131	200	2,231
1913-14			28,885	1,761	30,646	2,234	234	2,468

General Hospitals.—The expenditure on maintenance on general hospitals was £232,024, and this is equivalent to £105·1 per annum per occupied bed, against £100·3 for 1912–13. The average annual cost of maintenance per occupied bed for the last four years is set out below:—

Y еаг.		Provisions.	Surgery and Dispensary.	Domestic and Establishment.	Salaries and Wages.	Total Maintenance.	
1910–11		••	£ 22.8	£ 8∙7	£ 26.7	£ 38·8	£ 97:0
1911-12	• • • • • • • • • • • • • • • • • • • •	• • •	24.2	10.3	29.5	42.3	106.3
191 2-13			23.8	9.9	26.3	40.2	100.3
1913–14			24 ·9	9.8	27.4	43.0	10 5 ·1

Charitable-aid Expenditure.

As compared with last year there is an increase of £5,581 in charitable-aid expenditure, the figures for the last four years being as follows:—

	Y	ear.	•	!	Indoor Relief.	Outdoor Relief.	Total.
					£	£	£
1910-11				\	62,848	33,051	95,899
1911-12					64,651	34,171	98,822
1912-13					66,378	31,092	97,470
1913-14					68,510	34,541	103,051

A Comparison of Hospital and Charitable-aid Expenditure for the past Ten Years.

	 Year.		Hospital and Charitable-aid Expenditure.	Mean Population.	Cost per Head o Population.	
				£		s. d.
19 04-5	 			259,616	85 1,964	6 1
1905-6	 			270,710	877,469	6
1906-7	 			288,808	901,920	$6 ext{ } 4\frac{1}{2}$
1907-8	 			315,197	925,727	6 10
1908-9	 			359,941	945,063	7 71
1909-10	 			375,075	977,906	78
1910-11	 			416,384	997,974	8 4 1
1911-12	 			482,645	1,019,984	$9 \ 5\frac{1}{5}$
1912–13	 			500,443	1,046,624	9 6 4
1913-14	 			579,695	1,075,787	$10 ext{ } 9\frac{1}{4}$

In the above the figures for the last four years include infectious-diseases hospitals and consumptive sanatoria under Boards' control, also public health, subsidies to medical associations, and district nurses. In every year separate institutions have been included.

The number of persons availing themselves of treatment in the general hospitals for the last ten years was as follows:—

Year.	 Total Number of Persons Population under Treatment.		Proportion under Treatment per 1,000 of Population.	Average Number of Occupied Beds per Diem.	Proportion per 1,000 of Population
1904–5	 15,278	851,964	17.9	1,290	1.51
1905–6	 16,216	877,469	18.5	1,354	1.54
1906–7	 17,521	901,920	19.4	1,505	1.67
1907-8	 19,160	925,727	20.7	1,511	1.66
1908–9	 18,653	945,063	20.8	1,566	1.66
1909–10	 21,108	977,906	21.6	1,709	1.75
1910–11	 23,584	997,974	23.6	1,839	1.81
1911-12	 24,681	1,019,984	$24\cdot 1$	1,900	1.83
1912–13	 26,979	1,046,624	25.8	2,131	2.04
1913–14	 28,885	1,075,787	2 6·8	2,234	2.08

Y	ear.	 Number of General Hospitals.	Number of Beds.	Proportion of Beds per 1,000 of Population.
1904–5		 47	2,048	2.40
19 05 –6		 52	2,186	2.49
1906–7		 53	2,331	2.58
19078		 53	2,347	2.54
1 908 –9		 53	2,502	2.65
1909–10		 . 56	2,689	2.75
1910–11		 57	2,863	2.87
1911–12		 60	3,057	3.00
1912–1 3		 63	3,176	3.03
1913-14		 63	3,292	3.06

Capital expend	iture on ge	eneral ho	spitals is	as follow	78:		£
1904	5 Š		·				 28,640
1905-	6			• • • •			 20,379
1906-	7						 31,508
1907-	8						 39,499
1908-	9 ;						 55,837
1909	1 Ö						 52,341
1910-	11						 62,237
1911-	12					• •	 70,331
1912-	13						 87,042
1913–	14						 113,353

General.

- 1. Hospital and charitable-aid expenditure has increased in the ten years ending 31st March, 1914, from 6s. 1d. per head of population to 10s. 9\frac{1}{4}d.
- 2. But 26.8 per 1,000 of the population availed themselves of hospital treatment in 1913-14, as against 17.9 in 1904-5.
- 3. And the average number of occupied beds per diem rose from 1,290 to 2,234, or from 1.51 to 2.08 per 1,000 of the population.
- 4. The resulting capital expenditure necessitated thereby has provided 3,292 beds, as against 2,048, or 3.06 per 1,000 of the population, as against 2.40 in 1904-5.
 - 5. Capital expenditure was £28,640 in 1904-5 and £113,353 in 1913-14.
- 6. In addition to the necessity for providing additional wards, many of the old wooden hospitals have had to be rebuilt.
 - 7. The cost per occupied bed in the general hospitals during the last five years has been,-

				a.		u.
1909-10	 • •	 	 	100	7	0
1910-11	 	 	 	96	19	0
1911-12	 	 	 	106	6	0
1912-13	 	 	 	100	6	0
1913-14	 	 	 	105	2	0

8. Patients' payments have averaged, per occupied bed,—

1909–10	 	••	••	 	21 10	1
1910-11	 			 	20 17	8
1911–12	 			 	$21 \ 12$	0
1912–13	 			 	22 8	0
1913–14	 			 	23 10	0

Jos. P. Frengley, M.D., F.R.C.S.I., D.P.H., Acting Inspector-General and Chief Health Officer.

THE NURSES REGISTRATION ACT, MIDWIVES ACT, AND PART III OF THE HOSPITALS AND CHARITABLE INSTITUTIONS ACT (PRIVATE HOSPITALS).

REPORT BY MISS H. MACLEAN, ASSISTANT INSPECTOR.

THE NURSES REGISTRATION ACT.

During the year two examinations under the Act have been held by the State in nine different centres. There were 175 candidates, of whom 155 passed, and their names were placed on the register.

Advisable as it would be to hold the oral and practical examinations in a limited number of centres, preferably only the four chief towns, it is not practicable to do so. The long distances and length of time and expense of travelling to these centres prohibit it. Moreover, unlike students for other professions, probationer nurses are engaged in carrying on the

H.—31.

nursing-work of their respective hospitals while preparing for examination, and it would be a very serious disorganization of hospital duties were a number of senior pupils absent together for several days. On this account it has been arranged, when possible, to make a centre for examination at a district hospital wherever there are nie or more candidates from that hospital. The chief difficulty in so arranging has been to find examiners who are not too intimately associated with the hospital and its staff to be quite unbiased in awarding marks at oral and practical examinations.

It has been suggested by an examiner that the marks awarded for practical work during the whole term of training, together with the personal report of the Matron responsible for the training of the candidates, should be taken into consideration in the registration of nurses. While this could be well done in awarding hospital certificates, I do not consider it would be just to the young women sitting for the State examination to subject them to possible rejection on these reports, in which there would inevitably be lack of uniformity owing to the varying personality and standards of so many different Matrons. One with a very high standard might refuse to give a good report to a girl who was perhaps mediocre, but still above the one who would be recommended by a Matron with a lower standard or more lenient temperament.

It is during the term of training that those who are unsuitable for the high profession of nursing should be weeded out, but when allowed to go through the full term, nothing but the final tests should be taken into consideration. The manner in which to obtain some guarantee that the nurses registered by the State will be the right stamp of women, is for the Hospital Boards to realize the great power which is in their hands, and to make careful and judicious selection of the women they put in charge of their training-schools. Having done this they should invest the Matron with sufficient responsibility, and allow her to select to the best of her judgment the material she is to train, and allow her also to reject the material which on trial she finds unsuitable.

There appears to be a sufficient number of young women coming forward in the larger schools to train as nurses, but some hospital authorities have found it advisable to reduce the age for entrance from twenty-three to twenty-one or twenty years of age. This is a wise step. It is not so much the age as the personality, development, and circumstances which count. Many suitable applicants are lost because the time between completing education and entering a hospital is so long that the girl, perhaps obliged to achieve independence, drifts into some other occupation.

Some remarks on the point made by a Matron at a conference of the New Zealand Trained

Nurses Association are worthy of record :-

"First, I should like to ask, when should a girl begin her nursing training? To answer this one naturally asks, when does a girl usually begin to train for her life's work? We will be surprised to find that for every other profession she begins her training at school, while in her early teens. Does she intend to follow medicine, she selects her subjects for that career when studying for her matriculation, probably at the age of fourteen years. Should law be the object of her ambition, or an arts degree be her goal, the same early period of her youth makes the selection of her subjects, always bearing in mind that the subjects for each examination are all preliminaries to the highest position she can attain to in that special profession. Why should the girl who early decides that nursing is to be her chosen vocation not be educated on these lines, and in the subjects which can and will be of most use to her in that profession? We now know that physiology, anatomy, hygiene, and cooking are to form big factors in modern teaching for the successful home life of the wives and mothers of the future, so also is the domestic-science course; therefore I claim that we should be prepared to select for the girls who intend to be nurses those subjects most necessary for the successful fulfilment of their ambition. Girls may marry and become mothers at eighteen years old, and yet we debar them from entering at that age upon a profession which, next to motherhood, is recognized as the highest ideal for women. A girl may enter for a medical course, go through the hospitals, and be a fully qualified medical practitioner at the age of twenty-one years. She is then permitted by law to prescribe for any ailment and treat any case, however critical, but she is debarred by an unwritten law from learning to nurse such a case until after she is twenty-one years old."

There has not during this year been the former shortage of trained nurses for the staffs of the various hospitals. The output of the training-schools has been largely increased, and, as many of the registered nurses have agreed to remain after registration for a fourth year in their training-schools, there has not been the urgent call for outside nurses. The hospitals which exact this agreement from their probationers are now offering some special advantages for the nurses in this fourth year. The Auckland Hospital has an excellent scheme to give post-graduate courses in hospital management, dispensing, midwifery, massage, and electrical treatment. The Danedin Hospital has a similar scheme, and others are considering the same.

The question of a uniform rate of salaries for hospital staffs has been much debated. The Department was requested to draw up such a scale and to circularize all Hospital Boards. The matter presents great difficulties owing to the varying conditions of the hospitals, and it is indeed quite impossible to attain any great degree of uniformity. Nurses frequently take into account the desirability of hospital positions from quite other than monetary conditions. Eventually a scale was drawn up and sent to the Boards for consideration. For responsible positions it is the view of the Department that the payment should be on a higher basis than now prevails, in order to induce well-qualified women to remain in the Public Service.

now prevails, in order to induce well-qualified women to remain in the Public Service.

The nurses admitted during the year to the register from outside numbered 35, from the Australian States 7, and from Great Britain and Ireland 28. Very few foreign nurses find their way to New Zealand, and the few who do are usually not eligible for registration owing

to a short term of training.

H.—31.

Maori Nurses.

There were four Maori candidates for examination during the year. Two passed very well, two others passed in all but one subject, and are sitting again with a fair prospect of success next June. There are now eight girls training in different hospitals. Four have been appointed to the Public Service as assistant Native Health nurses, one of whom married shortly after. One who has done good work nursing typhoid and smallpox for nearly three years has now gone to St. Helens Hospital for midwifery training, after which she will probably be put in charge of a district. More Native nurses are required for country work, and it is hoped that the example of these mentioned may stimulate them to go through their training, and may also encourage the teachers to persevere in their rather uphill work. It is perhaps expecting a good deal to make these Maori girls pass the same examinations as the European nurses, but so far all who have been registered have done so and taken very fair places among their fellow-trainees, and therefore it would be inadvisable to accept any lower standard. The qualities the Maori girls are lacking in are not intelligence and adaptability, but application and reliability.

District Nurses.

Hospital Boards are beginning to recognize the benefit of posting nurses on the outskirts of the districts, and the settlers in the back country are awaking to the fact that if they cannot support a doctor a nurse may be by no means a bad substitute. During the year five new districts have been opened up, and there have been many inquiries as to steps to be taken to secure a nurse. There are now twelve district nurses working in the backblocks and country places. In a few instances these nurses are midwifery nurses only, it being difficult to secure the right type of woman with both certificates. After all, it is the women in the backblocks that are most in need of assistance, therefore a midwifery nurse with experience in general nursing has sometimes been accepted.

The Christchurch District Nursing Association, which for many years has done splendid work under Nurse Maude, has been extended to embrace the suburbs as well as the city, and is receiving a Government subsidy through the North Canterbury Hospital Board. It is intended to extend the work of the association to the country parts of the district also when

the settlers make any application for such assistance.

In the course of a few years it is probable the whole country will be linked up with a chain of nurses, working either as district nurses established by Hospital Boards, on the application of the settlers, who contribute a sum of money for their maintenance, which is subsidized by the Government; as Plunket nurses, also subsidized by the Government, who are in the more populated places, and who, although engaged in special work, yet should always be available for any emergency outside the regular scope of their duties; or Native Health nurses, who are Government servants placed at the disposal of the Hospital Boards. and who, although appointed specially for the benefit of the Natives, and paid out of the vote for the medical and nursing treatment of Maoris, yet are available for the need of European

Nurses are commencing to recognize that the work of district nursing in the backblocks is one of the most useful and satisfying means of carrying on their profession. In it they have more scope for individuality and initiative than in institutions (except in the higher posts) or ordinary private nursing.

The district nurses in the country are now made public vaccinators, their services as vac-

cinators at the time of the smallpox epidemic having proved of great value.

A cottage has been built for the nurse at Uruti, which will render her much more comfortable, the question of suitable accommodation being always a difficult one. A cottage is to be built at Waiutu by the Inangahua Hospital Board, and when ready a nurse is to be settled there. At Opunake, Kawhia, and Ohaeawai there are district nurses paid or subsidized by the Boards. At Tangitu and at Herekino midwifery nurses are stationed.

Native Health Nurses.

During the year, there have been nurses stationed at five new districts. Nurse Anderson resigned early in the year, to the regret of the Department. Nurse Stephenson, who had done good work for the Department as a temporary nurse in fever camps, was appointed for the Rotorua district. At Tuparoa Nurse McElligott resigned on account of her marriage. Nurse Walker has been appointed to the same district, but has made her headquarters at Tikitiki, near Port Awanui. At Te Araroa there has also been a change, as Nurses Tait and Angus resigned and left the country. Nurse Winfield, for many years a Queen's Jubilee nurse in Ireland, took up the position. At Thames Nurse Dawson resigned after a year's work. It was decided to send Nurse Ellen Thame, a Maori nurse, to this station. The nurse stationed at Te Karaka, Nurse Cormack, has been much required at Tolaga Bay, where there was an outbreak of typhoid, there being twelve cases, fortunately no deaths. Some of the cases were nursed in the houses, but this was a cause of so much anxiety on account of the relations interfering with the diet that the last five patients were nursed in the meeting-house. Nurse Cormack keeps two horses of her own otherwise she would find it impossible to manage her large district keeps two horses of her own, otherwise she would find it impossible to manage her large district. A nurse has now been stationed in the Taranaki district, with headquarters at Opunake. Nurse Mary Muir, trained at New Plymouth, was appointed. A nurse has been stationed in the Taumarunui district at the special request of the settlers. Nurse Moore, trained at Wellington Hospital, was appointed. Nurse Ella Cooke, trained at Auckland, has been stationed at Ngaruawahia, in the Waikato district. In the Bay of Islands district Nurse Byrn, trained at Gisborne Hospital, was stationed at Kawakawa. Nurse Blackie was transferred from the South Island to the Bay of Plenty, where there was an outbreak of enteric near Whakatane. Her

headquarters are at Tauranga. Nurse Mataira, who was in this district, was given six months' leave of absence to undergo her midwifery training at St. Helens, Auckland.

A great deal of the work of the Native Health nurses, besides many other nurses temporarily engaged, was during the last year in nursing of smallpox cases in the camp hospitals, in enforcing quarantine in the affected districts, and vaccinating the Natives.

As it is recognized that the work of these nurses in preventing the spread of infection, and by constant example and teaching, leading the Natives to live in a sanitary condition, is having a direct effect in reducing the need for hospital treatment, the Hospital Boards should feel it their duty to do more than some are at present doing to make the conditions of life confortable for the nurses. Everywhere a nurse is stationed she should be provided with comfortable quarters, other than a room in a hotel or boardinghouse, so that she can have some of the comforts of home, and also so that the Natives may freely come to see and consult her. She should also be provided with the means of getting about, and with means of communication. The Department provides a telephone, which is of great service.

Plunket Nurses.

Several new branches have been formed since the last report. There are now twenty-seven nurses at work, the new districts being Westport, Taihape, Hawera, Gisborne, Dannevirke, and Nelson.

One nurse in a country district writes that great difficulty in keeping in touch with the mothers who have sought advice for the babies is the very busy lives they lead. In the dairyfarming districts, beside doing housework and looking after the children, they have to milk night and morning. They are up at 4 a.m. and late to bed, working so hard that the milk-supply fails. The baby has to be weaned, for the mother must go to the milking-sheds, and can nurse but irregularly. So it is put on patent foods, with abundance of fresh milk at hand.

A printed form of report has been issued by the Department, and from those so far received

a great deal of diversity in the amount of work in the various districts is apparent.

The Department is of opinion that in these smaller country towns, where the time of these nurses is not fully occupied, the nurses might undertake a certain amount of district nursingwork; but this extension of the sphere of the Plunket nurses' duties is not in accordance with the ideas of the several committees of the Society for the Health of Women and Children, which is to be regretted.

Tuberculosis Dispensary Nurses.

The work of tuberculosis nursing as a special branch has not so far been taken up by very many young women. At the North Canterbury Sanatorium a special course of training is being given, and trained nurses and others encouraged to take up the work of nursing consumptives as a speciality.

For the Te Waikato Sanatorium it is hoped to have a permanent staff, and four nurses trained in tuberculosis nursing are being sent from Home. The probationers will be instructed in the theory and practice of tuberculosis nursing, and in time, if they remain long enough,

will be promoted to charge positions.

The dispensary established under the North Canterbury Hospital Board in Christchurch has now two nurses, the Sister in charge and an assistant, who manage the dispensary, visit'the patients in their homes, advise them as to their living-conditions, and generally help them to attain favourable conditions. They also look out for incipient cases among the contacts with the patients they visit, and so bring them also under treatment. The patients are instructed how to prevent the spread of infection, and in cases when the patient leaves the house the Health authorities are informed so that proper disinfection can be carried out.

This is a branch of work which in the future will probably appeal to many more nurses than at present, and will be on a par with other special nursing-work, such as midwifery and

massage.

New Zealand Army Nursing Reserve.

Steps are being taken to form a reserve of nurses attached to the Defence Department, and to be called upon for duty when required. The head of the nursing division of the Public Health Department has been appointed Matron-in-Chief. The four Matrons of the chief hospitals are to be Matrons of districts in Wellington, Auckland, Canterbury, Otago, and to enroll a number of Sisters and nurses. Regulations have been drawn up, and it is expected that shortly the corps will be complete.

MASSAGE.

A Bill has been prepared for the registration of masseurs, which it is hoped to bring down during the session. The curriculum of training was drawn up by the Council of the University of Otago, in conjunction with the Inspector-General. The course is not to be a University one, with the exception of the necessary instruction in anatomy and physiology, in which for masseurs a more thorough knowledge is needed than for nursing in general. The practical work is to be carried out at the various larger hospitals and the Rotorua Sanatorium. An examination both theoretical and practical is to be arranged by the Department, and successful candidates registered on the same basis as nurses and midwives. Provision is made for registration of masseurs trained outside New Zealand, and also for those who have been in practice for some years before the Act comes into force. The first course has already started, and when the Bill becomes law there will be a number of trained masseurs and masseuses ready for registration.

PRIVATE HOSPITALS.

There have been 58 new private hospitals licensed during the year; 21 have changed hands. There are now 249 private hospitals, 51 for medical and surgical cases, 138 for maternity cases, and 60 for both classes. It is not considered desirable to issue licenses for medical, surgical, and maternity patients in one house. They cannot be sufficiently separate and apart from the risk to a lying-in woman of being in proximity to certain surgical cases. There is also for women expecting confinement a need of the privacy that cannot be obtained in a small hospital with no separate department.

In country places, however, it is not expedient to restrict a private hospital to one class of case, as with the small fees charged in the country a nurse would not make a living. The practice of taking enteric cases under the heading of medical cases in a hospital not licensed for fever cases (there are none licensed for injectious cases) is not approved, though in view of the lack of accommodation at times in public hospitals in towns such as Gisborne, where for several years there has been each summer an epidemic of enteric, it has been allowed. With the erection of the new public hospital, with its fine wards, this will be no longer necessary. In the ordinary private

hospital it is scarcely possible to take satisfactorily the necessary precautions against infection.

Several times it has been necessary to take action against persons committing a breach of the Hospital Act in regard to private hospitals. Where no ill intention but ignorance has caused this only a warning has been given, and many persons have been so warned.

Legal proceedings were taken against one woman who persistently carried on an unlicensed hospital. The licenses of two midwives were cancelled, they being suspected of carrying on illegal practices.

THE MIDWIVES ACT.

During the last year were held two examinations of midwives, trained in the State Maternity Hospitals, the Medical School Maternity Hospital, the Linwood Refuge, the Alexandra Home, and the Townley Maternity Hospital. Sixty-two candidates came up for examination and 59

passed, and are now registered as midwives.

There are no changes to report in this branch of nurse-training. So far none of the country hospitals with maternity wards attached have been able to turn out pupils, though every encouragement is given them to do so. While private tuition by medical practitioners and private midwives is not allowed as qualification for examination, the teaching of a trained midwife in a hospital with even a small number of midwifery beds, where she can make good use of the cases and personally instruct her pupils, is, in conjunction with lectures and practical teaching from a doctor, considered sufficient. It is hoped, now that many Hospital Boards have either erected maternity wards or are contemplating doing so, that it may be possible to add considerably to the trained midwives each year. It must be clearly understood, however, that in a hospital with both general and midwifery cases the midwifery training must be either a post-graduate course of six months or a twelve-months course alone. It cannot be run con-

currently with the general training, as is done in some English and American hospitals.

The regulations under the Midwives Act have been amended. The 2s. renewal of license-topractise fee, for non-payment of which no penalty was imposed, has been abandoned, and annual notification by practising midwives only has been made compulsory, with the penalty of removal from the register for neglect for two years in succession. The large number of mid-wives holding Government or hospital positions are absolved from the obligation, their occupation and whereabouts being known, while the object of notification is simply in order to keep

in touch with the registered midwives.

Thirty-two midwives from Home and from the Commonwealth have been registered. number of trained midwives on the 31st March was 595, while 683 untrained still remain on the register in Class B, or those registered when the Act was passed. There has been one prosecution under the Act. Women have been warned for committing a breach of the Act. A woman untrained but registered when the Act was first passed was removed from the register for taking into her house and attending a case while under suspension by the District Health Officer after attending a septic case.

STATE MATERNITY HOSPITALS. St. Helens Hospital, Wellington.

During the year 212 cases were confined, 204 children born alive and 4 still-births. were 3 maternal deaths, 3 deaths of infants. The causes are given in the adjoined table. were 113 outside cases, 49 for private doctors. No deaths of mothers, but one of those reported

as inside was brought in after delivery to the isolation ward.

The outside work of the hospitals has increased. There have been 6 fewer indoor cases and 25 more outdoor cases than last year. With regard to the former, the number greatly increased during the last half of the year. Many of the outdoor cases have engaged their own doctors and arranged to have a St. Helens Hospital nurse to carry on the nursing treatment, and find the great advantage of receiving this treatment for the ten days following confinement at a

very small fee.

The work of the Hospital has gone on very satisfactorily under Dr. Bennett, Miss Inglis, and Miss Vida Maclean as Sub-Matron. The larger number of maternal deaths is accounted

for in the report of the Medical Officer as I placenta prævia, I sepsis, I insanity.

Fifteen pupils have been trained, and 15 are now in training.

Note by Medical Officer. — The satisfactory statistics as regards albuminuria cases is undoubtedly largely due to increased accommodation, enabling patients to be taken into hospital for a few days during pregnancy. A mild epidemic of pemphigus gave a good deal of trouble during the year, coincident with several cases of par. onychia among the nurses. Three pupils had to be sent away for a time—one of these had entered upon her training with the trouble.— AGNES L. BENNETT, M.D.

St. Helens Hospital, Dunedin.

During the year from the 1st April, 1913, to the 31st March, 1914, 163 cases were confined, and 158 children were born alive. There were 6 still-births. There was 1 maternal death and 5 deaths of infants. In their own homes 59 patients were attended, and 59 children born There were no maternal deaths and no infantile deaths.

The Matron, Miss Holford, was on sick-leave for nine months, which she spent in England. Miss Gow, the Sub-Matron, managed the hospital excellently in her absence, with the assistance

of Nurse Ingram.

A Nurses' Home is very urgently required, the old cottage now occupied by some of the pupils being too small, inconvenient, and in bad need of repair. It is hoped to build quarters for the nursing staff during the year.

Eleven pupils have been trained, and 9 are now in training.

Note by Medical Officer.—Among the infants there were 12 premature, varying from six months and a quarter to eight months; in addition there were 6 born at eight months and a half, these scarcely coming under the term "premature." Two of the premature ones were stillborn from ante-partum hæmorrhage, 4 died, 2 of them being born at six months and a quarter, and 2 at seven months. The other 6 premature children lived and throve. One child born at full term had congenital atresia of the intestines, was operated on at the general hospital on the fifth day, but died. Two of those still-born had died beforehand, no movement having been felt for three days. Labour was therefore induced by pituitrin.—EMILY W. SIEDEBERG, M.B., Ch.B.

St. Helens Hospital, Auckland.

During the year from the 1st April, 1913, to the 31st March, 1914, 176 cases were confined and 175 children were born alive. There were two still-births. There were no maternal deaths and no deaths of infants. In their own homes 241 patients were attended, and 241 children were born alive. There were no maternal or infantile deaths.

There is no doubt the Hospital suffered for a time from the inquiry which terminated, with so little to justify its being held, early in 1913, the uncertainty and publicity preventing many women from booking to enter as they otherwise would have done. The old patients continued faithful to the Hospital, and either engaged nurses or entered as in-patients as

The matter of a new building has not far advanced. Many sites have been offered and inspected, but it has finally been decided to acquire, if possible at a reasonable price, the next section, on which is a small house now rented for the nursing staff. The present Hospital would be used as a Nurses' Home and administration offices, and new wards would be crected. It is hoped to proceed with this during the year.

Fourteen pupils have been trained, and 12 are now in training

Dr. Inglis and Miss Ludwig continue in charge, with Miss Broadley as Sub-Matron.

Note by Medical Officer.—This year has been a successful but uneventful one. The Matron and Sub-Matron have worked conscientiously and well. The number of in-patients was reduced during the early months, due probably to the attacks made on the Hospital before the inquiry. Fourteen nurses were trained during the year, and of these two failed to qualify. Failures are mostly due to an insufficient primary education, and it would greatly help if a Fifth Standard certificate or proofs of a satisfactory education were required to qualify trainees for admission. Hyocin and morphia were used in 16 primipara, with good results; pituitary extract in 12 selected cases, also with good results. The want of proper equipment for sterilized water, the want of a sitting-room for convalescent patients and a larger nursery are great handicaps to good and satisfactory work. The staff are hoping that the new hospital will soon be commenced. The present site has proved very satisfactory, and if the adjacent allotment could be purchased ample room for building would be secured. There have been several venereal cases treated during the year, and in a crowded and inconvenient building it is extremely difficult to treat them with safety.—Tracey Inglis, M.B., Ch.B.

St. Helens Hospital, Christchurch.

During the year from the 1st April, 1913, to the 31st March, 1914, 252 cases were confined and 243 children were born alive. There were 10 still-births. There was 1 maternal death and 3 deaths of infants. In their own homes 82 patients were attended and 80 children born There were no maternal deaths and no infantile deaths.

The work of the Hospital has proceeded as usual. The need of a new building is much felt, and at times the accommodation is overtaxed. The lack of proper means of isolation is also a source of anxiety. It has now been decided to proceed with the erection of the new building at the site purchased some time ago at Addington, and an additional piece of land has been acquired which will render it possible to improve the plan prepared before, and for which tenders were called. The plan is now in course of alteration in accordance with the larger area of the site. While a little farther out of town than the present place, the new site will be in the midst of a large number of working-people, and of easy access by tram and train from the people who have used the Hospital so far.

Dr. Irving and Miss Cameron are still in charge, with Miss Newman as Sub-Matron. Eleven

pupils have been trained, and 11 are now in training.

Note by Medical Officer.—An uneventful year. The only thing worthy of remark is the large number of patients admitted with albuminuria—over 18 per cent. Only 1 out of 45 cases caused any anxiety.—Wm. IRVING, M.D. (Cantab.).

Statistical Report of St. Helens Hospital from 1st April, 1913 to 31st March, 1914, by the Physicians and Lecturers at St. Helens Hospitals.

	No.	Remarks.		No.	Remarks.
Total deliveries $\left\{egin{matrix} \mathbf{In} \\ \mathbf{Out} \end{matrix}\right.$	803 495	Total, 1,298.	Hæmorrhage— Accidental	4	
Sex \dots M .	681)	Total, 1,311.	Unavoidable	6	2 marginal placenta
Twins	630 (10	And 1 set triplets.			prævia; 2 central adherent placen- ta; albuminuria placenta prævia; Graves' disease;
Presentations—					heart-disease;
L.O.A	732				phthisis; trau-
R.O.A	24 8				matic.
R.O.P	152		Post partum	24	
L.O.P	69		Secondary	^	
Breech	35		i i		
Footling	2		Operations—		i
Transverse	1		Induction	6	An eighth month for
Face	4		1		contracted pelvis,
Brow	1.				at full time, ditto; 2 for death of feetus for con- tracted pelvis;
Compound-			:		placenta prævia.
Head and hand	3		Version	2	I
Unknown, outdoor	66		Forceps	93	
Prolapse of cord	2		Manual removal of	29	
Hydramnios	21		placenta		

La	cerated Pe	rinæum.	Primip.	Multip.	Instrum	
First degree			 	62	55	27
Second degree	• •	• •	 	82	1	7
Third degree			 	1		
Other lacerations			 	12		

COMPLICATIONS.

	No.	Alb. pres. on Dis- charge.	Alb. abs. on Dis- charge.	Accompanying Complications.
Albuminuria before labour	110	24	84	Causes—phthisis, acute gonorrhœa, chronic nephritis, ascites, chronic cardiac trouble post-partum hæmorrhage, placenta prævia.
With toxic symptoms	12	4	5	The few cases of toxic symptoms are largely due to systematic examination of urine and treat ment if necessary. One case, which showed acute toxæmia of pregnancy, was treated or and off for three months before confinement which was normal, and recovery without complication. Another case had marked
			I	ædema and eyesight affected, but after one fit made good recovery.
Eclampsia	2	1 emerge home	ency case on fourte	admitted after labour; I had four fits, and wendenth day; urine free from albumen.

	Central.	Marg. with Hæm.	Without Hæm.	 ;
Placenta prævia	2	4		No cases in Auckland; 2 of the maternal deaths were due to placenta prævia.

MORBIDITY LIST. (With Day of Occurrences of Temperature.)

Temp. for at least	No.				D	ays	١.				Covers			
Two Consecutive Days.	Total	lst.	3rd.	4th.	5th.	6tb.	7tb.	oth oth	10th &	over.	Causes.			
100 to 100·8	18	4	3 4	6			• • •			2	1	died of pelvic and lung tuberculosis; 3 phthisis; 3 sapræmia; 1 syphilis; 1 gonorrhæa.		
100·8 to 102	12	2	4 1	1	1	1	• .	• • •			3	influenza; 2 chronic cystitis; several enlarged breasts; 2 offensive lochia; 1 bronchitis; 2 albuminuria.		
102 to 103 Over 103	9 8	3	3	3						.		puerperal insanity (died). confined outside, admitted to isolation as septic. infection due to ill treatment by husband, died; 1 acute gonorrhœa.		

MORTALITY.

	No.	Remarks.
Maternal	5	1 advanced phthisis; 2 placenta prævia; 1 sepsis; 1 puerperal insanity (had been insane before).
Infantile	12	7 prematurity; 1 congenital cardiac disease; 1 stenosis of colon and rectum; 1 exomphalos; 1 hæmorrhage from mouth and rectum; 1 premature twins.
Still-births, full term	12	1 anencephalus; 2 accidental hæmorrhage; 1 pressure of cord over shoulder in large child.
Premature	13	3 triplets; 2 twins; 2 owing to ante-partum hæmorrhage; 1 placenta prævia;
Macerated	11	1 macerated; 2 probably syphilitic.

INABILITY TO NURSE.

		No.	Remarks.
Complete	••	26	2 mental; 2 inverted nipples; one very stout with no breast tissue; one acute rheumatism and debility; 2 phthisis; 15 albuminuria; several general debility and anæmia; mastitis; Graves' disease and cedema of the breast.
Partial		114	1 mental; 1 sepsis; others debilitated and anæmia women with insufficient milk, requiring to be supplemented. It is noteworthy that a large number of these women were Dunedin patients. In Auckland, out of 176 patients, there were only 5 completely unable to nurse and 6 partially. In Christchurch, out of 252 cases, only 5 with complete inability and 36 partially. In Wellington 6 out of 212 with complete inability and 14 with; while in Dunedin 10 out of 163 patients could not nurse at all, and 58 were partially unable.

OTHER MATERNITY HOSPITALS.

Salvation Army Maternity Home, Wellington.

Visited 13th May. The Home has been moved to a building in Kensington Street, which Visited 13th May. The Home has been moved to a building in Kensington Street, which has been added to in accordance with the advice of the Department, and is now a very suitable place—spacious, bright, and well ventilated. There is accommodation for 26 girls. There were 23 in at the time of my visit, and 11 babies. One mother still in bed in the hospital ward. The children, with the exception of one, all seemed very well. They were all outside on a balcony. The Home has been very well furnished with up-to-date labour and hospital beds made in the Dominion; the walls papered with sanitary paper. The quarters for the officers, which were very uncomfortable in the old Home, are now all that can be desired.

Salvation Army Home, Auckland.

Visited 30th January, 1914. The new Home, the plans for which were submitted to the Department, is a very great improvement, and the work should be carried on in a much more satisfactory way than was possible before. There were 16 girls and 12 babies in. Everything was in excellent order.

13 H.—31.

Salvation Army Maternity Home, Christchurch.

Visited 8th April. There were 22 girls in, and 10 babies.

The place was, as usual, beautifully clean, but the dormitories overcrowded. The girls all looked well, and the babies well cared for and healthy.

Salvation Army Maternity Home, Dunedin.

Visited 3rd April, 1914. The new Home, now in occupation about eight months, is a great improvement on the old one. The Home stands in a large garden, and in a fine sunny position.

There were 14 girls and 9 babies, and 2 older children; 2 girls in the maternity ward, with their babies. There is a tendency to put too many beds in the dormitories.

St. Mary's, Otahuhu.

Visited 29th January, 1914. There were 34 girls in; 14 of these in the Maternity Hospital. There were 22 babies in the Hospital and 26 children in the Children's Hospital, where a Karitane Children's nurse is now in charge under the superintendence of the trained nurse.

Everything was in good order, and the children well and happy.

Linwood Refuge, Christchurch.

(See institutions under North Canterbury Hospital Board.)

Medical School Maternity Hospital.

(See institutions under Otago Hospital and Charitable Aid Board.)

Alexandra Home, Wellington.

Visited 21st July, 1914. There were 17 girls in, and 10 babies. This institution has been made much more use of by married women than hitherto. There were 50 confinements during last year, of whom 20 were married women. There were also 30 outdoor cases, this branch of the work being established of recent years.

The place was in good order, but more accommodation for the lying-in patients is needed.

H. MACLEAN, Assistant Inspector.

TE WAIKATO SANATORIUM.

Medical Superintendent: Alfred Bernstein, M.B., B.S., Lond.

Consulting Medical Officer: E. E. Roberts, M.B., M.S.

Matron: E. Nixon.

Localities, broadly, from which Patients came.

Auckland, 51; Bay of Islands, 4; Becks, 1; Bull's, 1; Cambridge, 3; Eltham, 1; Fiji, 1; Gisborne, 7; Great Barrier, 1; Greymouth, 1; Hamilton, 6; Hawera, 3; Hunterville, 1; Hokitika, 1; Kaiwaka, 1; Matamata, 3; Morrinsville, 4; Masterton, 1; Marton, 2; Niue, 1; Napier, 6; Pukekohe, 2; Palmerston North, 6; Paeroa, 1; Rangiora, 1; Rotorua, 2; Timaru, 1; Thames, 3; Taumarunui, 1; Wanganui, 9; Waipiro Bay, 4; Wellington, 8; Woodville, 1; Whangarei, 2: total, 141.

In addition to the data supplied in the tables of the appendices the Medical Superintendent reports:—

The site for the Sanatorium is eminently suited for the treatment of consumption. The buildings are all excellent, but badly in need of repair, and much painting is required, though some has been done in the last three months.

It is to be regretted that many cases are sent here at an advanced stage when there is no hope of arrest. These patients require more the comforts that can be obtained in a good town hospital if they are destitute, and if not they should be treated at home, for sooner or later they desire to go back to their friends, often when they reach such a stage that it is dangerous to let them travel. It is remarkable how fear of infection exists among the public, even so far as to be afraid of an institution in their neighbourhood. If the patient is too poor to have a separate room in his house, then it is quite cheap to provide him with a little wooden shelter in his garden or yard. He can easily be instructed in the disposal of his sputum by a district nurse, and the risk of infection to his family and the public is nil, and it seems cruel to deprive the poor dying consumptive of his relatives' company in his last days. Again, patients are often persuaded while in the early stages not to go to a sanatorium. It seems also that some are kept security is given to the patient if his sputum gives a negative report, and much valuable time is lost. I would strongly suggest that even suspected cases be sent to the sanatorium, where they can be under observation till a definite diagnosis is made; and it would be greatly to the advantage of the country if pleurisy were generally regarded as tuberculosis, as it nearly always is, and these cases do remarkably well with sanatorium treatment. Many early cases also refuse to come to a sanatorium for fear of mixing with other cases. Patients cannot be sent to the Dominion. There is no doubt that this is a dangerous remedy in the hands of those who have not had special training.

The treatment I have adopted here is that which has been so successful in the past ten years at the Brompton Consumption Hospital and the Brompton Sanatorium—namely, that of graduated rest and exercise together with regular hours, regular meals, and healthy ventilated sleeping-quarters. I do not regard tuberculin as a specific, and use it only if indicated in certain selected cases which have been under observation for some time, and then only as an aid to the ordinary sanatorium treatment and not in place of it. The patients on graduated rest and exercise are much happier, and especially if put on useful work and they steadily see the improvement in themselves. The institution would be more satisfactory with a larger number of patients, for they are generally more content if there is a number on the same grade of exercise. The patients then appreciate the improvement in others, which greatly encourages them. With a larger number of patients the staff would not require to be increased, and the cost per head would be decreased accordingly.

I have given the patients regular lectures, after which they write excellent essays. I find that if they understand something of the nature of their illness they are more content to remain in the Sanatorium, especially as they generally feel quite well and often otherwise do not know why they are detained. Often the patient thinks he can treat himself, not appreciating the careful watch that is kept on him. Many (greatly to their harm) will thus leave before the

disease is arrested.

Patients are kept in bed so long as there are signs and symptoms of activity. If rest in bed alone does not reduce the activity, then absolute rest is tried—that is, the patient is treated much as a case of typhoid fever, in that he is kept in the recumbent posture and fed and washed and attended to absolutely, but is at the same time given a very liberal diet. I do not isolate the patient, as I find they do better if left in the ward with a few others and hear conversation around them. Gradually the patient is allowed to sit up, and later to get up, for an increasing number of hours daily, but not allowed to walk. Later he is put on gradually increasing walks at fixed times with definite times of rest between, the rest to be taken lying on his bed; then the patient is put on higher and higher grades of work, starting from light weeding and working up to the hardest navvy work, if possible, with rest-times. Daily records are kept of pulse, respiration, and quantity of sputum, &c., and the weight is regularly taken. The food is plain and wholesome, and chiefly meat, milk, eggs, butter, and vegetables, and is not given too frequently, and there is no attempt at overfeeding. A healthy appetite is encouraged. The intelligent patient who understands more or less what is being done looks forward to his weekly or fortnightly increase in grade of work. The patient's resistance to the disease is thus steadily raised. I was greatly surprised to find that the majority of patients had no hope of ever being fit for work, and many were surprised at their gradual and steady improvement and in their ability to work harder and harder. A patient is particularly instructed as to suspicious symptoms of a relapse, and is strongly recommended to seek immediate advice. A short return to the Sanatorium may then be invaluable. Quite a number of sanatorium cases have returned to work, but I regret very much that many of the best patients do not stay long enough. They feel so well and fit, and do not appreciate what another month or two

As there are so many advanced cases sent here it would be much more convenient to treat these in centralized wards rather than in scattered shelters, and it is an advantage to keep them more or less apart from sanatorium cases proper. I have used the main building for this purpose, but the accommodation is not sufficient for all, the rest being treated in the shelters.

I have been struck with the large number of patients who have laryngeal affection. In the

treatment of this I find absolute silence is of the greatest value.

I have considered it important to allow no communication of any kind between the sexes, as I think it is detrimental to the patient's progress, and in such an institution as this intercourse is quickly abused. I have also considered it important that no distinction whatever should be made between paying and non-paying patients. All must receive the best treatment that can be given.

The majority of patients have come from a few districts, showing an excellent co-operation

and appreciation of the medical practitioners of those places.

It is very desirable that properly trained sanatorium nurses only should be used, and not a staff consisting of nurses who come for a few months and who do not stay long enough to learn the special work. A more or less permanent nursing staff is of prime importance. One of the uses of a sanatorium should be the training of nurses in this work, and these institutions should also serve the purpose of training medical students in their final year.

The farm has greatly improved during the past year; much new land has been opened and worked, but much more should be opened up in the immediate future. The fowls have also done well, showing a good result for the year. The garden has provided a good supply and

variety of vegetables. An orchard is greatly needed.

Finally, it will always be a great benefit to the institution that Dr. Roberts, who has been so long associated with the sanatorium, will remain as honorary physician. His assistance has been very great.

ALFRED BERNSTEIN, M.B., B.S.,
Medical Superintendent.

APPENDICES.

APPENDIX I.—PUBLIC HEALTH.

GENERAL STATISTICS FOR THE YEAR 1913.

A. VITAL STATISTICS.

GENERAL.

For the following statistics relating to births, death-rates, infant mortality, and causes of death the Department is indebted to the Government Statistician. They relate to the year 1913.

BIRTHS.

The number of births registered during 1913 was 27,935, or 26·14 in every 1,000 persons living. The number is 427 more than that for the year 1912, an increase of 1·55 per cent., but the rate is lower by 0·34 per thousand. The births registered in the year numbered 19,846 in 1884, and, after falling to 17,876 in 1892, have risen to the number first stated above.

The number of male children born during 1913 was 14,433, and of female children 13,502.

The following table shows the number registered, the birth-rate calculated on the total population, and comparison with the average rate for 1882-86 taken as 100. Indications of a gradual increase are apparent, the improvement since 1899 being 4.06 per cent. on the rate per 1,000 in that year.

Births. Number and Rate.

		Birt	h-rate.			Birtl	Birth-rate.		
Year.	Total Number of Births registered.	Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100.	Year.	Total Number of Births registered.	Per 1,000 of Population.	Compared with Rate in 1882–86 taken as 100		
1882–86	19,410	35.40	100	1900	19,546	25.60	72		
				1901	20,491	26.34	74		
1887	19,135	32.09	91	1902	20,655	25.89	73		
1888	18,902	31.22	88	1903	21,829	26.61	75		
1889	18,457	30.07	85	1904	22,766	26.94	76		
1890	18,278	$29 \cdot 44$	83	1905	23,682	$27 \cdot 22$	77		
1891	18,273	29.01	82	1906	24,252	27.08	76		
1892	17,876	27.83	79	1907	25,094	$27 \cdot 30$	7.7		
1893	18,187	27.50	78	1908	25,940	$27 \cdot 45$	77		
1894	18,528	27.28	77	1909	26,524	27.29	77		
1895	18,546	26.78	76	1910	25,984	$26 \cdot 17$	74		
1896	18,612	26.33	74	1911	26,354	25.97	73		
1897	18,737	25.96	73	1912	27.508	26.48	75		
1898	18,955	25.74	73	1913	27,935	26.14	74		
1899	18,835	$25 \cdot 12$	71						

The average number of children to a marriage may be ascertained by comparing the number of legitimate births for a series of years with the marriages, but commencing with the marriages in the year preceding that for which the first number of births is taken. Calculating in this way the figures for the twenty-year period 1893–1912 show a decline from 4 37 to 2.98 as follows:—

$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Year.				Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1892		 4	• • • •	4,002	•••	, 0
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1893		 • • •	•••	4,115	17,514	4.37
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1894		 		4,178	17,824	4.33
$\begin{array}{cccccccccccccccccccccccccccccccccccc$			 • • •	• • •	4,110	17,711	4.24
1898 5,091 18,154 3.68 1899 5,461 18,066 3.54 1900 5,860 18,640 3.41 1901 6,095 19,554 3.34 1902 6,394 19,734 3.23	1896	• • •	 	•••		17,778	\cdot 4.32
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1897	• • •	 		4,928	17,911	3.70
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	189 8		 • • •	• • •	5,091	18,154	3.6 8
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	1899		 		5,461	18,066	3.54
$1902 \dots \dots \dots 6,394 19,734 3\cdot23$	1900		 		5,860	18,640	3.41
	1901	•••	 		6,095	19,554	3.34
$1903 \qquad \dots \qquad \dots \qquad \dots \qquad 6,748 \qquad 20,835 \qquad 3.26$	1902	•••	 		6,394		3.23
	1903	•••			6,748	20,835	3.26

Year.				Marriages.	Legitimate Births.	Proportion of Births to every Marriage solemnized in the Preceding Year.
1904				 6,983	21 , 737	3.22
1905				 7,200	22,600	3.24
1906				 7,592	23,120	3.21
1907				 8,192	23,937	3.15
1908				 8,339	24,835	3.03
1909				 8,094	25,301	3.03
19 10	• • •			 8,236	24,822	3.07
1911		• • • •		 8,825	25,276	3.07
1912	• • •			 9,149	26,331	2.98
1913	•••		• • •	 •••	26,754	2.81

New Zealand had in 1880 the highest birth-rate in Australasia (40.78); in 1900 the case was reversed; but in 1913 the New Zealand rate was higher than only that of Victoria.

The movement over ten years is calculated as under :-

Birth-rates per 1.000 of Population.

Country.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912	1913.
Queensland New South Wales Victoria South Australia Western Australia Tasmania New Zealand	26·99 26·85 24·74 25·29 30 67 28·92 26·94	25·76 26·85 24·96 24·36 30·74 28·50 27·22	30·66 28·94	24·86 30·18 28·63		27·29 27·40 25·01 25·74 28·87 28·91 27·29	24·51 26·38 27·99 29·25	27·65 28·75 24·84 26·89 28·21 28·57 25·97	26 39 28·65 28·83 30·53	28·86 25·82 29·08 29·36 30·03

Sexes of Children born.

The figures show that during each year there has been a preponderance of births of male children. It would appear, however, that this excess of male births is not sufficient to compensate for the heavier mortality which occurs among that sex. Of the total population of New Zealand in 1871 there were 70.52 females to every 100 males, but at the census of 1911 the proportion of the females to 100 males had risen to 89.59.

	V			Number o	Proportion of Births of Males	
	Year.			Males.	Females.	to every 100 Females.
1893	••	• •		9,310	8,877	104.9
1894				9,472	9,056	104.6
1895				9,493	9,053	104.9
1896				9,511	9,101	104.5
1897				9,600	9,137	105.1
1898			••	9,615	9,340	102.9
1899			• •	9,724	9,111	106.7
1900		,6 •		10,107	9,439	107-1
1901			• •	10,471	10,020	104.5
1902				10,653	10,002	106.5
1903				11,217	10,612	105.7
1904			-	11,762	11,004	106.9
1905			!	12,109	11,573	104.6
1906				12,397	11,855	104.6
1907				12,835	12,259	104.7
1908			••	13,369	12,571	106.3
1909				13,502	13,022	103.7
1910			!	13,442	12,542	$107 \cdot 2$
1911				13,532	12,822	105.5
1912				13,996	13,512	103.6
1913	• •			14,433	13,502	106.9

Plural Births.

There were 314 cases of twin births (628 children) and 1 case of triplets registered in 1913. The number of children born was 27,935; the number of mothers was 27,619: thus, on an average, one mother in every 87 gave birth to twins, against 82 in 1912, 86 in 1911, 89 in 1910, and 99 in 1909

The proportion of plural births per 1,000 of all births during the past five years was,-

Year.			All Births.	Cases of Twins.	Cases of Triplets.	Plural Births per 1,000 of all Births.
1909		 	 26,524	265	1	10.03
1910	 	 	 25,984	288	2	11.16
1911	 	 	 26,354	300	2	11.46
1912	 	 	 27,508	329	3	12.07
1913	 	 	 27,935	314	1	11.28

Illegitimacy.

The births of 1,181 children were illegitimate: thus 42 in every 1,000 children were born out of wedlock, against 43 in 1912, and 41 in 1911.

Proportion of Illegitimate Births in every 100 Births.

Year.	Queensland.	New South Wales.	Victoria.	South Australia.	Western Australia.	Tasmania.	New Zealand.
1903	6.79	6.71	5.73	4.16	4.70	5.61	4.55
1904	6.90	$7 \cdot 12$	5.74	4.02	4.36	5.82	4.52
1905	6.97	7.37	5.61	4.35	4.19	5.52	4.57
1906	7.68	7.04	5.58	4.00	4.78	5.78	4.67
1907	7.68	6.9	5.62	4.09	3.86	5.78	4.61
1908	7.54	6.80	5 ·76	4.47	4.35	5.24	4.26
1909	7.05	6.44	5.92	4.22	3.95	5.45	4.61
1910	6.39	6.28	5.59	4.38	4.13	5.33	4.47
1911	6.22	6.14	5.96	4.21	4.47	5.33	4 09
1912	6.14	5.64	5.72	4.71	4.39	4.78	4.28

These figures show the proportion of illegitimate births to every 100 births for New Zealand to be fairly steady during the period 1903-10; but the rates for 1911 and 1912 are below the average.

Births and Birth-rates in the Four Chief Cities and their Suburbs.

A little explanation is necessary in regard to the birth-rate of the four chief centres for 1913, as compared with previous years. Up to and including 1912 all births occurring in the four centres were treated as belonging to the centres. Owing chiefly to the fact that many women living in country districts go to the cities to enter public or private maternity homes, it was found that the birth-rates for the centres were usually well above the rate for the whole Dominion. For 1913 information as to the domicile of parents was obtained, and the births allocated accordingly, the result being that many births which in former years would have been included in the municipalized areas were excluded, the rates being reduced accordingly. No proper comparison is therefore possible as between 1913 and previous years, the apparent decrease in 1913 being due not to any falling-off in numbers, but to the alteration in system.

The total number of births registered as belonging to the four chief centres and their suburban boroughs in 1913 was 7,341, as against 8,084 occurring in the municipalized areas for the previous year. The birth-rates for last year were,-

	•	B	Sirth rates per 1,000 of Mean Population.
Auckland City			23.23
,,	and eight suburban boroughs		25.93
Wellington City			24.88
,,	and four suburban boroughs		24.67
Christchurch City	· · · · · · · · · · · · · · · · · ·		23.56
,,	and four suburban boroughs		24.31
Dunedin City			21.61
,,	and five suburban boroughs		22.53

By the inclusion of the suburbs the rate is lowered in the case of Wellington, but raised for the other three centres. Excluding the suburbs, it will be observed that Wellington has the highest rate, Christchurch next highest, Auckland and Dunedin following. The birth-rate for the Dominion last vear was 26·14 per thousand, so that each of the four centres is below the average.

The rates for five years 1909 to 1913 are given below. As stated above, however, no proper

comparison can be made between 1913 and previous years.

		~ ~~~~	-Births per	1,000 of Po	pulation	
		1909.	1910.	1911.	1912.	1913.
Auckland (without s	suburbs)	29.73	27.75	30.03	29.66	25.93
Wellington "		26.62	24.13	26.67	27.49	24.67
Christchurch "	•••	28.55	$27 \cdot 10$	28.45	28.29	$24 \cdot 31$
Dunedin "	•••	28.34	27.22	29.45	27.13	22.53
3_H. 31.						

MARRIAGES.

The marriages for 1913 show a decrease on the number for the previous year. The number was 8,813, or 336 less than in 1912. The rate per 1,000 of the population was 8.25, as against 8.81 in 1912. It is shown by the table following that there has been considerable increase in the marriage-rate, which has been above the standard during each of the last eighteen years:—

Marriages, Number and Rate.

	:	Marri	age-rate.			· Marriage-rate.		
Year.	Total Number of Marriages registered.	Per 1,000 of Compared with Rate in 1882–86 taken as 100.		Year.	Total Number of Marriages registered.	Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100,	
1882-86	3,663	6.68	100	1900	5,860	7.67	115	
				1901	6,095	7.83	117	
1887	3,563	5.97	89	1902	6,934	8.01	120	
1888	3,617	5.97	89	1903	6,748	8.23	123	
1889	3,632	5.93	89	1904	6.983	8.26	124	
1890	3,797	6.12	92	1905	7,200	8.28	124	
1891	3,805	6.04	90	1906	7,592	8.48	127	
1892	4.002	6.23	93	1907	8,192	8.91	133	
1893	4,115	6.22	93	1908	8,339	8.82	132	
1894	4,178	6.15	. 92	1909	8,094	8.33	125	
1895	4,110	5.94	89	1910	8,236	8.30	124	
1896	4,843	6.85	103	1911	8,825	8.70	130	
1897	4,928	6.83	102	1912	9,149	8.81	132	
1898	5,091	6.91	103	1913	8,813	8.25	124	
1899	5,461	7.28	109		-,			

The marriage-rate, measured by the total population, does not show the true position when, as in the case of New Zealand, the age-constitution of the people fluctuates considerably. A more satisfactory standard is found in the number of persons of marriageable age, defined as meaning the unmarried and widowed of males aged 20 years and upwards and of females aged 15 years and upwards. The rates are given for six census years:—

	Proportion of Unmarried per 1,000 of Total. Year of Census.		Proportion of Marriages per 1,000 of the						
Yea	r of Ce	nsus.	Males.	Females.	Marriageable Men.	Marriageable Women.	Marriageable Persons,	Total Population,	
1886			• 235.0	238.2	47.32	54.56	25.36	5.99	
891			238.2	268.5	47.78	47.97	23.94	6.04	
896			258.8	308.9	50.14	47.00	24.26	6.85	
901			275.5	331.8	54 ·11	49.78	25.93	7.83	
906			291.3	328.2	54.36	54.93	27.72	8.48	
911			286.5	314.9	57.60	58·38	28.99	8.70	

The total number of marriages solemnized does not include marriages where both parties are of the aboriginal Native race, such persons being exempted from the necessity of complying with the provisions of the Marriage Act, although at liberty to take advantage thereof. Thirty-four marriages in which both parties were Maoris were contracted in 1913 in terms of the Act.

Ages of Persons Married.

Of the persons married in 1913, 159 bridegrooms and 1,394 brides were under 21 years of age. Of the bridegrooms, two were between 16 and 17, and one between 17 and 18, and eleven between 18 and 19. Of the brides, seven were between 15 and 16, and forty between 16 and 17 years of age. The proportion of men married is greatest at the ages of 25 to 30, and of women at from 21 to 25 years.

DEATHS.

The deaths in 1913 numbered 10,119, a rate of 9.47 in every 1,000 persons living, as against 8.87 in 1912.

H.--31.

The following table shows the number of deaths, and the death-rate per 1,000 of the living population; also a comparison with the average rate for 1882-86:—

		Deat	h-rate.			Deat	h-rate.
Year.	Total Number of Deaths.	Per 1,000 of Population.	Compared with Rate in 1882-86 taken as 100.	Year.	Total Number of Deaths.	Per 1,000 of Population,	Compared with Rate in 1882–86 taken as 100
1882–86	5,944*	10.84	100	1900	7,200	9.43	87
				1901	7,634	9.81	90
1887	6,137	10.29	95	1902	8,375	10.50	97
1888	5,708	9.43	87	1903	8,528	10.40	. 96
1889	5,772	9.44	87	1904	8,087	9.57	8 8
1890	5,994	9.66	89	1905	8,061	$9 \cdot 27$	86
1891	6,518	10.35	95	1906	8,339	9.31	86
1892	6,459	10.06	93	1907	10,066	10.95	101
1893	6,767	10.23	94	1908	9,043	9.57	88
1894	6,918	10.19	94	1909	8,959	$9 \cdot 22$	85
1895	6,863	9.91	91	1910	9,639	9.71	89
1896	6,432	9.10	84	1911	9,534	9.39	87
1897	6,595	9.14	84	1912	9,214	8· 8 7	. 82
1898	7,244	9.84	91	1913	10,119	9.47	87
1899	7,680	10.24	94		, ,		

^{*} Average for five years.

The death-rates of males and females for the last ten years are shown separately in the next table, and also the number of male deaths to every 100 female deaths:—

				Deaths p	Deaths per 1,000 of the Total Population.					
	Year.		Males.	Females.	Total.	to every 100 Females.				
						eli anno di serie di				
1904				10.64	8.37	9.57	143			
1905				10.18	8.24	$9 \cdot 27$	13 9			
1906				10.40	8.08	9.31	145			
1907				11.81	9.98	10.95	133			
1908				10.62	8.38	9.57	143			
1909			!	10.18	8.14	9.22	141			
1910				10.67	8.63	9.71	139			
1911			• •	10.46	8.21	9.39	142			
1912				9.83	7.79	8 ·87	140			
1913				10.46	8.38	9.47	138			

Males of tender years are more delicate than females, and, later in life, males are the more liable to accident. These disadvantages are partly compensated by the preponderance of male births, but were it not for the fact that excess of immigration over emigration gives the country many more males than females the tendency would be for the female population to exceed the male.

than females the tendency would be for the female population to exceed the male.

For the purpose of considering the mortality in New Zealand more closely than can be done by means of crude death-rates, it is desirable to ascertain the rates at different age-periods of the population.

Death-rates per 1,000 living at Various Age-periods.

		Ages in Y	ears.		Average 1904–8.	1909.	1910.	1911.	1912.	1913.	Decrease per Cent. in 1913 compared with 1904-8.
Unde	r 5			••	20.95	18.77	19.48	16.67	14.39	16.74	20.10
_	id und	er 10		• •	1.83	1.96	1.85	1.89	1.62	1.48	19.13
10	,,	15			1.71	1.35	1.21	1.48	1.33	1.38	19 ·3 0
15	,,	20			2.56	$2 \cdot 23$	2.06	$2 \cdot 19$	2.11	2.18	14 ·8 4
20	,,	25			3 ·55	3.08	2.82	2.95	2.77	2.83	20.28
25	,,	35			4.24	4.43	4.54	4.09	3.48	3.92	7.5 5
35	,,	4 5			5.77	6.71	6.06	5.64	5.76	6.27	+8.67
45	,,	55			10.04	9.73	9.54	9.82	9.13	10.25	+2.09
55	,,	65			20.14	17.97	19.53	19.54	1 8 -96	19.82	1.59
65	,,	75			45 ·01	42.62	45.60	47.76	46.09	44.39	1.38
	d úpw	ards			122.00	125.91	$162 \cdot 03$	126.53	130.02	136.00	+11.48
All ag			••	••	9.73	9.22	9-71	9.39	8-87	9.47	2.67

Besides advantages of climate, New Zealand possesses a population younger in age-constitution than that of most other countries—conditions favourable to a low rate of mortality. Another table is given comparing death-rates at twelve age-periods for 1909 with those of England and Wales. Here the extremely low rate of mortality among children under five years of age is remarkable, and the difference at some of the groups at the more advanced ages is considerable. The New Zealand rate for males is higher than that for females at all groups excepting 15–20, 20–25, and 25–30; while for England and Wales the female rate is greater than that for males at 10–15 years, and is lower in every other instance.

Death-rate per 1,000 Persons living, according to Sex, for the Year 1911, compared with England and Wales.

						Deaths per 1,000) Persons living		
		Ages.		-	New Z	ealand.	England and Wales.		
				•	Males.	Females.	Males.	Females.	
Under	5 years .				18:30	14.89	47.32	40.14	
	rs and unc	der 10 yea	ars		2.04	1.73	3.46	3.37	
ا 10	,,	15	,		1.75	1.19	2.04	2.07	
5	,,	90	,,		2.05	2.32	3.04	2.72	
80	,,	95	,,		2.73	3.18	3.85	3.21	
5	,,	30	,,		$3 \cdot 29$	4.40	4.46	3.73	
0	,,	25	,		4.52	4.21	5.53	4.56	
5	,,	10	,		5.62	4.63	7.11	5.90	
0	,,	45	.,		7.33	5.27	$9 \cdot 27$	7.41	
5	,,	50	,,		8.90	7.28	12.49	9.86	
0	,,	55	,,	• • •	13·71	9.76	17.41	13.24	
5	,,	60	,,		17.01	14.94	24.56	19.09	
0	,,	es.			26·3 9	21.51	36.07	27.73	
5	"	70	,		46·1 9	31.99	52 ·09	39.47	
0	,,	75	,,		62.86	52·4 9	80.90	66.72	
5	"	80	,,		99.01	9 0·5 8	119.64	99 53	
0	,,	95	,		162.40	137.50	171.99	151.58	
	upwards	•		• •	2 8 2·01	226 ·19	270.69	232.68	
All age				• • •	10.46	8.21	15.28	13.67	

Index of Mortality in New Zealand for 1913.

Ages.	Estimated Mean Population.	Number of Deaths.	Death- rate per 1,000.	Percentage of Population of Sweden, 1890 (Standard).	Index of Mortality in New Zealand per 1,000.
Under 1 year 1 and under 20 years 20 and under 40 years 40 and under 60 years	25,827 402,634 385,234 179,885	1,653 971 1,550 1,821	$ \begin{array}{c c} 64.00 \\ 2.41 \\ 4.02 \\ 10.12 \end{array} $	2·55 39·80 26·96 19·23	1.63 0.96 1.08 1.95
60 years and upwards	75,064	10,119	54·94 	11.46	6.30

A similar calculation for the States of the Australian Commonwealth has been made for 1912. The results, when compared with the actual rates, exhibit to what degree the age-constitution of the population affects the death-rate. The figures for New Zealand are also given.

				T 001	1012.
				Index.	Actual.
New South Wales	 	•••	• • •	 13.63	10.86
Victoria	 	• • •		 14.94	12.23
Queensland	 		•••	 13.91	10.96
South Australia	 			 12.76	10.28
Western Australia	 			 14.55	11.06
Tasmania	 			 13.69	10.73
New Zealand	 			 11.27	8.87

Comparative Death-rate for the Period 1904 to 1913.

Country.	1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.	1913.
New Zealand Queensland New South Wales Victoria South Australia Western Australia Tasmania	9·57 10·06 10·67 11·97 10·46 12·04 10·79	10·40 10·18 12·17 10·45 10·98	9·31 9·50 9·95 12·55 10·71 12·12 10·91	10.63 11.86 10.30 11.47	12.71 10.26	9·22 9·70 9·89 11·45 9·82 10·27 9·68	9.71 9.71 9.89 11.49 10.21 10.11 11.10	9.82	8·87 10·96 10·86 12·23 10·28 11·06 10·73	9·47 10·39 10·89 11·11 10·82 9·34 10·87

^{*} Excluding the Northern Territory.

Comparative Death-rate for the Period 1904 to 1912—continued.

	Count	ry.		1904.	1905.	1906.	1907.	1908.	1909.	1910.	1911.	1912.
England an	d Wale	s		16.3	15.3	15.5	15.1	14.8	14·6	13.5	14.6	13.3
Scotland				17.0	16.2	16.4	16.6	16.6	15.9	15.3	15.1	15.3
Ireland				18.0	17.1	16.9	17.6	17.6	17.1	17.1	16.5	16.5
Denmark				13.9	14.9	13.5	14.1	14.6	13.3	12.9	13.4	13.0
Norway			أ	14.3	14.8	13.6	14.2	14.3	13.4	13.5	13.2	13.4
Sweden				15.3	15.6	14.4	14.6	14.9	13.7	14.0	13.8	14.2
Austria				23.8	25.1	22.6	22.7	$22 \cdot 4$	23.0	21.2	21.9	20.5
Hungary		•		24.8	27.8	24.8	25.2	24.8	25.1	23.5	24.9	23.3
Switzerland				17.5	17.6	16.6	16.4	16.2	16.1	15.1	15.8	
German En				19.5	19.8	18.2	18.0	18.0	17.1	16.2	17.3	
Netherland			•••	15.9	15.3	14.8	14.6	15.0	13.7	13.6	14.5	12.3
Belgium	• • • • •	•••		16.9	16.5	16.4	15.8	16.5	15.8	15.2	16.4	
France				19.4	19.6	19.9	20.2	18.9	19.1	17.8	19.6	17.5
Italy				21.1	21.9	20.8	20.8	22.6	21.4	19.6	21.4	18.2
Spain				25.7	25.8	26.1	24.5	23.8	24.0	23.3	23.7	21.8

Considering the range of this statement New Zealand is conspicuous as showing the lowest deathrate. The rates for the principal Australian States are a little higher, but, generally speaking, far below those for the United Kingdom or the European Continental States mentioned in the table.

Ages at Death.

The deaths occurring during 1913 are tabulated below in single years up to five years, and from thence in groups, showing males and females separately:—

		A	.ges.				Males.	Females.	Total.
T	Inder 1 month						487	343	830
	month and und	er 3 month	ıs				153	130	283
	months ,,	6 ,,					151	87	238
6	,, ,,	12 ,,					151 '	151	302
_						-			
	T	otal under	l year	• •	• •	•• ;	9 42	711	1,653
1	year and under	2 y ears					116	107	223
2	years ,,	3,,				}	57	47	104
3	· ,, · ,,	4 ,,				1	41	24	65
4	"	5 ,,					28	26	54
	T	otal under	5 years				1,184	915	2,099
5	years and unde	r 10 years				••	98	88	186
10	,,	15 ,,		• •			64	70	134
15	,,	20 ,,				٠.	106	99	205
20	,,	25 ,,					136	152	288
25	,,	30 • ,,					189	173	362
3 0	,,	35. ,,					241	201	447
35	,,	40 ,,					264	189	453
40	,,	45 ,,					218	202	420
45	,,	50 ,,					246	1 8 8	434
5 0	,,	55 ,,					271	181	452
55	,,	60 ,,					314	201	515
60	,,	65 ,,				• •	3 64	214	578
65	,,	70 ,,					430	2 95	72 5
70	,,	75 ,,					534	354	888
75	,,	80 ,,					599	305	904
80	,,	85 ,,					386	266	652
85	,,	90 ,,		• •			153	114	267
90	,,	95 ,,	• •				57	31	88
95	,,	100 ,,					5	13	18
	years	• •					1	••	1
03	,, · · · ·						1	1	2
10	,,	• •	• •		• •	••	1	••	1
	\mathbf{T}	otals					5,867	4,252	10,119

The average age at death of persons of either sex, in each of the ten years 1904-13, was as follows:----

	Males.		Females.	Males.	Females.	
1904		41.47 years	38.44 years.	1909	 42.76 vears	38.78 years.
1905		43.03 "	39·13 ້ "	1910	 44.47 "	$42 \cdot 25$,,
1906		44.39 "	39.35 "	1911	 46.17 "	42.37 "
1907		40.43 "	36·66 "	1912	 47.19 "	44.91 "
1908		42.50 "	39.14 "	1913	 46.26 "	43.04 "

Deaths and Death-rates in the Four Chief Cities and their Suburbs.

The total number of deaths registered for the four centres in 1913 was 3,062—viz., 2,364 in the cities, and 698 in the suburbs.

By including the suburbs the death-rate for last year is lowered at all of the four centres. The rates for the year are,—

				Death-rates per 1,000 of Mean Population.
Auckland City	•••	•••		11.49
"	and seven suburban boroughs			10.61
Wellington City	••• •••			9.30
"	and three suburban boroughs			9.08
Christchurch Cit			• • •	10.40
". ~.	and three suburban boroughs			10.15
Dunedin City		•••	• • •	11.98
"	and five suburban boroughs	• • •		11.03

The death-rates for the cities, including suburban boroughs, for five years are as below:-

		—Deaths p	er 1,000 of Po	pulation	
	1909.	1910.	1911.	1912.	1913.
Auckland (including suburbs)	9.30	9.73	10.93	9.73	10.61
Wellington "	9.11	8.95	10.08	9.13	9.08
Christchurch "	9.33	10.41	10.36	10.34	10.15
Dunedin "	9.95	10.24	10.43	10.43	11.03

If the number of deaths of infants under one year be excluded, the mortality among the rest of the population is found to have been for 1912 and 1913 in the following ratio to the 1,000 living:—

					1912.	1913.
Auckland (inclu	ding suburbs)		 	•••	8.04	8.74
Wellington	,		 		7.44	7.79
Christchurch	"	•••	 		8· 65	8.82
Dunedin	"		 •••		9.40	8.59

INFANTILE MORTALITY.

Subjoined is a classified statement of the deaths of infants under one year during 1913, with the ratio of the deaths in each class to the 1,000 births during the year:—

	Se	x.		Under 1 Month.	1 and under 3 Months.	3 and under 6 Months.	6 and under 12 Months.	Total under 12 Months.
		• .	N-	umber of L	eaths.			
Male Female	•••	,•		$\begin{array}{c} 487 \\ 343 \end{array}$	153 130	151 87	151 151	$942 \\ 711$
			Death	s to the 1,0	000 Births.			
Male Female	•••			$33.74 \\ 25.40$	10·60 9·63	10·46 6·45	10·46 11·18	65·26 52·66

Sixty-five out of every thousand of male children born, and fifty-three of every thousand females, are found to have died before attaining the age of one year. The mortality was thus one in fifteen of male children and one in nineteen of females in New Zealand.

It will also be seen from the figures that the chances of living during the first year of age are greater for female than for male infants. Thus during the year 1913 there were,—

100 deaths	of males	to 70	deaths of temal	les under I month of age;
100	,,	85	1,	from 1 to 3 months of age;
100	,,	58	,,	from 3 to 6 months of age;
100	,,	100	,,	from 6 to 12 months of age;
100	,,	75	,,	under 12 months of age.

Dealing with the result for ten years, the deaths of infants under one year are in the large proportion of three-fourths of the total deaths under five; as might be expected, the first year being the tenderest period. (See notes to tables.)

Deaths of Infants under One Year, and Proportion to Births.

			Des	aths of Infa	Total Births registered	Proportion of Deaths of Infants				
	Year.		Under 1 Month.	1 Month and under 3 Months.			under	in each Year, and Mean of 10 Years.	under 1 Year to try 1,000 Births	
1904	•••		669	260	356	331	1,616	22,766	70.98	
1905			714	285	290	310	1,599	23,682	67.52	
1906			717	247	244	298	1,506	24,252	$62 \cdot 10$	
1907			763	446	500	519	2,228	25,094	88.79	
1908			810	242	347	362	1,761	25,940	67.89	
1909			794	285	25 8	297	1,634	26,524	61.60	
1910			786	298	333	343	1,760	25,984	67.73	
1911			751	217	234	282	1,484	26,354	56.31	
1912	•••		827	188	192	202	1,409	27,508	51.22	
1913	• • •		830	283	238	302	1,653	27,935	$59 \cdot 17$	
Means of ten years		766	275	299	325	1,665	25,604	65.03		

Note.—The total number of deaths of infants under 1 year for the period included in the table is 16,650.

Rate of Infantile Mortality.

Country or City	<i>,</i> .	Year.	Rate of Infantile Mortality per 1,000 Births.	Birth- rate.	Country or City	Year,	Rate of Infantile Mortality per 1,000 Births.	Birth rate.	
New Zealand		1913	59	26.1	Norway		1910	67	26.1
$\mathbf{Auckland}$,,	81	25.9	Christiania		1912	107	$22 \cdot 7$
Wellington \dots		. ,,	60	24.7	Sweden		1910	75	24.7
Christchurch		, , .	63	$24 \cdot 3$	Stockholm		1912	82	21.0
Dunedin		,,	73	22.5	Finland		1911	114	$29 \cdot 1$
Australian Common	wealth	1912	72	28.7	Russia (European)		1904	232	48.5
Sydney		1913	79	28.9	St. Petersburg		1912	249	26.5
Melbourne		,,	76	$27 \cdot 2$	Moscow		,,	333	28.9
Adelaide		, ,,	78	31.9	German Empire		1911	192	28.6
Brisbane		,,	79	34.4	Berlin		1912	142	20.4
Perth		,,	84		Hamburg	•	,,	130	21.8
Hobart		,,	81	34.1	Dresden		,,	116	20.2
United Kingdom		1910	105	25.0	Breslau		••	163	26.3
England and Wales		1911	130	$24 \cdot 4$	Munich		,,	134	21.9
London		1912	91	24.5	Switzerland		1910	105	25.0
Scotland		1910	108	26.2	Spain		1907	158	33.6
Edinburgh	•	1912	113	20.9	Italy		1910	142	33 ·3
Glasgow	,	,,	124	$28 \cdot 1$	Milan		1912	102	23.4
Ireland		- 1911	94	$23 \cdot 2$	Austria		1911	207	31.4
Dublin		1912	140	27.4	Vienna		1912	149	19.1
Belfast		••	129	27.8	Prague	••	,,	139	19.9
France		1910	111	19.6	Trieste		"	184	29.7
Paris		1912	103	16.8	Hungary		1911	207	35.0
Belgium		1910	134	23.7	Budapest		1912	141	25.3
The Netherlands	• •	1911	137	27.8	Servia	• • •	1910	138	38.5
The Hague	• • •	1912	66	23.6	Bulgaria		1908	170	40.4
Amsterdam		1.712	64	23.3	Ceylon		1911	218	37.9
Rotterdam		,,	79	29.0	Japan		1909	166	34.2
Denmark		1911	106	26.8	Ontario (Canada)	• •	1911	117	21.7
Copenhagen		1912	108	24.9	Jamaica			187	39.0
ooponiagon	••	. 1012	100	= 10	Chile		"	332	38·5

The principal causes of mortality in children under one year for New Zealand are given, with the numbers of deaths for five years from such causes. Premature birth stands first in order of importance, congenital debility next, followed by diarrhœa and enteritis. Here it is seen how much mortality is attributed to these causes according to the medical certificates.

Causes of Deaths of Children under One Year. 1909-13.

G	Num	ber of D	eaths fro	m each	Cause.	Percentage of Total.				
Causes.	1909.	1910.	1911.	1912.	1913.	1909.	1910.	1911.	1912.	1913.
Whooping-cough	28	101	12	6	87	1.71	5.74	0.81	0.43	5.26
Convulsions	107	80	. 89	51	71	6.55	4.54	6.00	3.62	4.29
Bronchitis and pneumonia	168	157	161	126	157	10.28	8.92	10.85	8.94	9.50
Diarrhœa and enteritis	249	343	244	178	214	15.24	19.49	16.44	12.63	12.95
Malformations	57	58	51	117	89	3.49	3.30	3.43	8.30	5.38
Premature birth	347	407	337	398	418	21.24	23.12	22.71	28.25	25.29
Congenital debility	256	. 281	263	254	296	15.67	15.97	17.72	18.03	17.91
Other causes	479	391	378	279	321	29.31	22.22	25.47	19.80	19.42
Totals	1,634	1,760	1.484	1,409	1,653	100.00	100.00	100.00	100.00	100.00

Causes of Death.

A comparison of the causes of deaths in 1912 and 1913 arranged according to an abridged classification, the percentage of each group to the total deaths, and the proportion per 10,000 persons living is given in the following table:—

Class.	Number	of Deaths.		n to Total aths.	Proportion per 10,000 living.		
	1912.	1913.	1912.	1913.	1912.	1913.	
		1	1	· .			
	Total.	Total.	Per Cent.	Per Cent.			
I. General diseases	2,202	2,511	23.90	24 ·81	21.19	23.5 0	
II. Diseases of the nervous system and of the organs of special sense	937	1,008	10.17	9.96	9.02	9.43	
III. Diseases of the circulatory system	1,580	1,557	$17 \cdot 15$	15.39	15.21	14.57	
IV. Diseases of the respiratory system	844	949	9.16	9.38	8.13	8.88	
V. Diseases of the digestive system	718	836	7.79	8.26	6.91	7.82	
VI. Diseases of the genito-urinary system and adnexa	422	465	4.58	4.60	4.06	4.35	
VII. Puerperal condition .:	100	100	1.09	0.99	0.96	0.94	
VIII. Diseases of the skin and of the cellular tissue	42	40	0.46	0.39	0.41	0.37	
IX. Diseases of the organs of locomotion	28	25	0.30	0.25	0.27	0.23	
X. Malformations	130	97	1.41	0.96	1.25	0.91	
XI. Infancy	740	797	8.03	7.88	7.12	7.46	
XII. Old Age	706	809	7.66	7.99	6.79	7.57	
XIII. Violence	690	787	6.92	7.78	6.14	7.37	
XIV. Ill-defined causes	107	. 138	1.38	1.36	1.22	1.29	
Totals	9,214	10,119	100.00	100.00	88-68	94.69	

25 **H.—31**.

The next table shows the number of deaths from each principal cause for the five years 1909-13, and the proportion per 10,000 of the population.

		Num	ber of 1	Deaths.	·	Proportion of 10,000 of Mean Population.				
Cause.	1909.	1910.	1911.	1912.	1913.	1909.	1910.	1911.	1912.	1913.
Typhoid	55	62	67	46	60	0.57	0.62	0.66	0.44	0.56
Measles	26	1	41	15	26	0.27	0.01	0.41	0.14	0.24
Scarlet fever	26	13	9	7	11	0.27	0.13	0.09	0.07	0.10
Whooping-cough	41	148	17	10	1 2 8	0.42	1.49	0.17	0.10	1.20
Diphtheria	64	75	62	46	61	0.66	0.76	0.61	0.44	0.57
Influenza	47	141	63	65	56	0.48	1.42	0.62	0.63	0.52
Phthisis	588	550	536	524	578	6.05	5.54	5.28	5.04	5.41
Other forms of tuberculosis	212	181	202	192	234	2.18	1.82	1.99	1.85	2.19
Concer	711	742	809	812	856	7.32	7.47	7.97	7.82	8.01
Diabetes	104	123	129	147	150	1.07	1.24	1.27	1.41	1.40
Exophthalmic goitre	24	22	26	40	19	0.25	0.22	0.26	0.39	0.18
Anæmia, chlorosis	53	76	56	53	64	0.55	0.77	0.55	0.51	0.60
Simple meningitis	131	142	138	136	127	1.35	1.43	1.36	1.31	1.19
Apoplexy	145	172	141	168	173	1.49	1.73	1.39	1.62	1.62
Cerebral hæmorrhage	161	200	207	221	239	1.66	2.02	2.04	2.13	2.24
Epilepsy	44	66	54	69	54	0.45	0.67	0.53	0.66	0.51
Convulsions of children under	131	107	109	57	93	1.35	1.08	1.08	0.55	0.87
five years of age	101	101	10.7	"	30	1 00	100	1 00	0 00	001
A . 1 . 1 . 1 . 1	1,170	1,154	1,205	1,271	1,227	12.04	11.62	11.87	12.23	11.48
	27	44	54	74	89	0.28	0.44	0.53	0.71	0.83
TN 1 1' 41 . 1 '	45	67	56	80	63	0.46	0.68	0.55	0.77	0.59
D., ., 122	206	297	295	238	281	2.12	2.99	2.91	2.29	2.63
	134	135	153	114	154	1.38	1.36	1.51	1.10	1.44
Broncho-pneumonia Pneumonia	293	300	349	297	336	3.01	3.02	3.44	2.86	3.15
Manduldia	65	53	53	48	29	0.67	0.53	0.52	0.46	0.27
TO! 1 1 1 1 1 1 1 1	1						1			
Diarrhœa and enteritis	351	500	404	271	344	3.61	5.04	3.98	2.61	3.22
Appendicitis and typhlitis	66	98	103	72	91	0.68	0.99	1.02	0.69	0.85
Intestinal obstruction	45	58	63	55	63	0.46	0.58	0.62	0.53	0.59
Cirrhosis of liver	47	38	44	48	47	0.48	0.38	0.43	0.46	0.44
Simple peritonitis	54	66	62	65	61	0.56	0.67	0.61	0.62	0.57
Acute nephritis	52	50	68	35	16	0.53	0.50	0.67	0.34	0.15
Bright's disease	190	195	193	195	230	1.95	1.97	1.90	1.88	2.15
Uræmia	30	26	32	40	71	0.31	0.26	0.32	0.38	0.66
Cystitis	29	38	50	40	31	0.30	0.38	0.49	0.38	0.29
Diseases and accidents of	135	117	114	100	100	1.39	1.18	1.12	0.96	0.94
puerperal condition	201		2.00	2 2 2	201	00				0.00
Congenital debility	264	283	268	256	301	2.72	2.85	2.64	2.46	2.82
Premature birth	347	407	337	398	418	3.57	4.10	3.32	3.83	3.91
Senility	556	660	661	706	809	5.72	6.65	6.51	6.80	7.57
Violence—(1) Suicide	118	100	124	124	148	1.21	1.01	1.22	1.19	1.38
,, (2) Accident, &c.	660	567	590	514	639	6.79	5.71	5.81	4.95	5.98
Other causes	1,576	1,640	1,652	1,611	1,642	16.22	16.52	16.28	15.51	15.37
Totals	8,959	9,639	9,534	9,214	10,119	92.19	97.09	93.94	88.68	94.69

TYPHOID FEVER.

Deaths from this cause numbered 60 in 1913, against 46 in 1912. The rate remained steady during the quinquennium, except for a drop in 1912.

MEASLES

Very few deaths occur from this cause. In 1913 the number was 26, as against 15 in 1912. In 1910 only 1 death was attributed to measles.

SCARLET FEVER.

The rate fell during the first four years of the quinquennium, but rose slightly last year.

WHOOPING-COUGH.

128 deaths were recorded in 1913, as against only 10 in 1912. The average for the last five years was 69.

4—H. 31.

DIPHTHERIA.

Fifteen more deaths were attributed to this cause in 1913 than in 1912, but 14 less than in 1910. The average for the years was 62.

INFLUENZA.

As in the case of whooping-cough, the number of deaths in 1910 (141) was much above the average. Sixty-five deaths from influenza were registered in 1912, and the average for the five years 1908-12 was 76

TUBERCULOSIS.

Deaths from phthisis numbered 578 or 5.41 per 1,000 of the population, against 524 or 5.04 per 10,000 in 1912, and 588 deaths or 6.05 per 10,000 in 1909. The average for the past ten years was 564, or 5 per 10,000.

Year.		eaths from Phthisis.	Rate per 10,000.	Year.		ths from hthisis.	Rate per 10,000.
1904	 	598	7.08	1909	 	588	6.05
1905	 	496	5.70	1910	 	550	5.54
1906	 	556	6.21	1911	 	536	5.28
1907	 	612	6.66	191 2	 	524	5.04
1908	 	607	6.42	1913	 	57 8	5.41

Reference to the following table will show that 372 persons known to have been born in the Dominion died during 1913 from phthisis, and 206 persons born elsewhere.

Deaths from Phthisis, 1913

		Age at Death.										
Length of Residence i New Zealand.	n	Under 5 Years.	5 to 10.	10 to 15.	15 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 to 75.	75 and up- wards.	Total.
Males.		i ¦	:							!		
Under 1 month		!				2	}					2
1 month and under 6 n	nonths						1		. 1			1
6 months and under 12	,,			.,.		1	1				1	3
1 year and under 2 ye	ears				2	1	2					5
2 years and under 3	,,					2	2					4
3 , 4	,,					2	1					3
4 ", 5	,,					4	2	1			i	7
5 " 10	"					6	6	1	1			14
10 " 15	"		1			3	5	1	2			11
15 " 20	,, ,,,				1	1	1		1			4
20 " 25	,,						1	3				4
25 years and upwards	,,,,		!			2	9	13	15	8	3	50
Not known						2	6	5	3	7	2	25
Born in Dominion			2		37	52	37	12	4	2		146
					40	 78	74	36		17	6	279
Totals		••••	2	•••	40	10	74	30	20	17	O	219
Females.												
Under 1 month	·*					} }						
1 month and under 6 i	nonths											
6 months and under 12	"				1	1	1	•	1			4
	ears	• • • •			l	2	1	2				6
2 years and under 3	,,				1		[i					1
3 , 4	,,						1					1
4 " 5	,,											
5 " 10	,,				1	4	2]]	7
10 " 15	,,				1	1		1				3
15 " 20	,,					1		1				2
20 " 25	,,				.,.			1		1		2
25 years and upwards			l			3	6	11	10	8	2	40
Not known					1		3	2			1	7
Born in Dominion	••	2	2	8	71	79	47	12	5			226
Totals		2	2	8	77	91	61	30	16	9	3	299
		:		·	1				I — —			!

The mortality from all forms of tuberculosis has decreased from 9.46 per 10,000 of population in 1904 to 6.89 in 1912, but rose to 7.60 in 1913. The percentage of total deaths from all causes has decreased during the ten years from 9.88 to 8.02.

Deaths and Death-rates from Tuberculosis, and Percentage of Total Deaths, 1904 13.

Year.		Mean Population.	Number of Deaths from Tubercular Diseases.	Rate per 10,000	Percentage of Total Deaths from all Causes.
1904	 	845,022	799	9.46	9.88
1905	 	870,000	678	7.79	8.41
1906	 	895,594	720	8.04	8.63
1907	 	919,105	8 56	9.31	8.50
1908	 	945,063	839	8.87	9.28
1909	 	971,784	800	8.23	8.93
1910	 	992,802	731	7.36	7.58
1911	 	1,014,896	738	$7 \cdot 27$	$7 \cdot 74$
1912	 	1,039,016	716	6.89	$7 \cdot 77$
1913	 	1,068,644	812	· 7·60	8.02

Ages of Persons who died from Tubercular Diseases, 1913.

	Ages.			Males.	Females.	Total.		Ages.		Males.	Females.	Total.
Under	5 years			26	20	46	45	years and un	der 50	20	15	35
5 year	rs and under	10		12	8	20	50	,,	55	24	17	41
10	,,	15		5	16	21	55	,,	60	17	8	25
15	,,	20		26	47	73	60	,,	65	15	10	2 5
20	,,	25		40	53	93	65	,,	70	11	7	18
	,,	30		54	56	110	70	,,	75	9	: 3	12
25 30	,,	35		57	56	113	75	"	80	6	2	8
35	,,	40	•	5 9	39	98	80		pwards	1	1	2
40	"	45		39	33	72		J = 1				
	"	_•	. •					Total death	s	421	391	812

In comparison with England and Wales and the States of the Australian Commonwealth the deaths from tuberculosis per 1,000 of the population was lower in Queensland than in New Zealand

Death-rates from Tuberculosis, and Percentage of Total Deaths, 1912.

					Death-rates (per 1,000) from Tuberculosis.	Percentage of Total Deaths.
England and V	Vales (1911)		 	1.47	10.07
Queensland '	· `				0.62	5.69
New South Wa	les			 	0.71	6.55
Victoria				 	0.93	7.61
South Australi	a		• •	 	0.92	8.95
Western Austr	alia			 	0.85	7.65
Tasmania				 	0.80	7.44
New Zealand				 • •	0.69	7.77

CANCER.

There were 856 deaths assigned to this cause in 1913, a proportion of 8.01 per 10,000 persons, the average number and rate for the five years 1909–13 being 786 and 7.72 respectively. Deaths of males numbered 446 and of females 410. The death-rate from cancer is greater than that from tubercular diseases, and its increasing tendency is a matter of grave concern.

Number of Persons who died from Cancer, the Proportion per 10,000 Persons living, and the Percentage of all Deaths, 1904–13.

		Year.		Deaths from Cancer.	Total Deaths, all Causes.	Deaths from Cancer per 10,000 of Living Persons.	Percentage of Total Deaths due to Cancer
1904			 	571	8,087	6.76	7:06
1905			 	566	8,061	6.51	7.02
1906			 	623	8,339	6.96	7.47
1907			 	674	10,066	7.33	6.70
908			 	657	9,043	6 95	7.27
909	• • •		 	711	8,959	7.32	7.94
910	• • •			742	9,639	7.47	7.70
911				809	9,534	7.97	8.49
912		•		812	9,214	7.82	8.81
1913			 	856	10,119	8.01	8.46

The part of the body mostly affected is the stomach, and among females the generative and mammary organs.

Cancer: Seat of Disease.

_	 · · · · · · · · · · · · · · · · · · ·			
Seat of Disease.		Males.	Females.	Total.
Mouth, lip, tongue, throat, neck	 	 98	27	125
Stomach	 	 1 3 0	63	193
Intestines, rectum	 	 89	7 8	167
Kidneys, bladder, urethra, &c.	 	 30	5	35
Liver	 	 44	56	100
Female genital organs	 	 	78	78
Breast	 	 1	63	64
Other organs	 	 54	40	94
-				
•		446	410	856

Ninety-four per cent. of the deaths were at the ages 35 years and upwards, and 57 per cent. at the ages 60 years and upwards.

Ages of Persons who died from Cancer, 1913.

	Ages.			Males.	Females.	Total.	<u>.</u> .	Ages.	-	Males.	Females.	Total.
Under	5 years .			6	2	8	45 y	ears and	under 50	2 5	46	71
5 yea	rs and un	der 10		2		2	50	,,	55	39	3 0	69
10	•••	15	٠.	2		2	55	,,	60	51	58	109
15	.,	20		3	1	4	60	"	65	56	34	90
20	,,	25		2	1	3	65	,,	70	59	66	125
25	,,	30		4	4	8	70	,,	• 75	68	51	119
30	,,	35		8	14	22	75	,,	80	53	40	93
35	,,	40		16	16	32	80 v	ears and	upwards	33	20	53
40	,,	45	• •	19	27	46	J	Totals	•••	446	410	856

The proportion of deaths from cancer to the 1,000 persons living in some of the principal European countries as shown below leads to the conclusion that there is a general tendency to increase.

Cancer Death-rates per 1,000 living in some Principal Countries.

Country.		Average 5 years: 1896–1900.	Average 5 years: 1906-10.	Increase per cent. during 10 years.	Rate for last year ascertainable.
New Zealand		0.59	0.72	22.03	0.80 (1913)
Commonwealth of Australia		0.58	0.70	20.69	0.76 (1912)
England and Wales		0.80	0.94	17.50	0.99(1911)
Scotland		0.77	1.00	29.87	1.03 (1910)
Ireland		0.58	0.79	36.21	0.82(1911)
German Empire		0.66	0.84	$27 \cdot 27$	0 88 (1911)
Austria	!	0.69	0.78	13.04	0.82 (1911)
Italy		0.51	0.64	25.49	0.65 (1911)
Norway		0.86	0.97	12.79	0.93 (1910)
Netherlands		0.92	1.03	11.96	1.07 (1911)
Switzerland		1.27	1.26	0.79*	1.23 (1910)

^{*} Decrease.

DIABETES.

There were 150 deaths in 1913, a rate of 1.40 per 10,000, the average for the five years being 131 and 1.28 respectively. Deaths from this cause appear to be on the increase.

EXOPHTHALMIC GOITRE.

Only 19 deaths from this cause were registered in 1913, as against 40 in 1912.

ANÆMIA AND CHLOROSIS.

Seventy-six deaths were recorded in 1910, but in 1912 the number was only 53, and in 1913 64, the average for the five years 1909-13 being 60, and the average rate per 10,000 being 0.60.

SIMPLE MENINGITIS.

Very little fluctuation is shown as regards deaths from this cause during the past five years. The number for 1913 was 127, while the rate per 10,000 was 1·19.

APOPLEXY.

The number of deaths in 1913 (173) was an increase of 5 on that for 1912 of 32 when compared with 1911. The rate 1.62 per 10,000 was the same in 1912 as in 1913.

CEREBRAL HÆMORRHAGE.

Each of the five years 1909 to 1913 inclusive shows an increase in number and rate on the preceding year. The averages for the years 1909-13 work out at 206 and 2.02.

EPILEPSY.

The number of deaths from this cause (54) was lower in 1913 than in 1912 or 1910.

CONVULSIONS OF CHILDREN.

As regards both number and rate 1912 shows a great decrease on the years preceding. The rate fell from 1.35 per 10,000 in 1909 to 0.55 per 10,000 in 1912. The figures for 1913 are higher than those for 1912, but much below the average.

ORGANIC HEART-DISEASE.

More deaths occur from this cause than from any other. Under the Bertillon classification deaths occurring from heart-disease combined with bronchitis, pneumonia, rheumatic fever, or Bright's disease must be allocated to heart-disease, this being the reverse of the system formerly followed. Number and rate of deaths from heart-disease show a tendency to increase, though the number and rate in 1913 was lower than in 1912.

ARTERIO-SCLEROSIS.

A rapid increase of deaths from this cause is apparent, the number in 1913 being 89, as against only 29 in 1909.

EMBOLISM AND THROMBOSIS.

In common with other diseases of the circulatory system, numbers and rates show a tendency to increase. The number of deaths in 1913 was 63, while the rate per 10,000 was 0.59. The figures for 1913, however, being lower than the average for the quinquennium.

BRONCHITIS.

The number (281) and rate (2:63 per 10,000) of deaths from this cause in 1913 were about equal to the averages of the five years. The year 1910 shows the highest number as well as the highest rate.

BRONCHO-PNEUMONIA.

In 1911, 153 deaths from this cause were recorded, but in 1912 the number had fallen to 114, but in 1913 it rose again to 154.

PNEUMONIA.

The number and rate in 1913 were higher than in 1912, but lower than in 1911.

GASTRITIS.

There were only 29 deaths from this cause in 1913, as compared with 48 in 1912 and 65 in 1909

DIARRHŒA AND ENTERITIS.

Considerable fluctuation is shown as regards deaths from diarrhœa and enteritis. The number fell from 555 in 1908 to 351 in 1909, rose to 500 in 1910, and fell to 404 in 1911, while in 1912 the number was only 271. Last year 344 deaths were attributed to this cause.

APPENDICITIS AND TYPHLITIS.

Ninety-one deaths were registered in 1913, an increase of 19 on the figures for 1912. The average for the five years 1909-13 was 86, while the average rate per 10,000 was 0.85.

INTESTINAL OBSTRUCTION.

Sixty-three deaths (a rate of 0.59 per 10,000) were registered in 1913. Little movement is shown as regards deaths from this cause.

CIRRHOSIS OF LIVER.

The number of deaths in 1913 (47) was one less than in 1912.

SIMPLE PERITONITIS.

Very little fluctuation is shown here, 61 deaths being registered in 1913, as against an average of 62 for the five years.

ACUTE NEPHRITIS.

Only 16 deaths in 1913 were attributed to this cause, as against 68 in 1911 and 35 in 1912. The average rate for the five years 1909–13 was 0.44 per 10,000.

BRIGHT'S DISEASE.

In four years, 1909 to 1912, the number of deaths from this cause has remained practically stationary, between 190 and 195. The year 1913 shows an increase, 230 deaths being recorded.

URÆMIA.

Seventy-one deaths from this cause were registered in 1913, as against 40 in 1912 and 32 in 1911.

CYSTITIS.

The number of deaths registered in 1913 (31) was 9 less than in 1912, but 19 less than in 1911.

PUERPERAL DISEASES AND ACCIDENTS.

In 1913, as in 1912, the deaths certified to these causes numbered 100. Included in the number in 1913 were: Accidents of pregnancy, 25; puerperal septicæmia, 29; puerperal albuminaria and convulsions, 10; puerperal hæmorrhage, 14; other accidents of childbirth, 17. The number of deaths to every 1,000 confinements for each of ten years is shown.

Year.		to eve	of Mothers ry 1,000 nements.	Year.		Deaths of Mothers to every 1,000 Confinements.
1904	 	4•	66	1909		5.14
1905	 	4 ·	22	1910		4.55
1906		3	91	1911	 	4.38
1907	 	4.	62	1912	 	3.73
1908	 	4.	64	1913	 •	3.62

CONGENITAL DEBILITY.

The number and rate in 1913 was higher than in the four preceding years, the number being 301, as against 256 in 1912 and 268 in 1911.

PREMATURE BIRTH.

The number of deaths from this cause in 1912 and 1913 was considerably higher than in 1911. The rate per 1,000 births registered in 1913 was 14.96.

SENILITY.

No fewer than 809 deaths were attributed to this cause in 1913. The number for 1912 was 706, and for 1909, 556.

VIOLENCE.

The deaths from external violence, apart from suicide, numbered 639 in 1913 — males 520, females 119. The rate per 10,000 living was 6.79 in 1909, 5.71 in 1910, 5.81 in 1911, 4.95 in 1912, and 5.98 in 1913. The various forms of violent deaths, excluding suicides, in 1913 are shown in the following table:—

Accidental Deaths, 1911.

	Cause of	Death.				Males.	Females.	Total
Dairaning						12	7	19
Poisoning Burns and scalds	• •	• •	• •	• •	* *	30	22	52
	• •	• •		• •	• •	9	15	24
Suffocation, gas, &c.		• •	• •	• •	• •	147	27	174
Drowning	•	• •		• •	• •	27	I i	31
Shooting	•••	• •		• •	• •	-	4	
Falls	• •	• •	• •	• •	• • •	34	5	39
In mines and quarries			• •		• •	2 6		26
By machinery	• •					7	· · i	7
By vehicles, railways,	&c.					100	16	116
Injuries by animals						18	· · ·	18
Starvation						2	1 1	3
Exposure						3	1	4
Electrocution						1		1
rr · · · 1					• • •	6	2	8
	• •	• •	• •			41	8	49
Fractures	• •	• •	• •	• •	• •	57	11	68
Other external violence	· · ·	• •		• •	••		11	00
Tota	deaths				••	5 2 0	119	639

SUICIDE.

The suicidal deaths in 1913 were 148—males 116, and females 32. The rate per 10,000 living was 1.38 in 1913, against an average of 1.20 for the past five years.

31 H.—31.

B. LOCAL VITAL STATISTICS.

AUCKLAND HEALTH DISTRICT.

The statistics dealing with births and deaths, the deaths and death-rates from infectious disease are those of the Registrar-General, and deal only with the City of Auckland and the seven surrounding boroughs—Birkenhead, Devonport, Grey Lynn, Mount Albert, Mount Eden, Newmarket, and Northcote, a population of 91,624 being an estimated mean for 1913. Parnell has disappeared as a separate local authority, having been absorbed by the City of Auckland.

Population.

	F	оршо	atron.				
The mean population for the year	is taken	to be	e,—				
Auckland City						50	0.116
Suburban boroughs							L, 50 8
Sasaroun bolougho .				• •	• •	· · · · · · ·	.,000
						ď.	1,624
The manufaction of Charten Auglel		. 41	21st Des	ham 10'	19 in min.		•
The population of Greater Aucklander Lagarance	and as at	hune	orst Dece	ember, 19.	lo, is give	n by	the Registral
eneral as 113,334, or with the Boroug 8,000.	za or One	uang	a, which i	essentiai	ıya part o	u orea	tter Auckland
6,000.		D				Pe	r 1,000 of
	1	Birth-	rate.				Population.
Auckland City							23.23
Auckland and suburban boro	ughs						25.93
The average birth-rates for ten ye	ars. 1903-	-12. a	ıre,				
Auckland City							30.11
Auckland and suburban boro	ughs						28.12
The rate for Auckland City has al	• .		ioher thar	in the su	hurbs hu	t in 19	13 the figure
e reversed, and the rates in both are	abnorma	llv lo	W.	i iti oito bu	iourbs, ou		oro one ngare
e revenuel, and the rages in both are						р	. 1 000£
	D	eath-1	rate.				r 1,000 of Population
Auckland City					.:		11.49
Auckland and suburban boro							10.61
The average death-rates for ten ye	.,		are.—				
Auckland City							12:30
Auckland and suburban boro	ughs		• •				10.43
These figures do not suggest any	**						
These figures do not suggest any	special co	иние	:HU.				
Na	tural Inc	ronso	of Popule	ation			
1400	tillar Inc	r Guero	oj ropad	aton.	37 .	. Tı	acrease per
			Births.	Death.	Natura Increase	1,0	00 of Mean
A alala d Citar			1 104	E 70		" P	opulation.
Auckland City Suburban boroughs			$1,164 \\ 1,212$	576 396	588 816		11.7
Auckland and suburban boro				972			19·6 15·3
	<u>.</u>				•		19.9
The increases for ten years (Auckl	and and s	subur	ban borou	ghs) are			
1903	18.67		1908				18.07
1904	19.60		1909				18· 2 8
1905	17.36		1910				16.78
1906			1911				16.32
1907	. 16.03		1912				19.09
	Infar	rt Mo	ortality.				
In Auckland and suburban borou							
Deaths of infants under 1 year		• •		• •	• •		192
Deaths of infants between 1	and 5 yea	ırs	• •	• •	• •		49
	100 1						241
Deaths of children under 1 year p							
Auckland City and suburban	boroughs	٠					8 ·0 8
	0	,	70 . z				
	Caus	es of	Death.				
	ZYMO'	ric d	ISEASES.				
							Deaths.
The deaths in Auckland and	suburban	boro	oughs				114
The 114 deaths were from—							
Diarrhœal diseases							65
Diphtheria							11
Enteric fever							3
Influenza							2
Whooping-cough							
							22
Puerperal septicæmia		• •	••	• •	• •		22 4
		• • • • • • • • • • • • • • • • • • • •		• •			

CANCER.

Auckland For the last	d City and a five years.—	suburban -	borough	ıs	 • •	• •	••	82
1908			• •		 			52
1909					 			58
1910				• •	 			44
1911	• •			• •	 • •	• •		51
1912					 			67

C. CLIMATE AND METEOROLOGY.

This year it has been decided not to insert an extract from the article on the above subject by the Rev. D. C. Bates, Dominion Meteorologist. For information under this heading should be consulted Section II of the "New Zealand Official Year-book," 1914.

D. GENERAL REPORTS OF THE DISTRICT HEALTH OFFICERS FOR THE YEAR 1913.

AUCKLAND HEALTH DISTRICT.—REPORT BY THE DISTRICT HEALTH OFFICER (DR. MAKGILL).

I have the honour to present the thirteenth annual report on the Auckland Health District.

The outbreak of smallpox during the latter half of the year was so widespread that all other sanitary questions had to take second place; but even apart from this the work of the year was uncommonly heavy, typhoid fever being exceptionally prevalent, while the gazetting of the regulations under the Sale of Food and Drugs Act made in itself a formidable increase in the duties the staff had to perform.

In April possession was taken of the new offices in the Public Trust Building, which have proved in most respects a great improvement on the insanitary and primitive building which had been the home of the Auckland Office for the previous twelve years. Some inconvenience, however, results from the distance the new building is from the centre of the city and other Government Departments.

As before, a very large share of our attention was occupied in Native work and the efforts to establish nursing centies in various districts. The formation of two now Inspectors' districts—South Waikato and Marsden-Kaipara—and the consequent rearrangement of subsidies and so forth necessitated a great deal of correspondence.

Much time was taken up over the inquiry into the administration of the St. Helens Hospital. Attention was given to the inspection of possible sites for a new location for this institution, and in all thirteen places were inspected and reports furnished.

Five visits were made to Wellington, chiefly in connection with the Food and Drugs Regulations.

During the latter half of the year I was absent on leave for five months, and my place was temporarily filled by Dr. H. G. H. Monk. Later, on account of the smallpox epidemic, Dr. H. E. Finch, District Health Officer, Christchurch, was also stationed at Auckland.

During my leave the following departmental matters engaged my attention:-

At Sydney I inspected the smallpox patients in the isolation hospital, and reported to you on the identity of the disease there with the type in New Zealand, and gave some account of the methods adopted in dealing with the disease. In Melbourne I met Dr. Cumpston, Director of Quarantine, and discussed the methods to be adopted between the Australian and New Zealand authorities for dealing with vaccination and inspection of the passenger traffic. The proposals then made you afterwards approved and adopted. I also met the officers at Sydney and Melbourne who were interested in the administration of the Food and Drugs Regulations. A report of my observations was submitted to you. I also visited the calf-lymph establishment at Melbourne.

I gladly take this opportunity for recording my thanks for the kindly consideration and help I received from Dr. Cumpston, Dr. Paton, and indeed all the Public Service officers in Australia with whom I came in contact.

On arriving in Europe I attended the International Society Congress at Antwerp as representative of New Zealand. Reports on the work done there have been furnished.

I visited Hamburg and Berlin in connection with questions affecting certain food products exported to New Zealand.

In England I visited Dr. Newsholme, President of the Local Government Board, who most courteously gave me an opportunity to visit the vaccine-lymph laboratory at Hendon. A report on the work I saw there has been furnished, containing, I believe, some valuable information as to the latest methods of treating the lymph.

Proceeding to Ireland, I was kindly afforded by Mr. Dickenson an opportunity for studying the Fertilizers Limited methods for treating sewage at the Dublin sewer outfall and at a butter-

factory at Tipperary, a report on which has been furnished.

On my return by way of America I received from Dr. Maclaurin, President of the Technical Institute in Boston, much help in collecting information as to the prevalence of smallpox of the type characterizing the recent epidemic in this country. Professor Adami, of McGill College, in Montreal, was also most kind in giving me some account of their experience with the same disease.

On the whole, I believe that my holiday was not without benefit also to the Department.

Attached hereto are appendices dealing with infectious diseases, Native sanitation, hospital work, sanitary inspection, and the enforcement of the Food and Drugs Act.

WELLINGTON, HAWKE'S BAY, AND NELSON-MARLBOROUGH HEALTH DISTRICTS .- REPORT BY THE DISTRICT HEALTH OFFICER (DR. CHESSON).

I have the honour to submit my annual report for the above districts for the year ending 31st December, 1913.

The outbreak of smallpox in the Auckland Health District rendered it necessary to put section 18 of the Public Health Act into operation, conferring special powers on the District Health Officer for the more effectual checking or preventing the spread of this dangerous infectious disease in the Wellington and Hawke's Bay portions of the district. Several orders were issued by me under this section, in consequence of the existence of actual or suspected cases of this disease, for the quarantining of premises or places, and the restriction of travelling or congregation of persons in places where such would be likely to cause a spread of infection. It speaks well for the tact of the Inspectors entrusted with the carrying-out of these orders, and for the law-abiding character of the community as a whole, and especially of the Maori race, who were particularly affected thereby, that though always effectively enforced, in no case was it necessary to take legal proceedings.

I would also desire to draw attention to the willing and able assistance rendered by the officers of the Police Force in every instance when asked to co-operate, and for assistance rendered in many cases on their own initiative. A vaccination crusade was vigorously pursued, special attention being devoted to the vaccination of Maoris as being the more susceptible to the disease, and in whom it would naturally be expected that the disease might manifest itself. Special Medical Officers were employed for this work, who travelled through the various Maori settlements vaccinating everybody and looking for any cases of a suspicious nature. In some of the larger towns public vaccination stations were established in order to give all persons an opportunity of availing themselves of the protection from the disease to be derived from this simple operation.

Particulars of the four cases which occurred in the district will be found under the heading

"Dangerous Infectious Diseases" in the appendix.

Owing to the quarantine restrictions imposed by the Australian authorities all passengers proceeding to that Commonwealth had to be provided with a certificate of successful vaccination endorsed by the District Health Officer, and this work practically monopolized all my time for at least two days in each week prior to the despatch of the regular steamers, and, in fact, there was a fairly continuous stream of prospective passengers to and from the office during the period that these restrictions were in force. Many persons were vaccinated in the office by members of the staff.

This work, together with the necessity for keeping in touch with and directing operations in all parts of the districts during the prevalence of the epidemic in the north, kept me practically confined to headquarters from July to the latter part of October, and attention to routine work was considerably interfered with. The concentration of all available officers in the affected parts of the Auckland District left me somewhat shorthanded, Inspector Middleton having been lent to the Auckland Office for smallpox duty.

No cases of smallpox occurred in the Nelson-Marlborough District, and only one suspect—

which soon proved negative—came under notice.

During the latter part of the year, owing to a petition from Mr. Greville, a parliamentary Committee investigated the conditions connected with the milk-supply of the City of Wellington. before which I was summoned to give evidence. The report of this Committee favoured the establishment of a municipal depot, a scheme which this Department has advocated for many years. It is to be hoped that this will now eventuate.

During the year the Nelson Hospital Board agreed to the appointment of an Inspector for its district, and Inspector Coltman, recently employed in the service of the Public Works Department as a plumber, and the holder of the certificate of the Royal Sanitary Institute, was appointed to the position, and much useful and long-needed work has already been carried out by this

officer in that district.

Inspector Miller retired from the service of the Wairarapa Hospital Board for the southern portion of its district, and Inspector Keay was then appointed as assistant to Inspector Cairns, who was then made Chief Inspector for the entire Wairarapa.

The camp established in Buckle Street in November for the accommodation of the special constables and their horses during the strike was inspected daily by Inspector Middleton, and

advice on sanitary matters offered to the responsible authorities.

Attached hereto are appendices, being tables and data on the following matters relating to this district: Notifiable infectious diseases, dangerous infectious diseases, provision for infectious diseases, sanitary condition, sanitary condition of Maoris, sanitary inspections, offensive trades, insanitary buildings, by-laws, legal proceedings, quarantine, disinfection of oversea goods, Immigration Restriction Act, medical examinations, Midwives Act, and Sale of Food and Drugs Act.

HERBERT CHESSON, M.R.C.S (Eng.), L.R.C.P., D.P.H. (Lond.).

CANTERBURY, WESTLAND, AND OTAGO HEALTH DISTRICTS .- REPORT BY THE DISTRICT HEALTH OFFICER (DR. FINCH).

I have the honour to submit the following report for this district for the year ending 31st December, 1913.

During the first four months of the year I was mainly occupied with the inspection of hospitals in the district, and for the last four months I was transferred to Auckland to take charge of the Auckland District owing to the smallpox epidemic and Dr. Makgill's absence on

Apart from routine work the most important matters dealt with were the inspection of hotels and reports to the Licensing Committees; the administration of the new regulations under the

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Sale of Food and Drugs Act, both as regards the correct labelling of foods and improvements to premises where foods were manufactured or sold. The issuing of permits to travel, and other matters incident to the prevention of smallpox from Australia and from the North Island, also occupied a considerable part of my time in July and August.

There has been no change in the Inspectors in the district except that Inspector McKenzie was transferred from Oamaru to Christchurch at the end of the year, to take up the position of

Inspector of Weights and Measures.

There are very few cases of infectious disease in the Waitaki Hospital District, and Inspector

Cameron was to come up from Dunedin when required.

The Inspectors have continued to carry out their duties with enthusiasm and satisfaction. Sanitary Inspectors are somewhat unique in having to frequently work overtime without any additional renuneration. The working of overtime is admittedly necessary under exceptional conditions and is done cheerfully, but when it is frequently necessary under normal conditions it indicates that an additional Inspector is required.

I attach hereto appendices dealing with the following: Notifiable infectious disease, dangerous infectious disease, provision for infectious disease, sanitary conditions of district, sanitary conditions of Maoris, sanitary inspections, offensive trades, insanitary buildings, by-laws, legal proceedings under Public Health Act and local by-laws, inspection of oversea goods, Immigration Restriction Act, Midwives Act, Sale of Foods and Drugs Act.

H. E. FINCH, M.B. (Oxon.), D.P.H. (Camb.).

OTAGO HOSPITAL DISTRICT.—REPORT BY THE DISTRICT HEALTH OFFICER (DR. CHAMPTALOUP).

I have the honour to submit a report on infectious diseases for this district for the year ending 31st December, 1913, that part of the administration of the Public Health Act relating to sanitary matters being under the control of Dr. Finch (vide reports on each notifiable disease).

As I pointed out last year, the accommodation in the laboratories is very fully taxed, and the attached class-rooms are quite inadequate to cope with the University classes. There is a movement on foot, however, to raise funds to provide a medical school block opposite the Hospital, in which the laboratories will be housed. I have every reason to believe that the movement will be successful.

Negotiations have been in progress for some time between the University and the Department regarding the appointment of a Public Analyst for Dunedin. The University Council has agreed that the Analyst should be assistant to the Professor of Chemistry and have his laboratory at the University. This has, I believe, been favourably considered by the Department, and I hope the Analyst will take up his duties at an early date.

In my last report I pointed out the necessity for a full-time District Health Officer for this district. Owing to a generous Government grant the University will shortly be in a position to establish the Chair of Bacteriology and Public Health on a full-time basis, so that the office

of District Health Officer and the University Chair will be separated.

SYDNEY T. CHAMPTALOUP, M.B., Ch.B., B.Sc. (P.H.).

E. APPENDICES TO THE REPORTS OF THE DISTRICT HEALTH OFFICERS FOR THE YEAR 1913.

(I.) INFECTIOUS DISEASES.

The diseases declared to be infectious diseases in the meaning of the Public Health Act, and consequently notifiable, are as follows: Scarlet fever, scalatina, diphtheria, enteric fever, tuberculosis, puerperal fever (including milk-fever, sapræmia, acute sepsis, septicæmia), plague, smallpox, leprosy, cholera, actinomycosis, hydatids, beri-beri, blood-poisoning, cerebo-spinal meningitis (including cerebro-spinal fever, cerebral typhus, spotted fever, petechial fever, malignant purpuric fever), typhus fever, chicken-pox.

The following table shows the number of cases of infectious disease notified throughout the Dominion during the year ended 31st December, 1913:—

		•		•	Health ?	District.		
Natur	re of Di			• Anokland.	Wellington, Hawke's Bay, Marlborough, and Nelson.	Canterbury, Westland, and Southland.	Otago.*	Total.
Scarlet fever				203	760	449	202	1,614
Diphtheria	• •	• •		217	254	227	! 19	747
Enteric fever				412	420	27	4	863
Tuberculosis				246	341	334	97 6	1,018
Blood-poisoning				67	35	10	₹ 6	118
Chicken-pox				492	322	204	119	1,137
Smallpox	••	• •	••	466	4		• •	470
Totals	••			2,133	2,136	1.251	447	5,967

^{*} Otago Hospital District.

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Diphtheria	July	- 60 -	- 6		8	
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ā	May	37	56		8	. i
	April.	624	97	61	50 49 79	-
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	Health District.	Auckland Wellington, Hawke's Bay, Nelson, and	Marlborough Canterbury, Westland,		Totals for Dominion	
	 .	Auckland Wellington Bay, 1	Man Cante	Otago*	Tot	

* Otago Hospital District.

The following table shows the more prevalent infectious diseases in hospital districts during the year ended 31st December, 1913:—

Health District.	Hospital District	Scarlet Fever.		Enteric Fever.	Tuber- culosis.	Blood Poison- ing.	Chicken- pox.	Small- pox.	Total.
Auckland	Bav of Islands	3	26	57	26	5	42	109	268
	Marsden-Kaipara	3	8	9	15	2	51	124	212
	Auckland	145	143	106	148	41	266	58	907
	Waikato	24	44	98	25	16	68	145	420
	Thames	13	17	96	26		38	7	197
	Coromandel	2	· • •	٠.	 		2		4
	Waihi	12	3	7	4	1	3		30
	Bay of Plenty	1	6	39	2	2	22	23	95
Wellington, Hawke's	Cook	16	7	167	13		33	}	236
Bay, Nelson, and	Waiapu		1	93	1				95
Marlborough	Wairoa	1	1	8	27	1	1		39
<u> </u>	Hawke's Bay	53	17	27	46		13	1	157
	Waipawa	9	4	14	7		5	١	39
	Taranaki	19	5	3	12	3	32		74
	Stratford	16		٠.	2		12		30
	Hawera	57	3	12	8	2	8		90
	Patea	30	3	8	1	1			43
	Wanganui	50	57	24	44	4	57		236
	Palmerston North	71	33	20	! 11	7	34		176
	Wellington	284	70	36	142	13	91	2	638
	Wairarapa	101	12	3	. 15		. 15	1	147
	Picton	1	8	3	3	4	2		21
	Wairau	2 8	7		6		14		55
	Nelson	24	26	2	3	• •	4		59
	Buller		••	•••		1	1		1
North Canterbury	Westland	1	3		3	! ! •• .	19		25
and Westland and	Inangahua		11		7	' 1			19
Southland	Grey	2	2	3	::_	••	7	• •	14
	North Canterbury.	193	62	8	207	5	62		537
	Ashburton	47	3	1	12	1	23	• • •	87
	South Canterbury	60	51	7	33	2	27	••	180
	Waitaki	32	4	1	20	• •	8	٠٠.	65
	Wallace and Fiord	13	9		7		6	• • •	35
	Vincent	4	• • •	3	9	• •			16
•	Maniototo			1	1		2		4
	Southland	98	82	3	35	1	50	•••	269
Otago	Otago	202	19	4	97	6	119		447
	Totals	1,614	747	863	1,018	118	1,137	470	5,967

The following tables show the notifications per month of-the infectious diseases more prevalent in local authorities' districts during the year ended 31st December, 1913.

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	Scarlet Fever or Scarlatina.	Diphtheria.	Enteric or Typhoid Fever.	Tuberculosis.	Blood-poisoning.	Chicken-pox. Smallpox.
Hospital and Local Authority's District.	Jan. Met. April. May. June. Juny. Ang. Sept. Sept. Nov.	Jan. Mar. April. April. June. Juny. Aug. Aug. Sept. Oct.	Jan. Mer. Mer. Jiay. Jiay. June. June. Juny. Aug. Mept. Mept.	Teeb. Mer. April. May. June. July. Aug. Sept. Oct.	Jan. Jan. Mat. April. May. June. Juny. Ang. Sopt. Oct. Nov.	Aug. Sept. July. Jul
Auckland Hospital District— Auckland City	1 3 7 2 9 4 910 3 7	1 3 5 2 3 3 1 2 3	3 5 6 2 2 1 1 3 2 1	5 4 8 2 5 2 3 4 411 7	912 3 1 1 3	42
Devonport Borough	- · · · · · · · · · · · · · · · · · · ·	N :0				
Mount Albert Borough	31 2 1 2 1 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	: :0		1 1 1 2 3.	1 2 1 1	
Mowmarket Borough		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Z	3 2 1 4 1	2	: : : :
Onehunga Borough	2 3 1				2 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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Arch Hill Road District Avondale Road District		1 1 1 1 1 1			- : : : : : : : : : : : : : : : : : : :	
Eden Terrace Road District Epsom Road District	621					7 1 1 1
One-tree Hill Road District Orakei Road District				31 1		
Remuera Road District	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		panel		4 3 1 1
Hospital Mental Hospital			67			
Great Barrier			- G			
Frankton County Manukau County		22 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 1	+ :		9 C3
Rodney County Waitemata County	1 2 2 1 1 1	1 2 2 1 2 2	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Shipping Helensville Town Board				1		
Otshuhu Borough			2 1			
Tamaki West Road District						
Tamaki East Koad District Point Chevalier Road District			67			
Totals	2 7 9161128121418 520 3	610 611 12 24 16 11 18 9 911	9142313 9 5 4 1 4 910 5	7 8 14 9 16 5 9 8 14 24 14	20 3 4 5 4 2 2 5 3 1 4 4 4	71 81 59 35 13 7 33 21 4
Bay of Islands Hospital District— Hokianga County Bay of Islands County Mangoniu County	[0]	2 3 2 1 3 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	14 22 22		- 10	5 8 1 1 1 28 3.724
Totals		2 3 7 1 4 1 2 5	14 2 212 7 8 3 7 2	2 4 1 6 2 3 4 2		1027 3 1 1 483724
Bay of Plenty Hospital Board—Opotiki County Tauranga County Tauranga Borough						2
Totals		2 1 2 1	1 3 1 2 2 5 13 7 3 2			8 1 3 3 7 2 9 6 6

DISTRICTS—continued.
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SG	Jan.	:::	; ;		· · · · · · · · · · · · · · · · · · ·	: 13		:::::
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SCARLET FEVER.

The District Health Officer, Auckland, reports :-

The cases notified from the health district during the last five years are-

1909	 	 124	1912	 	 235
1910	 	 994	1913	 	 203
1911	 	 367			

The cases are mostly from the city and suburbs, Waihi (12 cases) being the only country centre more than slightly affected. No mortality from this cause is recorded within the city and suburban area, the type generally remaining extremely mild, as in the last few years.

The District Health Officer, Wellington, reports :-

There has been a slight increase in incidence of this disease during the year—760 cases as against 644 last year—but it shows a marked decrease on the 1911 returns, in which year there were 1,061 cases.

As mentioned in my report two years ago, the difficulty of stamping out this disease is largely due to the fact that so many cases occur of such a mild nature as to escape detection—so mild, indeed, that parents, failing to recognize the disease, or thinking it to be measles, have not deemed it necessary to call in medical assistance. Nevertheless such cases must disseminate infection, and owing to them not coming under observation they mix freely with other children. It is practically impossible to deal with such cases.

On the 24th November several cases were reported shortly after the arrival of the s.s. "Corinthic" amongst passengers by that steamer. According to the report of the steamer's medical officer no cases occurred on the voyage, but relatives of some of the children where cases were investigated by our Inspectors made statements with regard to several cases of sore throat and rash having occurred amongst the children on board.

Two domestic servants who came out by this steamer went direct to a doctor's household in the country, and within a few days of their arrival the doctor himself and four of his children developed this disease.

As it often happens that scarlet fever and measles develop on these steamers carrying numbers of third-class passengers with families, it would seem desirable—in fact, necessary—that more adequate provision should be made on these steamers for the effective isolation of cases or suspected cases of infectious disease.

The District Health Officer, Dunedin, reports:-

There has been a slight decrease in the number of cases notified as compared with last year -202, as against 272 last year. On the whole this disease continues to be exceedingly mild in this part of the Dominion.

DIPHTHERIA.

The District Health Officer, Auckland reports :-

The cases notified from the health district during the last five years are-

1909	 	 122	1912	 	 260
1910	 	 257	1913	 	 247
1911		223			

The epidemic referred to in last report as having occurred in the Bay of Islands district recurred this year, to a less extent, during the colder months, Bay of Islands having 19 cases and Whangaroa 7 cases; in the City of Auckland 55 cases, and in Mount Albert 13 cases. The remainder were pretty evenly distributed. The mortality within the city and suburbs was 11 cases.

The District Health Officer, Wellington, reports:-

The incidence of this disease has steadily decreased within the last four years, 254 cases being notified in this district, as against 283 in 1912, 322 in 1911, and 341 in 1910.

The District Health-Officer, Christchurch, reports:—
The increase in the number of cases of diphtheria in the Southland district can only be attributed to the wet autumn and winter. The epidemic was of a mild type.

The District Health Officer, Dunedin, reports :-

Last year I reported a steady decline in this disease, particularly in the cases notified from the Kaikorai Valley, in which district the disease will always be endemic until an adequate drainage scheme is instituted. Only 19 cases have been notified, and each case has been verified by a laboratory examination.

ENTERIC FEVER.

The District Health Officer, Auckland, reports :-

The cases notified from the Health District during the last five years are-

1909	 	 206	1912	 	 252
1910	 	 197	1913	 	 412
1911	 	 346			

Although the province shows an exceptionally high return for enteric this year, Auckland City and suburbs were again not seriously affected, only 96 cases being notified, as against 95 last year. Auckland City, with 28 cases, shows a most satisfactory diminution, being 13 below the previous year, although the suburb of Parnell is for the first time included in this list.

Mount Eden, with 12 cases, heads the list of the suburban districts. The mortality within the city and suburbs was 3 cases. In the country, Bay of Islands Hospital District, with 57 cases, shows a very serious increase, as only 8 cases were reported there in the previous year. This high return was chiefly due to epidemics among the Natives, 14 cases having occurred in Bay of Islands County during March, and 13 cases in Whangaroa in July and August—an unusual time for such outbreaks. Thames Hospital District, with 96 cases, half as many again as during the previous year, is another example of the influence of Native population on typhoid incidence rate. About 80 per cent. of these cases were Maoris, and chiefly in the Paeroa and Piako districts. They occurred chiefly in the first four months of the year, and were doubtless a result of the unusually dry summer. In the settlements along the Ohinemuri River practically all the Natives contracted the disease. Bay of Plenty and Waikato districts also suffered more severely than usual, the high rate in the former being due to Native outbreak at Tauranga during winter.

Out of the total of 412 cases some 230 are notified as being Maoris. It is probable that our more elaborate system of sanitary inspection and the work of the Native sanitary-service nurses bring to light a number of cases which formerly were not heard of. There does not seem to be any reason to believe that the Natives are any more susceptible to the disease than in the past. In almost every case these outbreaks could be attributed to the drinking of water from polluted sources, the usual supplies, tanks and so forth, having become exhausted during the drought. It is noticeable that Rotorua County escaped without a single case, despite the large Native population. I attribute this chiefly to the excellent work of the nurses among the Maori settlements.

The accompanying chart and table show the relation of temperature, rainfall, and typhoid so far as Auckland and the suburban boroughs and road districts are concerned.

Typhoid Fever.

Auckland and Suburban Boroughs and Road Districts.

. Typhoid, Temperature, and Rainfall curves.

Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
651	65.4	CE I			the fig	ures in l	yphoid and he right-l s the figur	and colu	mn. The	rain-	
65:5 TE	65·4 MPER	65·1								6.16	60.2
		1103	58				5:75	54.6	57.5	, 60	0
				52		51.7	53-0		ļ 	/ \	-
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2:64			<u> </u>	/ \		,'		,	,'		``
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	<u></u>		3 0.	<u> </u>	- \ /	 		1.76	1908	/2	
	1.38		1.48 15		1.47		YPHO		HOIL		
7/	111	ļ		6	4		YPI		9	8	5
	<u> </u>	-	 	\vdash		3		4		ļ	

The thin typhoid line exhibits the average monthly cases during five years 1908-12.

Rainfall and Temperature, 1913. (Auckland Museum Observations.)

				Rainfal	l Average.	Mean Temper	rature Average.
				1913.	Previous 45 Years.	1913.	Previous 45 Years.
				In.	In.	Deg.	Deg.
January	• •	• •	••	2.64	2.77	65.5	67.1
February	• •	• •	••	1.38	3.18	$65 \cdot 4$	67.4
March	• •	• •	• •	$2 \cdot 34$	2.78	65 ·1	64.3
April				1.48	3.05	5 8·1	61.6
Лау				4.37	4.50	52.4	57.1
une		••		1.47	4.53	49.8	53.9
ſuly				4.37	4.95	51.7	52.0
Lugust				5.74	4.19	53.0	52.4
September	• •	• •		1.76	3.42	$54 \cdot 6$	54.8
October				3.69	3.42	57.5	57.0
November		•••		6.16	3.09	60.0	60.4
December	••	••	••	2·8 0	2.62	60.2	62.4
Tota	ls and n	ieans		38.20	42.50	57.8	59.4

Here, as in former years, the influence of the climate is apparent, December, 1913, being a very dry month, January also below the average rainfall, and February again very dry, resulting in a rising typhoid rate during the first four months. The colder weather in April and May and the heavy rain in the latter month checked the disease. Of the winter months June, July, and September show a low rainfall, and this with higher temperature of August, September, and October was followed by a rising typhoid incidence. November was a very wet month, and December, though the rainfall was normal, was below the average as regards temperature. There is a corresponding decline in the typhoid rate in the last month of the year.

It was probably a result of the unusually dry June that we find outbreaks occurring among the Natives in the north and Bay of Plenty in July and August.

The District Health Officer, Wellington, reports:-

There has been a considerable increase in the number of cases notified during the year—420 this year, as against 288 in 1912 and 357 in 1911.

The bulk of these cases occurred in the northern parts of the east coast, a portion of the dis-

trict which is always responsible for a large number of cases.

There was a large epidemic in Gisborne, the cases numbering 97, and was practically confined to the European population, the Maoris in that neighbourhood suffering very slightly this year. The outbreak was of a generally mild nature, but some deaths unfortunately occurred. The sanitary conditions of this borough are by no means satisfactory, although improvements have been effected within the last few years. The sewerage system has not yet been completed, although many houses are connected, but the work is being pushed on with, and it is to be hoped that with the final abolition of pan privies, together with improvements in refuse-removal and protection of foodstuffs from fly-infestation, now being carried on, a lessening of this disease will result. Including this outbreak in Gisborne the total numbers for the Cook Hospital District was 167.

There was also an outbreak in Waiapu of 93 cases amongst the Maoris, which necessitated the reopening of the Manutahi isolation camp. The district nurse for Maoris in this district herself contracted the disease, and subsequently two nurses employed in the nursing of the cases. They, however, all recovered.

A slight outbreak also occurred amongst the patients in one of the children's wards in the Wellington General Hospital.

The District Health Officer, Dunedin, reports:-

There have been only 4 cases notified this year, as against 9 last year. Otago Central, from which most of the cases come, has been singularly free this year, owing in part to the attention which was given to the conditions obtaining on the dredges working in that district.

TUBERCULOSIS.

The District Health Officer, Auckland, reports:-

The cases notified from the health district during the last five years are-

1909		• • •		1912	 •••	 240
1910		•••	 137	1913	 	 246
1911	• • •		 177			

The number of deaths from tubercular disease during 1912 and 1913 show no increase over former years, despite the increasing population. The larger number of cases notified therefore does not appear to be more than the result of more careful notification.

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The District Health Officer, Wellington, reports:-

The number of cases notified of this disease is practically the same as last year—341 cases, as against 347 in 1912, 278 in 1911, and 199 in 1910. As pointed out last year, I do not think this necessarily indicates any increase in the number of cases, but that the cases are more freely notified. Then it must also be remembered that cases of this disease are, owing to their migratory habits, notified more than once.

The District Health Officer, Dunedin, reports :-

In 1912 there were 130 cases notified, this being the largest number for some years. year 97 cases have been notified, and these were mostly cases of pulmonary tuberculosis.

I have continued my investigation into the condition of the Dunedin milk-supply qua tubercle bacilli, and have still to report that no tubercle bacilli have been detected in the milk-samples examined to date.

During the year I circularized the medical profession, asking for tubercular material from children under twelve years of age, but have so far received very few specimens. It is my intention to investigate the type of bacillus prevalent in juvenile tubercular lesions in this part of the Dominion.

BLOOD-POISONING, AND OTHER INFECTIOUS DISEASES.

The District Health Officer, Auckland, reports:-

The cases notified from the health district during the last five years are-

1909	 	 59	1912	 	 70
1910	 	 52	1913	 	 67

The 67 cases in 1913 were-

Puerperal fever	 	22	:	Cerebro-spinal me	eningitis	 7
Erysipelas	 	15		Tetanus		 6
Hydatids	 	15		Unclassified		 2

The increase in hydatids is probably owing to the fact that practitioners are now recognizing that this disease is notifiable. The number of tetanus cases is high, possibly a result of the dry warm summer.

The District Health Officer, Dunedin, reports :-

Six cases of puerperal fever have been notified, but several others of a mild nature have been investigated at the laboratory, and have not been notified.

A small outbreak of 4 cases occurred in a nursing home, necessitating the closing of the home. In view of the outbreak, and the appearance of other cases in various parts of the district about the same time, I circularized the profession, and prepared a number of intrauterine swabs after the method of Foulerton and Bonney. These were in considerable demand, and proved of great service to the practitioners, while diminishing our work in the laboratory. that almost without exception pure cultures were obtained from the interior of the uterus. With one or two exceptions sensitized autogenous vaccines were prepared for these cases, and were administered with good results. The chief value of these sensitized vaccines seems to lie in prophylaxis, and I have elsewhere published a paper on our experience of their use. Altogether 14 cases were investigated in the laboratory.

I would suggest that the Department should be prepared to issue sensitized polyvalent strepto-

coccal vaccines for use in puerperal sepsis.

CHICKEN-POX

The District Health Officer, Auckland, reports:

The cases notified from the health district for 1913 number 492.

This disease was only made notifiable in July, therefore the figures do not lend themselves to any deductions. There is no doubt that a widespread epidemic of varicella was coincident with the smallpox outbreak.

DANGEROUS INFECTIOUS DISEASES.

The infectious diseases declared to be dangerous infectious diseases within the meaning of the Public Health Act are-Plague, smallpox, leprosy, and cholera.

The District Health Officer, Auckland, reports :-

The cases notified from this health district in 1913 numbered 466. This, however, by no means gives a complete return of the cases, since the greater part of the outbreak was among Maoris, and in consequence only about a quarter of the cases were seen by medical men and reported. Also, during the earlier weeks of the outbreak the disease was not recognized as smallpox, and many cases even among Europeans were regarded as chicken-pox owing to the extraordinary mild type which was the feature of the epidemic. There is now no doubt that the disease was introduced from America by a Mormon Native missionary who had contracted it on the voyage from Vancouver on the s.s. "Zealandia" from a fellow-pas-enger who had a very mild attack which escaped notice. The disease developed in the Mormon at Te Hora about the 15th April. The earliest cases among the Natives with whom he was in contact probably occurred between the 27th April and the 1st May. The first cases notified were those seen by Dr. Ventry Smith at Whangarei upon the 10th May, so that these were probably infected from the first batch of cases. From this time the disease spread with great rapidity, and probably by the 6th July,

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when the nature of the disease was finally recognized, several hundreds of cases must have occurred. Confined as it was almost wholly to Natives in out-of-the-way kiangas, even after the campaign was fairly begun, many cases must have escaped notice. However, a fairly accurate estimate

can be made as follows: Europeans, 111; Maoris, 1,777.

The diminution in the number of cases in November was noticeable, but it rose again in December owing to the small outbreak in the lower Waikato, and a severe one at Te Teko, in the Bay of Plenty. The issue of travelling-passes to the Natives successfully vaccinated has thrown a great amount of work on the Department. The restriction on travelling has, however, served as a very effectual lever in removing any objections which the Maoris might have to undergoing the operation. It is estimated that 12,000 passes were issued.

I attach a special report by Dr. Monk made at the end of the epidemic, and one made by

myself furnishing particulars additional to those of the earlier stages.

Report on the Earlier Stages of the Epidemic.

On the 2nd July two events gave me serious anxiety and raised grave doubts as to the correctness of our supposition that the disease was chicken-pox. The first of these events was the news from Sydney that a pustular disease which had been in existence since the 12th April had now been pronounced smallpox on the evidence of the protection afforded by vaccination. The second was the report of the death of an elderly Maori at Mangere from this pustular epidemic. Dr. Monk and I visited the place and found that the Native had undoubtedly suffered from a severe attack of the same type of disease as the Native Rikutai. It had been more or less concurrent, but we were unable to get a definite history of the case from the other Natives. medical man had been called in, and though the Natives said that the patient had died the day previously we found that the corpse was more or less decomposed, and was crawling with maggots at least three days old. This argued such a degree of neglect that it was not certain that the man died from the virulence of the attack. An elderly Native who had been thus left alone for days might readily have died from complications in an otherwise simple attack. We visited other houses in the neighbourhood. One adult male Native was found who had recovered from a sharp attack. He showed no pitting. Two younger Natives were suffering from a disease which was clinically no more than chicken-pox, and a European girl who had worked in a store much visited by these Natives was also suffering from a disease which had all the clinical appearances of chicken-pox of no great severity and showing successive crops of papules. Dr. Scott, of Onehunga, who was in attendance on this case, was satisfied that it was chicken-pox, more especially as she (like the Natives) had never been vaccinated. It is, however, of great interest to note that this girl was thereupon vaccinated and a partial reaction was seen about the fifth day, but on the sixth day the reaction ceased and the vaccination could be regarded as having

The evidence was still most conflicting, but on the 3rd July, the day after our visit to Mangere, I wired to Head Office conveying my suspicions that the epidemic in New Zealand was of the same nature as that in Sydney, Dr. Gordon's evidence as to the effect of vaccination being one of my principal reasons for this opinion. Dr. Good, of Whangarei, visited Auckland on the 4th July and gave details of some of the cases he had seen, and expressed the opinion that the disease was of a more serious nature than chicken-pox, and thought that it was spreading fairly freely among the white population near Whangarei. He was unable to give any details as to the influence of vaccination. On Saturday, the 5th July, another Native was brought into the Auckland Hospital, this time with an attack of the more severe type, the pustules tending to be confluent and appearing on his lips, evelids, and palate. He was not, however, dangerously ill in spite of the severity of the attack. This case made the fourth who had been brought in from the same boardinghouse, the first being a Native who had come down some three weeks before.

On the 6th July Dr. Valintine visited Auckland, and a consultation was held at the Hospital upon the four Natives and three Europeans there. There were present at our invitation Dr. Gordon (of Auckland), Dr. Robertson, Dr. Dudley, Dr. Maguire (the Medical Superintendent). Dr. Valintine, Dr. Monk, and myself. The opinions held were very diverse, Drs. Gordon and Dudley being inclined to doubt the diagnosis of smallpox, although not denying its possibility. Dr. Robertson, on the other hand, was emphatically of the opinion that the cases were modified smallpox, and to this view Dr. Maguire inclined also. Dr. Valintine decided that there was sufficient evidence to warrant the Department in dealing with the outbreak as though it was definitely smallpox, and memo, to this effect was wired to the Minister, with the suggestion that it should be given to the Press for publication. He also decided to make chicken-pox a notifiable disease to give us the legal powers we have hitherto lacked.

On the 7th and 8th July Dr. Monk and I proceeded to carry out Dr. Valintine's directions in accordance with this decision.

Measures taken to check the Epidemic .- Drs. Cawkwell and Eleanor Baker were engaged to travel about the northern districts vaccinating the Natives and all school-children, also any Europeans who would submit themselves. Dr. Cawkwell proceeded to Mangakahia Valley on Monday night (7th July), as it was here that the epidemic began and appeared to have gained most hold. Inspector Shenton was instructed to accompany him. Dr. Baker started work in the Northern Wairoa district, with directions to proceed northwards towards Hokianga, where several Native settlements had become infected. Dr. Good was asked to visit Poroti, a Native settlement near Whangarei, where the Native schoolmaster had reported the appearance of the disease. Dr. Macfarlane, of Rawene, was asked to visit the Native schools at Rahia for the same reason.

Hearing that the disease had appeared in the Maungatautari Native settlement, near Cambridge, Dr. Stapley was asked to proceed there to vaccinate all Natives and report. We subsequently learned from him that the disease had broken out there and two Natives had died, one an old man and the other a child. Inspector Bennett was directed to proceed to Cambridge and take all precautions as to disinfection. Dr. Howden, of Waiuku, Dr. Wake, of Pukekohe, and Dr. Macdiarmid, of Huntly, were also asked to visit the Native settlements in their neighbourhoods and begin vaccination.

The Auckland Hospital Board were instructed to reopen the Isolation Hospital at Point Chevalier. To assist them in this matter Miss Bagley secured nurses willing to undertake this special work, and went with them to the Hospital, where she assisted in getting matters put in order. The large marquee tent which had been used at the fever hospitals in Te Ahuahu was lent to the Board and erected at the Point, with a wooden flooring. Dr. Spedding, of Dunedin, was engaged to look after the patients at the Point, and to assist Dr. Monk in vaccination and inspection of contacts during the rest of the day—the Board and the Department sharing his salary. Pending his arrival Dr. Lawry was engaged to assist in the work of vaccination and inspection of Maori contacts in the boardinghouses, &c.

On the 7th July three new cases were reported, all being Natives-one from a scow which arrived from Whangarei, another in a boardinghouse in Hobson Street, and the third in a boardinghouse in Beach Road. As soon as the Hospital at Point Chevalier was ready these cases were removed thither; all contacts vaccinated, and directed to remain in their boardinghouses, where they were daily inspected. To assist us in this work of isolating the cases the Inspector of Police kindly placed at our disposal a special constable who had some knowledge of the Maori

language, and who proved of great service.

Section 18 of the Public Health Act having been brought into force on the 8th July, the Tramway Company and the Northern Shipping Company were warned not to carry Natives who could not produce a certificate of vaccination. Later this prohibition was extended to smaller shipping companies and coaching companies in the province, and an inspection of coastal shipping companies are difficulties owing to the inventor arrival of the hoats. The ping began. This must offer many difficulties owing to the irregular arrival of the boats. The Borough Councils of Onehunga and Cambridge were notified that Natives were not to be allowed to come into the towns, and they were authorized to obtain police assistance in enforcing this order. The prohibition of Natives travelling by railway was, of course, referred to head-quarters. Subsequently some thirty medical men in county districts throughout the province were asked to act on behalf of the Department in the matter of vaccination, inspection of Native pas, and sanitary measures generally. The Board of Education was asked to assist by refusing admittance to school of children who had not been vaccinated. They agreed to try and induce parents to adopt this course, though not wholly prohibiting the attendance of unvaccinated children.

I left Auckland on the night of the 8th July and reported in person to Dr. Valintine next day. The experience in Trinidad, China, and Sydney shows the existence of a comparatively mild pustular infective disease of the nature of smallpox, since it is controlled by vaccination, and this is no doubt what we have to deal with in New Zealand. The probability is that the infective organism is an attenuated smallpox virus. That such an attenuated virus can exist we know from the fact that, so far as our knowledge extends, vaccine virus is of this nature. The point which concerns us is whether the virulence of the virus can be raised by passing it through a series of highly susceptible animals. We know from laboratory experiences that the virulence of many other organisms can be raised in this way, and we have in the Native race the susceptible animal. On the other hand, analogous vaccination virus is of a comparatively fixed type. It has never been known to work up in virulence even in the days of arm-to-arm vaccination. Possibly then the virus of this epidemic may remain permanently attenuated. It appears to have done so elsewhere. But we cannot afford to risk such an experiment, interesting as it would be to the scientist, and it is the obvious duty of the Department to avoid any possible factor tending to raise the virulence by supplying it so far as possible and as quickly as possible with only resistent individuals in which to develop, and this can most surely and most effectually be done by enforcing universal vaccination both on Europeans and Natives. It appears to me that haste in this matter is essential. It has had two months in which to spread in the receptive individual already, and so far has shown no great increase in infective power. If during the next two or three months we can vaccinate the majority of the Native race I believe we can afford to regard the outcome with equanimity. But no expense should be grudged and no measure, however harsh, avoided which may prevent the Natives travelling about the country carrying infection, and which will secure that, during the critical months, every Native in the country has been successfully vaccinated. Sanitary surroundings doubtless hold their due place in raising the resistance of the individual to infection of every kind, but to transform the Native into a sanitary race is a matter of slow progress covering generations. We cannot hope for such a miracle in a few months, and therefore must adopt the shorter and more direct methods of raising the resistance.

General Remarks .- It is of course customary in times of stress such as we are going through for the Press to adopt a severely critical tone and to revenge themselves for the anxiety and discomfort undergone by the public they affect to represent. They heap abuse on some persons selected as the scapegoat. As District Health Officer of the province in which the disease found footing I must accept this position. Yet I do so with a perfectly easy conscience. It is easy to sit in an armchair and say, in the light of subsequent events, what should or should not have been done. It is another matter to do the right thing before these events in their development have shown the right path. Newspaper critics know nothing of conflicting opinions of contradictory evidence, or of the limitation of sanitary legislation. We have been blamed, for

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example, for allowing Natives apparently suffering from chicken-pox to appear in public; but we have not been told how to limit the liberty of these subjects of the Crown when suffering from what was regarded as a non-notifiable disease, offering us no appeal to the powers under the Act. The gazetting of this disease as a notifiable one was finally forced on us by circumstances, but can only be regarded as an emergency action to combat the temporary peril. It could not be considered necessary under ordinary conditions to treat chicken-pox in this way, and it was only when we were fully satisfied that the conditions were far from ordinary that we felt justified in committing the country to the necessary expenditure which must follow the gazetting of this disease. Yet till it was done we were to a great extent powerless.

On the other hand, when we took precautionary measures in the Rukitai case there was a great public outcry when it was believed that these measures had been to some extent unnecessary. Your armchair critic is usually one who from his ignorance steps in where better informed men fear to tread, and popular criticism is too illogical, hysterical, and peevish to carry much sting. Were it possible for similar conditions to arise again I do not think it would be possible to alter the course of action we adopted. I have at least the satisfaction of knowing that if I have erred in judgment I have had the companionship in my error of many better men in other parts of the

world.`

(Note.—This was written on the voyage across to Australia. From my observations there I was able to conclude that the epidemic in Sydney was identical with that in New Zealand, and the cases I saw fully established the nature of the disease.)

Report of Dr. H. G. H. Monk.

On Saturday night, 10th May, at 9.45, I was called to the telephone and was told by the Matron of the Whangarei Hospital that two patients had been sent into hospital by Dr. Ventry Smith suffering from smallpox. The Medical Superintendent of the Hospital was in Auckland for a sitting of the Supreme Court at the time. As there was no means of getting to Whangarei until the 12th May I got into communication with the Sanitary Inspector, Mr. Shenton, who had already heard about these cases, and gave him necessary instructions. He informed me that the Natives had been sent down to the isolation ward of the Hospital, and upon arriving there were seen by the porter and ordered off the premises. They then proceeded to drive back to Nukutawhiti, a distance of about thirty miles. Meanwhile Inspector Shenton disinfected the boardinghouse in which these people had stayed, and on Sunday, the 11th May, started after them to Nukutawhiti. He overtook them and gave them full directions as to what they were to do, and returned to Whangarei, where I met him on Tuesday, 13th May.

At 9 a.m. we started for the Native settlement, and reached Parakoa that night. On the

At 9 a.m. we started for the Native settlement, and reached Parakoa that night. On the 14th May we continued our journey and reached the settlement, and found that the two patients were located upon the opposite side of the river. The two patients, W. Boxer, aged nineteen, and Tuhi Penni, aged twenty-five, came to us, and I made a careful examination of the rash, their physical condition, &c., as well as obtaining as accurate a history as possible from them. They presented what appeared to be typical severe chicken-pox rashes, with the rash most abundantly appearing upon the chest. The rash was in all stages from the red initial spot, vesicles, pustules, and scabs. This had all occurred within ten days. The only prodromal symptoms I could elicit were headache and influenza, which would include pains in the limbs. There was no history of pains in the back before the appearance of the rash. As the cases had been called "smallpox" by one medical man and "chicken-pox" by another, I made careful inquiries about this particular symptom. I could only consider that I had to deal with cases of chicken-pox. After giving all directions as to remaining in separate wheres, and also instructing the other Natives, through an interpreter, to keep away from the two infected patients, I returned to Parakao, and telegraphed to the Auckland Health Office that I considered the cases were chicken-pox.

From time to time we heard of fresh outbreaks in other settlements in the Mangakawhia Valley, and also obtained the information that the first person in that valley to suffer from a pustular eruption was a Mormon missionary. His itinerary will afterwards be traced, as he

without a doubt started the whole epidemic in New Zealand.

On the 4th June a case of smallpox was notified at a house in Onehunga by Dr. Harke, and the patient before notification had also been seen by Dr. C. Robertson, who has seen many cases of smallpox amongst Natives in Natal. I immediately went to Onehunga and found the patient covered with a fully pustular eruption, which he stated was eight days old. I had him removed to the isolation block of the Hospital, where he was seen by the members of the Hospital resident staff and also by the Chief Health Officer. Instructions were at once given to have him removed to Point Chevalier Isolation Hospital, which was hurriedly got ready for his reception. There seemed little room for doubt about the nature of his complaint, although for the amount of rash there was remarkably little constitutional disturbance, no delirium, and no smell such as is usual with true smallpox. Within three days he was asking for food, and the pustules were drying up rapidly, and within a week most of them had fallen off. In fact, the rash cleared up so quickly as to discount the diagnosis of smallpox.

When questioned as to his movements he gave us the information that several Natives from Mangere and Onehunga had gone to a hui or meeting at Te Hora, within the Mangakawhia district, he among the number. Also that a Native who had been up there and who had had a rash had come to his billiard-saloon. He also stated that he had seen other Natives with a rash, but none had had it as severely as he himself. Examination of other Maori houses in Onehunga and Mangere the day after this man Rukitai was removed discovered three others who appeared to have typical chicken-pox. A few weeks later a Maori was reported to have died at Mangere,

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and Dr. Makgill and I visited the whare in which the body was lying. From appearances the man had evidently been dead three if not four days, and we learned that no one had looked after The body was covered with scabs and in places maggots, and the epithelium when touched peeled off, taking the scabs with it. This man had recently returned to Maugere from Maungatautari, near Cambridge, and had certainly infected that district, as he was a relative of one of those who died at Maungatautari. After the return from the hui at Mangakawhia a meeting was held at Mangere. I have not been able to ascertain the exact date upon which the bulk of the Natives returned from the hui. Learning from Rukitai that there were several infected who had been north, attention was again drawn to the two early cases in the Mangakawhia Valley, and inquiries and reports came to hand that the first person to have this particular rash was the Mormon missionary. He was located at Awarua, where he was teaching at a school. history is as follows:-

Mr. Richard Shumway joined the s.s. "Zealandia" at Vancouver on the 19th March, having left Arizona on the 8th March, and landed in Auckland upon the 8th April. He stayed in Auckland four days and then went to Whangarei, where he landed about the 12th April; then went on to Maromaku, where he stayed with another Mormon, Elder Purser Going, and eventually travelled to Te Hora, where the hui was held on the 14th April. Mr. Shumway states that the day after reaching Te Hora he felt very ill, pains in the head and sore throat being the chief symptoms. A rash which he thought was measles appeared on his face, neck, body, and legs. He remained at Te Hora for a week and left for Awarua, and at the time of leaving scabs were dropping off him. At Awarua he commenced teaching, mixing freely with the Natives. After leaving Te Hora the inmates of Elder Purser Going's household sickened, the first appearances of rash being seen on the 2nd May. Reckoning the dates out—arrived Te Hora 14th April, sickened next day, remained one week—brings us to about the 22nd, and from the 22nd April to the 2nd May—ten days from the time of Shumway leaving whilst scabbing to the time of the rash (not invasion) being noticed amongst Going's family, allowing the usual twelve or thirteen days incubation common to smallpox, we conclude that the infection was carried from Shumway

during his stay at Te Hora.

Course of the Epidemic.—Owing to the wandering habits of the Maori race it naturally followed that settlement after settlement quickly became infected with what was still considered to be chicken-pox, and at the dispersal of the Natives attending the hui at Te Hora infection was carried in all directions. Wherever medical men saw any of the cases they were still considered to be chicken-pox. The Mangakawhia Valley from end to end was infected, and cases occurred at Kaihu, afterwards spreading to Karara. Kakanui district next suffered, followed shortly afterwards by Mangcre and Onehunga. From Mangere we have authentic information that one of the Natives from that district whilst sick went to Maungatautari, and so started the disease in that district. In the middle of June a Land Court was held in Auckland to which Maoris from all parts came, filling the Maori boardinghouses and hotels in different parts of Auckland. They introduced the infection into these houses, from which all the first cases that occurred in Auckland were removed. At the close of the Court in Auckland many of the Natives journeyed to Thames, where another Court was held, and fresh centres were started again in the Thames district. Many Natives had gone to Te Kuiti in the expectation of a Court being held there, but a case being discovered at Thames amongst those attending the Court, further meetings were postponed. Inquiries made at Thames revealed the fact that whilst in Auckland many of these people had been staying at one of the three houses which supplied the early Auckland cases. At one of these houses, which usually accommodates about forty visitors, we found that during the two previous days over thirty had left Auckland for Thames and Waikato. Many Natives returning to the Waikato stopped at Ngaruawahia and Taupiri, at both of which places outbreaks of smallpox were dealt with.

The outbreak in the Tauranga district is also referred to Auckland, but I am not able to state definitely that this is the case, as the house referred to in Auckland had been clear of disease

for quite a month before the Tauranga first case was reported.

In nearly all these early cases the disease was mild and referred to as chicken-pox, and it was not until the severe cases at Parawera. Maungatautari, and Taupiri were seen that the doubt

which had hung over the exact nature of the complaint was cleared.

General Type of Disease.—Undoubtedly the general type of the epidemic up to the present time has been its mildness with but very few exceptions. The incubation period has been as a rule about twelve days, but there have been cases that have gone over this time. Some have gone as long as seventeen to twenty days; hence the fact that they have been considered to be chicken-Prodromal symptoms in the earlier cases were not very marked, but the bulk of the patients old enough to give an account of their illness said that they considered they were in for an attack of influenza. The backache, such a severe and constant symptom of ordinary smallpox, was not so marked as one would expect. The evanescent rashes on the lower part of the body have been few and far between. The character of the rash has been one of the most interesting features throughout. The macule first appeared, as usual, and, rapidly developing into the papule, has been fairly constant, but the rest of the development into the pustule has departed greatly from the usual condition. Often at the fifth day the rash has been fully pustular, and scabs on the seventh day have been quite common. The usual vesicular stage has been extremely short, and even on the third day I have seen the blebs filled with a milky-looking fluid. This early maturation has been the cause of endless misgivings when making a definite diagnosis, as it is quite different from the usual and accepted course of ordinary smallpox. Again, once the pustule has formed it seemed to have the usual characteristics of smallpox, being round and slightly umbilicated at the centre. The depth of skin invaded also presented differences to true smallpox. In the early stages definite pitting was rare, but instead the pigment of the skin seemed to have been

collected and deposited at what would be the base of the pustule. This gave rise to a peculiar mottled appearance to the patient, and has been the cause of many visits to suspected smallpox patients, only to find that they had recovered from the disease weeks previously. One other symptom that was very marked in the earlier cases was the rapidity with which the scabs cleared off the patient, due I think to the fact that the skin was not so deeply invaded as is generally the case in cases of variola.

Amongst Europeans attacked no deaths have been recorded, although many of them were unvaccinated. Amongst the Maoris there are estimated to have been 55 deaths, which is a very small number considering that fully 85 per cent. of them were unvaccinated. This certainly is the truest index to the mildness of the outbreak, and up to the present time the cases seem to be decreasing in virulence rather than otherwise. This is not exactly what one would have expected judging by other outbreaks. The absence of the many sequels of smallpox is

another factor bearing testimony to the mildness of the epidemic.

Distribution of the Rash .- In an epidemic of smallpox in which deviation from the commonly accepted symptoms has been one of the chief features, the distribution of the eruption has perhaps varied least. In every case that I have seen the rash has been present upon the forehead, the spots numbering from one or two to many. On the sides of the nose and around the lips the rash has generally been in evidence. On the wrists, especially on the dorsal surface, one or more spots have always been found. The chest and abdomen have had much less than the back, and in several cases the total number of spots upon the chest has not exceeded half a dozen. lower extremities have usually shown evidence of the eruption, but not in every case. When affected the palms of the hands and soles of the feet have been the last places in which the rash has appeared. I think I am right in saying that throughout the epidemic the rash has appeared in the order mentioned above, and its regular mode of appearance has been of great assistance in coming to a definite diagnosis in cases where the usual appearances of the eruption, the absence of prodromal symptoms, and the history given by the patient have all been valueless in helping one to arrive at a definite conclusion as to whether or not it was a case of smallpox that was under consideration. The old statement that parts irritated by clothing such as a belt or garter has not been so regularly noticed, probably because the use of these articles of clothing is not so universal as in former days.

The District Health Officer, Wellington, reports:

With an outbreak of smallpox of the dimensions of that which occurred in the Auckland Health District it might well have been expected that several cases would have broken out in some portion of the Wellington and Hawke's Bay Health Districts, especially along the tracks of communication between the two districts, and it is a matter for congratulation that only four actually occurred. This result may be attributed to the energetic measures adopted in the matter of wholesale vaccination, the restrictions placed on Maoris travelling, and the quarantining of affected

With regard to the action taken in this district, on the first appearance of any cases of a suspicious nature measures were at once taken to quarantine the affected premises until the true nature of the disease from which the suspects were suffering manifested itself, and steps taken to ensure the vaccination of all persons who had come in confact, however slightly, with the cases, if not already previously vaccinated. Consequently no spread of the disease occurred from these four cases, three of which were directly traceable to infected places in the north. It would be difficult to estimate the actual number of suspects investigated through the report of symptoms or circumstances giving rise to suspicion, as owing to stress of work at the time it was only possible to record the more important of these, and of those which were obviously of a negative character on first examination no further note was kept. Apart from the actual cases, only six of the suspects reported were sufficiently so to warrant keeping under observation for a short space of time.

The four cases which occurred were as follows:-

C.H.H., Wellington, European female. Brought under notice on the 17th July. Employed in domestic service in a family which had just come down from the Bay of Islands district. Last probable exposure to infection 24th June; onset 11th July, the symptoms being shivering, backache, and general malaise. The rash appeared on the 16th July, on the forehead, face, back, and a few spots scattered on the limbs. Reported by medical attendant on the 17th July, and seen by me on the same date, and removed to a special isolation block at the Infectious Diseases

seen by me on the same date, and removed to a special isolation block at the Infectious Diseases Hospital. Result complete recovery, but with slight signs of pitting.

R.H., Mormon College, Bridge Pa, near Hastings, Maori male. Reported on the 14th July. He was then in an advanced stage of the disease, and had just arrived from Kaikohe, Auckland. Removed to Quarantine Island, Napier. The College placed in quarantine, all occupants vaccinated, and thorough disinfection of the premises carried out. Recovered.

P.J.R., Pahiatua, European male. Reported on the 19th July. He had been on a holiday trip to Auckland and district, returning on the 5th. Onset 16th—pyrexia, headache, and "a peculiar feeling down the back"; rash first appeared 18th, on forehead, and later on face. He had been much in contact with the Maoris on his holiday. Had never been vaccinated. Isolated at Pahiatua Hospital. Recovered.

at Pahiatua Hospital. Recovered.

F.P., s.s. "Delphic," Wellington, European male. Reported 18th August. Quartermaster on this steamer. Onset 10th August—rigor and malaise. Papular rash appeared on the 13th August (as gathered from patient's description). Vaccinated in Auckland on the 13th, and shipped on board "Delphic," which left Auckland for Wellington on that date. Seen by malaising the area and Islands. for first time on the 18th August in Wellington, who at once reported the case, and I visited forthwith. Patient then had a copious pustular rash, most marked on face and hands. Removed

to special isolation block in the Infectious Diseases Hospital. Vaccination did not take. Result

-recovered, but with marked pitting of face and back of hands.

How this case escaped observation on board the steamer on the voyage down the coast it is difficult to understand, as being a quartermaster he was necessarily on the bridge for two hours at a time during his watch, and therefore right alongside the officers on duty. The vessel was of course placed in quarantine, all cargo workers on board at the time were detained until vaccinated, and as many others as could be traced as having had any connection with the case were offered vaccination.

The coal-hulk which was alongside the vessel at the time, and the children of the caretaker who had been helped over the side by this man, were also placed in quarantine, and the children

vaccinated as well as the others.

The District Health Officer, Christchurch, reports:-Two suspicious cases were investigated, but neither turned out to be smallpox.

PLAQUE.

The District Health Officer, Auckland, reports :-

It is again most satisfactory to report another year without any manifestations of plague in man or in rats. The examination of rats has been continued regularly, and 7,974 have been tested bacteriologically with negative results. The Harbour Board and the City Council continue to employ men poisoning and trapping, and their work keeps the rat nuisance in check to some extent. To the improved sanitary condition of the waterfront and neighbourhood, and of the cellars and sewers under Queen Street, the absence of plague may be attributed.

LEPROSY.

Dr. C. H. Upham, Medical Officer in attendance at Quail Island Quarantine Station,

Lyttelton, reports as follows:-

C. is very frail and steadily getting worse. The disease was advanced when he came under treatment. Leprosy consists in a series of attacks of high fever (102.4 being registered at the height of attack). The emaciated feeble patient is quite prostrated during the attacks with headache and pains in the limbs; there is purulent rhinitis and pharyngitis, and patches of purulent nodules break out on face, shoulder, and hips; ulcers result, especially on the atrophied contracted feet. The leproma on the eye, which covers about two-thirds of cornea, has not advanced during 1913: the remaining one-third of the cornea is nebulous, but patient can still perceive light. The attacks last two or three weeks. Patient had attacks (1) at the end of January, (2) beginning of April, (3) beginning of May. After this attack I pressed him to take antileprol, which has an undoubted beneficial effect, so that the next attack (4) was postponed till the 25th November. This last was long and severe, not yielding till the 20th December. The patient also suffers from a hydrocele, which has occasionally to be tapped. During the attacks I drop the antileprol, which produces reaction, and give salicylate of acetyl (Xaxa) when neuritis is the prominent feature, and salicine when the skin is attacked. Both these drugs have distinct effects, relieving pain and subduing suppuration in the skin. I also use an antiseptic ointment consisting of Hydrarg. ammon. gr. v, Ol Eucalypt. min. xv, to the ounce of vaseline. I have used scarlet red ointment (according to directions), but E., who dresses C., declares the above antiseptic ointment heals the ulcers and subdues suppuration more rapidly. The extensive ulceration heals much more rapidly in this leper than indolent ulcers do in ordinary patients, large ulcers granulating and covering with soft skin in a few weeks. C. is bowed, weak, anæmic, lame, and blind. C. has now recovered from his albuminuria.

D. is really better. He is stout and strong, ruddy-complexioned, and well. All the three men are quite cheerful when not suffering from attacks. In January ulnar neuritis was troublesome, but yielded to Xaxa. In February D. had much pain in the plantar arch. This gave him so much distress that on the 4th March E., who had been hitherto the blind leper's companion, took over the duty of dressing C. from D. Now the plainest record of D.'s case is given by stating that throughout the year he looked and felt quite well, except for the following short stating that throughout the year he looked and left quite well, except for the following short spells: (1.) On the 20th April he presented four nodules on one arm. These nodules are the signs of nodular leprosy, the macules appear in both anæsthetic and nodular leprosy. The macules in D.'s case steadily improve, and if he did not occasionally show the nodules the prognosis would be certain. But the periodical reappearance of these nodules is most disappointing. I have encouraged him to imitate the auto-inoculation treatment of tuberculosis. There is no need of graduating E., he is so lusty and strong; so he daily exerts himself till the skin is thoroughly flushed with blood and glowing and sweating. He takes antileprol regularly; generally he can only stomach a dram a day, but occasionally I can press him near the maximum dose of 21 drams a day. In June he complained of anæsthesia and tingling of the toes: his anterior tibial rather than peroneal nerves are affected. In September I found three nodules in the macula on the left arm, and on the 14th December the old original macula on the right cheek became inflamed, swollen, and red, and affected the glands on the opposite side of the neck. I treat him as a I treat C.—Xaxa for pain, salicine for the nodules, and antileprol between attacks. D.'s nodules never break down, and his eyes are bright and show no signs of disease. (This eye affection, however, is only to be expected in the ninth year of unsuccessfully treated

As for E., he is detained only to nurse C., but his feet are clubbed and anæsthetic as the result of past anæsthetic leprosy, and occasionally the perforating ulcer breaks down from unconscious rough usage, but it heals on draining and laying open of sinuses. E. also suffers from dyspepsia, which yields to abstinence and drugs. E.'s urine was highly albuminous early in the year, but cleared up about May

(3.) PROVISION FOR INFECTIOUS DISEASE.

The District Health Officer, Auckland, reports:-

Provision for Consumptives at Auckland.—Plans for the proposed sanatorium at Tamaki were prepared for the Hospital Board, but in the end the scheme has been indefinitely postponed, while the Board propose to increase the temporary accommodation at the Costley Home, and an increased number of cases are to be received at the Government Sanatorium. This may be sufficient for the present, but cannot be regarded as more than postponing the time when the problem of adequate provision for the consumptive must be faced. The scheme for co-operation with the trustees of the Knox Incurable Home was a sound one, and it is to be hoped may yet lead to a satisfactory issue. We require adequate local accommodation for the incurable and dying cases, and as a preliminary stage for the observation of cases possibly curable, and this must be easily accessible from Auckland.

No provision now exists for supplying suitable work for consumptives discharged from treatment wholly or partially cured. Opportunity was taken of the sitting of the Forestry Commission in Auckland to lay before them the suitability of employing such persons in tree-planting in the high plateaus round Lake Taupo.

The Knox Home is now well on its way towards completion, and promises to be most satis-

factory as to situation and plans.

Infectious Diseases Hospital at Point Chevalier.—The value of this property was fully demonstrated during the smallpox outbreak, when 117 patients were removed there for treatment. The numbers were too great for the former very primitive and limited accommodation, and considerable additions had to be made. The use of floored marquee tents enabled those in charge to deal with the patients.

Rotorua Infectious Diseases Hospital .- This building was completed, and the old building

stripped of any useful material and burned down.

The District Health Officer, Wellington, reports:-

The Picton Hospital Board have provided accommodation for 8 cases in a new detached ward. Provision is also being made at the new Hospital buildings in Gisborne in a special isolation block.

The special temporary Hospital at Manataha, Waiapu, was again put into order and used during the year.

The District Health Officer, Christchurch, reports:-

After full consideration whether to abandon Bottle Lake Hospital and put up a new building on a suitable site for scarlet fever and other cases of infectious disease, the North Canterbury Hospital Board decided to extend the accommodation of the Bottle Lake Hospital by putting up a building more suitable for the accommodation of patients who cannot be accommodated in the existing ward but for whom accommodation existed in the form of shelters.

For diphtheria and cases of infectious disease other than scarlet fever the new isolation block which has recently been erected at Christchurch Hospital is now available. This contains

accommodation for 24 cases.

Accommodation for consumptives at the Cashmere Sanatorium, additional shelter accommodation was added for 10 women and 3 men.

The completion of the King George V Coronation Memorial Hospital for consumptives unfit for admission to the Cashmere Sanatorium was delayed through the strike. It will probably be completed within the next few months and will contain accommodation for 44 cases.

(4.) SANITARY CONDITION OF DISTRICTS.

The District Health Officer, Auckland, reports:-

Auckland City.

The absence of any evidence of plague for the past two years, and the steady diminution in the cases of typhoid, form a good indication that the city sanitary service is doing effective work. The returns as regards typhoid show 58 cases in 1911, 41 in 1912, and 26 in 1913, the latter including the recently added Borough of Parnell.

The inclusion of Parnell and more recently of the Arch Hill Road District in the city is satisfactory as indicating that the public are beginning to realize that the day when the petty local body could justify is existence is over. Other suburban bodies are beginning to feel the presence of public opinion, guided by common-sense, towards union into one powerful corporation; and though the petty local politician, who rightly foresees that he will drop out of the limelight when his district merges in the greater body, and the short-sighted individual who sees nothing beyond a possible rise in rates in the scheme are still able to obstruct, their power is waning, and Greater Auckland is becoming something more than a pleasing theory.

The work of the Drainage Board continues steadily, and early in the present year the outfall

The work of the Drainage Board continues steadily, and early in the present year the outfall works will be completed and the greater part of the city able to take full advantage of sewer connections. It would seem a matter for regret that the powers of this Board do not extend further and enable them to carry the sewer reticulation work through, both in city and suburbs. The work done would then be on a definite system, and could be completed more rapidly on much more economical terms than under the present system of linking together a number of wholly inde-

pendent small schemes.

Auckland Suburbs.

The breakdown in the suburban nightsoil service, which has been foreseen for some years, occurred towards the end of the year owing to the owners of the land at Purewa on which the

depot was situated refusing to renew the lease to the contractors. This was natural owing to the spread of population in those districts making the land too valuable for any but building The result, however, was unfortunate, since the Drainage Board sewers were not sufficiently forward to enable them to be used by medium of flushing-tanks. The suburban bodies in whose districts suitable land was available for land disposal one and all refused to sanction a depot within their boundaries, and the districts requiring the depot had no land suitable. The result was a deadlock, inevitable under the present state of local government, when the needs of the district as a whole are made subservient to the prejudices of small sections of the community. An attempt earlier in the year to secure a depot on part of a Government reserve in the Mount Roskill district, which from the poverty of the soil and the isolated position was extremely suitable for the purpose, was frustrated by the influence of the local authority. In order to place the safety of some fifty thousand persons in a position independent of narrow prejudices, a clause was inserted in the Lands Empowering Act temporarily enabling the Department to select a site and authorizing its use despite the objections of the local authorities. Unfortunately this common-sense provision was passed so hampered by conditions that its use was lost, while the Act threw on the Department the onus of finding a suitable depot under impossible circumstances. The only lands left available are not those which would be chosen were the Department to be guided by public welfare alone. The position of the Department is thus weakened in meeting the objections of the residents in the neighbourhood of the sites they are forced to select. The service, however, is being maintained, though on a somewhat precarious basis, subject to the physical opposition of the objectors. In this unsatisfactory manner we may be able to struggle along till the opening of the sewers enables a more reasonable scheme to be inaugurated for this most important but unsavory branch of public service.

There is little new to report as to the sanitary condition of the suburbs generally. As

before, the lower slopes of Mount Eden, Mount Albert, and Eden Terrace show a somewhat high infectious-disease return, due to the difficulties of sewage-disposal on clay areas. These

districts are urgently in need of sewerage.

Grey Lynn.—The Borough Council were well advised in securing the old nightsoil depot, which after a period of rest was available again for use. This district was thus saved from any of the troubles related above.

Devonport.—This borough can no longer claim freedom from infectious diseases as in the old days. This decline is due in part to overcrowding of houses and in part to the failure of the Council to carry out its own by-laws relating to stables and the keeping of animals generally.

Onehunga.—The sewerage system is now complete, and the reticulation extends throughout the larger part of the borough. The outfall into the harbour has so far produced no visible pollution of the beaches.

Sanitary Condition of Country Districts.

As before, the country districts have suffered from the presence of the Maori—living as he does half in and half out of civilization—Waikato and Thames Valley especially being affected. It is gratifying, however, to note that smallpox failed to establish itself in the towns.

Thames Borough.—Mr. Franklin reports satisfactory sanitary progress here. The chief problem there is again the subdivision of local government, since a large part of what is the town of Thames lies outside the borough and in the county. The result is that much-needed schemes are to water-supply and sewerage are hampered by jealousies and conflicting interests. schemes as to water-supply and sewerage are hampered by jealousies and conflicting interests. Several visits were paid to the Borough Council on this question, and a rough scheme outlined in which both borough and county could take part. A Drainage Board, representing both bodies and controlling water and drainage, is greatly needed.

Te Aroha.—This is a model small town which keeps sanitary needs well to the fore. sewerage system has been extended 60 chains during the year.

Hamilton.—The drainage-work in hand has been completed, and a loan is being provided for further extensions. Municipal baths have been provided. The abattoir has not yet been established, though sites have been under consideration.

Cambridge also has extended its sewered areas, and municipal baths have been constructed.

Te Awamutu.—A water-supply is being supplied, and sewerage will follow shortly.

Taumarunui has suffered to a small degree from a tendency to overcrowd buildings on small sections. By-laws dealing with the matter have now been established.

Ngaruawahia.—The long-desired drainage system for the two hotels has at last been established, owing to the welcome co-operation of the Licensing Bench.

Tauranga has adopted a sewerage scheme, which is now being installed.

Pukekohe.—The need for a sewerage system here has been recognized by the Council. A report on the matter was furnished dealing with the best means for disposal of the sewage.

The District Health Officer, Wellington, reports :-

City of Wellington.—The sewers are gradually being extended to the outlying parts of Greater Wellington. The general health of the city remains good. From time to time, especially during the autumn months, there has been slight trouble with regard to the water-supply, many complaints having been made of its peculiar taste. This matter has received considerable attention, and every effort has been made by the City Engineer to remedy it. The milk-supply, which for many reasons has not been quite as satisfactory as it should be, has received much attention, and the Council have under consideration the question of establishing a municipal depot. Many insanitary buildings have been dealt with in the course of the year, either by demolition or the remedying of defects.

Wairoa.—A few septic tanks have been installed in this borough by private owners, the effluent being discharged into the storm-water sewers. These sewers, however, discharge by

several openings along the front of the town into the river, and the Council have been urged, if they are to be made use of to any great extent for the reception of household drainage and tank effluent, to run a main intercepting sewer to discharge some distance below the town.

Feilding.—The borough septic tank seems to be now working satisfactorily, but there is need for the extension of the sewerage system to parts of the town not at present served by the

Bunnythorpe.—Some trouble was experienced in connection with the pollution of a creek by milk-factory wastes. Remedies have been suggested and are being put into operation.

-Much trouble has been caused by the condition of the rubbish depot in this town.

The Council have, however, taken action to prevent a nuisance arising.

Millerton.—Owing to pollution of the river through the township by the emptying therein of nightsoil and refuse, approval was given to a system of nightsoil service and refuse-removal. With regard to the former, the ordinary means of disposal by burying being impracticable owing

to rocky nature of the ground, a special system has been adopted.

Granity, Ngakawau, and Hector.—A nightsoil service was proposed, but owing to the scattered nature of the three settlements it was decided not to go on with it, but action was taken

to prevent the pollution of a lagoon by drainage from various premises.

Westport.—No further action has been taken with regard to the sewerage scheme for this borough. It is to be hoped that some satisfactory solution to overcome the special difficulties will be arrived at shortly.

Petone .- The Petone Borough Council are preparing to instal a sewerage system. Many

insanitary buildings were dealt with in this borough.

Gisborne .- Considerable pollution has arisen in the Taraheru River, due principally to the discharge of meat-works drainage in the upper reaches, and to the fact that there has been no flood recently to scour the river out. Measures have been taken to prevent any further pollution. Action has also been taken to prevent the pollution of the foreshore at Kaiti from a similar source. Considerable improvements are being effected in the general sanitation of this borough, but there is yet much room for improvements. The sewerage system is being pushed on with, but has not yet been fully completed. Many insanitary buildings were dealt with in the borough, and foodstuff premises received much attention.

Johnsonville.—The railway cattle-yards in this township caused some nuisance, but arrangements have been made for improvements, which are now being carried out. The Town Board was also advised to take action to improve the condition of privately owned saleyards. Many

insanitary buildings in this township were dealt with.

Lansdowne. Water-supply: Measures have been taken by the responsible authority to improve the condition of the race bringing the water to the reservoir, but other important work in connection with the improvements of the supply has not yet been carried out, owing to want of funds.

Nelson.—The sewerage system of this town still gives considerable trouble owing to the fact that the subsoil water finds its way in in quantities sufficient to interfere with the action of the septic tank. Improvements are gradually being effected, but at the present rate of progress it will take some time to get this matter right, and at present all the sewerage passes direct into the harbour. Many insanitary buildings have received attention.

Kaiwarra.—Several insanitary buildings have been dealt with.

Otaki.—The Town Board is at present considering the question of a public water-supply and sewerage system.

The District Health Officer, Christchurch, reports :-

Kaikoura County.—Duplicate regulation nightsoil-pans adopted in place of oil-drums, &c.
Rangiora Borough.—In place of the nightsoil being removed by private contractor, who collected his own fees, the Borough Council have the work done by contract, fees being payable to said Council.

Sumner Borough.-A new refuse-destructor has been built by the Borough Council to deal with the house refuse collected in the borough, and has been working for six weeks.

Spreydon.—A fortnightly service over the whole borough for the collection of household

refuse has been instituted, the refuse being tipped at a special depot in the borough.

Ashburton Borough.—The sewerage scheme is being prepared, but unfortunately the Borough Council does not intend to proceed any further at present, but a high pressure of water-supply is now available, so that the borough can be easily sewered. It is certainly time this scheme was proceeded with.

Geraldine, Mataura, Invercargill, Cobden, Blackball, and Runanga have made no advances

in obtaining water-supplies or sewerage schemes.

Timaru Borough.—The new sewerage system for the borough is nearing completion; the southern outfall has been completed, and the house connections in that area are mostly joined to the sewers. In regard to the northern outfall, some difficulty has been experienced with the Monier pipes which had been laid, especially those pipes which lie alongside the railway embankment. The vibration caused by the railway traffic seems to have broken most of the joints, necessitating this line of pipes to be lifted and relaid on a much stronger bed of concrete. This work is well in hand, and it is expected that house connections in the northern part of the borough will be allowed to join the sewer in the course of a few weeks. Plans are being prepared to instal a pumping plant at the north and south ends of the town to remove the sewage from a number of premises which cannot empty the sewage by gravitation into existing lines, and when this is completed the entire borough will be provided with a satisfactory sewerage system.

Waimate Borough .-- The house connections in the sewerage area are almost completed, only twenty remaining unconnected, and of these some contracts are let. The siphons at the septic tanks have never given satisfaction, and repairs are being carried out at present to improve them, and a new sewer extension is being laid in Cameron Street to take the sewage from the Catholic Presbytery, Catholic School buildings, and the Convent.

Temuka Borough.—The new high-pressure water-supply system was completed early in the year, and a large number of connections are being made. The source of supply is the Waihi River at a point above Winchester, the water being conveyed to the borough by iron pipes, and

is giving satisfaction.

Geraldine Borough.—Owing to the Road Board posting up notices prohibiting the dumping of refuse on the river-bed, some difficulty is being experienced in householders getting rid of their refuse; but the Borough Council are corresponding with the Land Board officials to secure a vacant suitable site near the town for the purpose, which will considerably improve the position.

Gore.—Sewering of number of outlying streets now completed.

Mataura.—Drainage scheme for the borough now completed, with exception of small section of 30 in, outfall sewer to river.

Winton.—A system of collection of household refuse has been commenced here, rubbish being tipped in gravel-pit some distance from town.

Nightcaps.—A nightsoil service has been inaugurated (sealed-pan system), and is working satisfactorily.

Invercargill.—During the year splendid progress has been made with the Invercargill central drainage scheme, which is rapidly nearing completion. It is hoped to commence house connections within the next four months. Over twenty miles of cast-iron water-mains have been put down in the suburbs and outlying parts of Invercargill Borough. The bore for increased water-supply is now nearing completion. The drainage and sanitary appliances of Southland Hospital,

Invercargill, have been completely remodelled.

Greymouth.—There is steady improvement in the general sanitation of Greymouth, house drainage receiving thorough inspection and supervision. The Borough Council has cancelled all drainlayers' licenses in the borough, and has appointed one man to do the whole of the drainlaying. The effect of this has been that there are no "jerry" drainlayers in the town, and the

work is easier to supervise.

A new sewerage scheme is urgently required for the borough, as the present sewers are badly laid and are practically useless, consequently sanitary progress is by no means what it ought to be, the want of finances in the borough being the primary block to such progress.

The installation of a nightsoil-tank is a decided improvement on the old system. The tipping on to a paddock near the Hospital was a great nuisance, and a breeding-ground for flies. This has been done away with, and all the nightsoil is tipped into the tank at night and discharged into the river at half-ebb tide, being afterwards flushed with water and sprinkled with disinfectant. There is not the slightest smell.

Cobilen.—During the year the Labour Department has erected several workers' dwellings in Cobilen, the drainage for which was inspected and supervised by me at the request of the Labour Department. Owing to the absence of a sewerage scheme in Cobden the household wastes are collected into a 6 in. main and discharged into a small watercourse, and will cause trouble in the future, I am afraid. At the conclusion of the work I certified to the Department that the work had been carried out to my satisfaction, although I did not necessarily approve of the scheme by the issue of such certificate, but only in respect to the manner in which the work had been done. It is a matter for regret that the Labour Department did not submit the plan of the estate to the Health Department for a drainage scheme. If this had been done a septic tank could have been installed on the estate and each section loaded with their proportion of the cost, which would have been little more than the present scheme has cost. then have been installed in each house instead of the pan system.

Reefton.—There has been a decided improvement in the general sanitary condition of this town, which is likely to be maintained in the future. One condemned building has been removed and replaced by an up-to-date shop. Other substantial buildings have been erected, and alto-

gether the prospects are very encouraging.

(5.) SANITARY CONDITION OF THE NATIVES.

The District Health Officer, Auckland, reports:-

The welfare of the Maori has occupied the principal share of the Department's attention in the Auckland Province during the year, owing to the epidemic of smallpox, which singled out these people in a most remarkable manner. It is pleasing to be able to put on record the fact that the Natives-backward as they are to take up sanitary matters on most occasions-showed a most exemplary willingness to comply with every requirement made on them in dealing with smallpox. Their willingness—indeed, eagerness—to undergo vaccination was a pleasant change from the indifference and opposition of the European, and the patience and thoroughness with which they observed the restrictions as to travelling and isolation was an object-lesson to their white neighbours. That the disease was got in hand in four months must to a great extent be accredited to the whole-hearted co-operation of the chiefs and leading men in the various settlements.

I am glad to take this opportunity for recognizing with gratitude the voluntary help the Department received from various persons interested in work among the Maoris. Among these the Rev. Archdeacon Hawkins stands out prominently, who by personal influence did much to encourage the Natives in observing the sanitary laws. At his own suggestion he received instruction in the method of vaccination, and on his travels in outlying parts of the districts was able to operate on Natives who otherwise would have been difficult to reach.

Of the value of Dr. Buck's work in the north it is impossible to speak too highly. His great influence with the Natives, as well as his professional skill, was a big factor in suppressing the outbreak there.

Typhoid, as usual, has found only too encouraging a nidus in the Native settlements. Eight separate outbreaks have to be recorded, as follows:-

Paeroa (Ohinemuri County)-January and February, spreading all through Thames

Valley.

Whakatane (Whakatane County)—February. Mataura Bay (Thames County)—March. Ohaeawai (Bay of Islands County)—March.

Waahi (Raglan County)-March.

Matakana Island (Tauranga County)-June. Whangaroa (Whangaroa County)—July.

Omania (Hokianga County)—November.

There were thus serious epidemics in progress in different districts practically continuously throughout the year. It was necessary to establish temporary hospitals at Paeroa, Ohaeawai, Whangaroa, and Omanaia.

The Paeroa and Thames Valley outbreak was the most serious, some 65 cases occurring during the first three months of the year. The outbreak at Whangaroa was also severe, 19 cases being

under treatment in hospital.

I visited the Thames and Piako Native settlements during the epidemic, and addressed meetings of Natives upon the causes and methods of avoiding the disease. To the very primitive ideas on water-supply one can attribute much of the trouble. At one Native settlement visited the supply was obtained from shallow wells. At some time the Natives had been instructed to dig a shallow trench round the top of the well to prevent surface water entering. The purpose of this trench had been forgotten, and we found that it had been utilized as a convenient place for the disposal of all the household filth.

The reluctance of the Native to relinquish the old custom of holding prolonged tangis over their dead also is a grave source of anxiety to the sanitary officer and the nurses. Much disease is spread at these meetings held over the departed, and unless the scheme for notification of deaths among the Natives is enforced it will be difficult to check this danger. The tohunga also continues to do harm. In one case in which the tohunga proved to be a white woman a warning was issued. By her ignorance of the true nature of the disease, and the failure to take precautions, she had probably been the means of spreading infection.

NATIVE NURSING SERVICE.

Under Miss Bagley's able management this important branch of our work is beginning to assume the importance it deserves. The Natives are at first suspicious, but soon learn to rely on the nurses and to welcome them and assist them in their work. During the smallpox epidemic Miss Bagley and her staff were untiring, and their organization of temporary hospitals for this and during the various typhoid outbreaks, at short notice, showed what systematic training can accomplish. That these camp hospitals could be established in a few days and be run without a hitch and give results equal to permanent institutions reflects the greatest credit on Miss Bagley's power of organization.

In the Rotorua district Nurse Anderson's work was rewarded by a most satisfactory absence of typhoid even during the outbreaks at Thames and Tauranga. During the earlier part of the year Nurse Dawson was appointed to the Thames district, and soon had established herself as a favourite with the Maoris. Her work was exceptionally heavy owing to the widespread typhoid

outbreak.

Nurse Mataira was occupied chiefly in the Bay of Plenty district, where she succeeded in getting the Natives to adopt modern methods in the Opotiki district.

For Whakatane a satisfactory scheme of co-operation between the Church of England Native Mission and the Department was formulated, and Nurse North was appointed to the work.

In the Bay of Islands district and at Paeroa arrangements for co-operation between the

nurses engaged on mission work and the departmental nurses were made.

Nurse Taare was occupied chiefly in dealing with epidemics of typhoid and smallpox in

various parts, and did excellent work all through.

Temporary appointments were made also for nursing during the epidemics of typhoid and smallpox. At Te Ahuahu camp Nurse Stephenson, who had done excellent service, had the misfortune to contract typhoid herself at the end of the outbreak; and, though very seriously ill, I am glad to say a good recovery was made. It illustrates the dangers which our nurses face cheerfully and without fear.

In the Bay of Islands Hospital District Nurse Hawken was appointed during the latter end

of the year.

It is unfortunate that the Hospital Boards generally do not appreciate the importance of the Native nursing service in their districts. Save at Thames the scheme is regarded with indifference or active opposition, although the only contribution asked of these bodies is that they should assist in the matter of travelling-expenses.

The District Health Officer, Wellington, reports :-

Improvements with regard to the sanitary conditions in the various pas are gradually being effected, especially in the direction of enforcing the provision of more sanitary methods in connection with the privies. Many old insanitary where have been condemned and new and more up-to-date habitations built. Muriwai Pa, in which last year many cases of enteric fever occurred,

has now been almost rebuilt, several modern houses taking the place of old insanitary buildings which were condemned. During the prevalence of the smallpox epidemic in the north systematic vaccination of Maoris in this district has been carried out.

The District Health Officer, Christchurch, reports :-

Throughout the year tuberculin treatment was given in Tuahiwi and Little River pas. In Tuahiwi 67 children were under observation, and an average of 38 received tuberculin injections and iodine-painting every week. At the last examination in the year 25 per cent. of this number showed disease arrested. In Little River 9 children were treated, and with one exception made satisfactory progress. In these two pas special drill and breathing exercises were given in the schools, the children were weighed every week, and weekly visits paid to the homes and instruction given to the women about diet, ventilation, means of preventing spread of disease, &c. Frequent visits were paid to Te Waipounamu College for Maori girls, where several pupils were under observation. In Rapaki, Temuka, Port Levy, and Moeraki all the homes were visited and the school-children examined and treatment advised where necessary. During the year 43 children were taken to the Christchurch Hospital for the removal of tonsils and adenoids. July was spent assisting the doctors to vaccinate the Natives in the different settlements.

(6.) SANITARY INSPECTION.

The District Health Officer, Auckland, reports:—
The work of the Sanitary Inspectors resulting from the smallpox outbreak has been exceptionally heavy during the year, and without exception they have responded, with credit to themselves and to the Department, to the unusual call on their services. Their untiring efforts and their willingness to face any duties, no matter how dangerous or disagreeable, have provided the only satisfactory feature of the epidemic. Whatever criticism may be offered to the Department throughout this affair we can at least point to the work of these men with satisfaction as deserving the highest praise and the gratitude of the community generally. The formal records given below offer but a small indication of the heavy work which our Inspectors have done

throughout an unsually busy year.

Two changes in the permanent staff have been made during the year. The work in the north necessitated the appointment of a second officer, therefore Mr. Skynner was detailed for duty in the Bay of Islands Hospital District, while Mr. Shenton was appointed for the Marsden-Kaipara Board's work, and began his duties on the 1st March. The rapidly increasing population in the Waikato district necessitated the appointment of a second Inspector to relieve Mr. Bennett. Mr. Calderwood was appointed to the southern part of the Waikato Hospital District, with headquarters at Taumarunui. Mr. Bennett retains the northern district, and this decrease in area enabled us to accept the offer of the Hamilton Borough Council to appoint him Sanitary Inspector for the borough. The local authorities throughout the district have increased their subsidies to secure the services of the Inspectors for the local work.

The District Health Officer, Christchurch, reports :-

Both the Lyttelton and New Brighton Boroughs have delegated their powers of sanitary inspections to the North Canterbury Hospital Board, the former borough paying £50 for this inspection and also for the inspection of any drainage and plumbing work, and the latter borough paying £15.

During the year the Oamaru Borough notified the Department that it wished to discontinue the payment of £60 a year for the services of Inspector McKenzie. Inspector McKenzie was subse-

quently transferred to Christchurch as Inspector of Weights and Measures.

Special inspections have been made by Inspectors in connection with the following matters:

North Canterbury: Seventy-four hotels were inspected in the Christchurch, Avon, Riccarton, and Lyttelton Licensing Districts.

Drainage of Christchurch abattoirs.

Offensive trade at Sockburn.

Drainage from offensive trade into Heathcote and Avon Rivers.

Yaldhurst camp. water-supply.

Ashburton: Preparation of plans and specifications have been made of several private premises in the counties.

Grey: Supervision of alterations to hospital buildings and installation of electric light and steam heating appliances.

Invercargill: Supervision and testing of drainage at the Southland Hospital.

HOTEL INSPECTIONS.

The District Health Officer, Auckland, reports :-

During the year 418 sanitary inspections have been made, and reports in many cases furnished to the Licensing Benches. This system of co-operation with these licensing bodies has been productive of most satisfactory reforms as regards the condition of the building.

The District Health Officer, Christchurch, reports :-

In furtherance of the object of resolution 10, passed by the Conference on the Administrative Control and Treatment of Tuberculosis, "That it be a recommendation to the Licensing Committees that periodical cleansing of hotels be carried out," a circular letter was sent to all Licensing Committees in the district, suggesting that the best way to give effect to this recommendation would be to instruct the reporting police officer to make a special note in his annual report as to the cleanliness or otherwise of the hotels, and an offer was made of the assistance of the Department's Sanitary Inspectors if required.

The Licensing Committees of the Christchurch, Avon, Riccarton, and Lyttelton Districts accepted the assistance of the Department's Inspector, and an inspection was made in company with the police officers.

From inquiries made regarding the use of disinfectants and methods of cleansing, it was found that almost without exception liquid disinfectants were added to the water used for cleansing, and that daily cleansing of public and sleeping rooms was carried out. Inspection revealed a comparatively large number of defective and inadequate public conveniences, which were reported on to the Committees concerned. In the majority of the houses where defects existed repairs were carried out before the annual meeting of the Licensing Committee. In the others the granting of licenses was deferred by the Committee till alterations were made, which in all cases have been satisfactorily carried out.

There is, however, need for improvement in the appliances used for glass-washing. The common practice found to exist was that of emptying the leavings from the glasses into a receptacle kept for the purpose, rinsing the glass in heated or cold water held in a small tub, and standing the glasses to drain on a perforated tray, and then wiping with a towel. The water in the tubs is supposed to be changed twice or thrice a day, but the contents of some tubs indicated gross pollution to exist before the water is changed, hence a needed improvement is that all public bars supplying drinks should be required to be provided with sinks having overflows and wastepipes for discharging purposes, and hot- and cold-water taps fixed over them, and all glasses washed in running water.

In company with the Inspector of Police I have inspected a large number of hotels in the district, and reported to the Licensing Committees of Grey and Westland all sanitary defects. In all cases the Committee ordered the work to be done to my satisfaction. The two Cobden hotels were condemned and reported by me as being unfit to hold licenses, and after inspection by the Committee it was unanimously decided to refuse the licenses until the houses had been rendered fit to my satisfaction. The result was that one was practically rebuilt, and the other was entirely rebuilt. This decision is a very important one, and will create a splendid precedent for the future regulation of sanitation in hotels.

I also reported to the Committee that overcrowding in bedrooms exists in several hotels, and the Chairman warned the trade that, although he did not see clear to take any action at present, he would seriously consider the matter at the next annual meeting. In this connection I should be glad of your advice in this matter, and whether less than 600 cubic feet of space can be allowed per person where the only means of ventilation is by opening the windows.

SUMMARY OF SANITARY INSPECTIONS, AUCKLAND DISTRICT.

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SUMMARY OF SANITARY INSPECTIONS, WELLINGTON - HAWKE'S BAY - NELSON DISTRICT.

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SUMMARY OF SANITARY INSPECTIONS, CANTERBURY, WESTLAND, AND SOUTHLAND DISTRICT.

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South Canterbury— Total number inspected Number in which defects existed Number requiring requisitions	:::	::: ·	:::	8 - 8		~ : : 	6 : :	:::	2 : :	:::	≘-:	:::	2n-			26 26 35 35	82 - 1-	:::		· • - :	¥ ::		:	= 2 °°	ଅଧ :	12 : :
Inangahua. Total number inspected Number in which defects existed Number requiring requisitions	:::	:::	:::	53 : :	∞ : :	:: -	· · · · ·	::::	:::	:::	::::	:::	G : :		<u>-</u>	106 	81 m :	<u> </u>	::::	:::	:::		m	- : :	: : :	9 : :
Grey— Total number inspected Number in which defects existed Number requiring requisitions	:::	:::	:::	136	\$::	- : :	± ::	:::	ء : :	:::	::::	:::	5 : :		?i ·	283 10 :	- 15 :	⋾ ∶∶	29	% : :	:::	: : :	: : در	. : :	ন : :	≘∓ :
If aitaki— Total number inspected Number in which defects existed Number requiring requisitions	:::	:::	:::	∞ ∞ :	e	91 † : 	9 : ••••••••••••••••••••••••••••••••••••	→ :	- ::	::::	:::	:::	22 : 32 :	ກ : :	 ——————————————————————————————————	319 23 22	9	91 : :	9 : :	2::	:::	:::	91 22 9	3 : 3	9 : :	<u>s</u> : :
Total number inspected Number in which defects existed Number requiring requisitions	:::	:::	:::	9. 9. :	- : :	m · ·	უო : ————————————————————————————————————		:::	: : :	::::	:::	1 4 -	· · · · ·		69 13 15 4			:::	: :	1-21-	: : :	= 9 K	02 8 ic	:::	≈ ::
Total number inspected Number in which defects existed Number requiring requisitions	:::	:::		<u>se</u> ::	:::	9	6 TO	:::			: : :	:::	4 :	::::		28 15 17 5 7 2	2 + 6	0001-	⋄ : :	:::	∞	:::	15 t- 10	§ 3 3 æ	:::	m : :
Total number inspected Number in which defects existed Number requiring requisitions Southers	:::	:::	: : :	115 45 13	28 13	22 48	98 :		<u> </u>	≀∽ ಙಿೆಬ	ရှ ၈ ၊>	:::	202		8-1-	875 30 196		¥ 24 :	23.55	± ~ -	4 c. a	=-':	109 28 28	196 110 61	- : :	::
Total number inspected Total number in which defects existed Number requiring requisitions Wallace and Fiord—	:::	:::	:::	<u>ლ</u> - ლ	ຕ : :	ກ · ·	· · · · · · · · · · · · · · · · · · ·	10 24 24	ম : :	ାଦ ମ :		:::	23		4.21	433 17 201 4 99 2		20 mm		61 - :	2 + +	24 24 -	10 स थ	16 15 12	 :	₹: ₹
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(7.) OFFENSIVE TRADES.

The District Health Officer, Wellington, reports:-

Special inspections with regard to offensive trades were made at Feilding, Petone, and Kaiwarra, the boiling-down works at the latter place having given rise to many complaints from residents in the neighbourhood owing to nuisance. This was largely due to the lack of an efficient water-supply, but work is now being undertaken to remedy the evil.

An application for the establishment of a fellmongery at Petone was received, and plans for the reconstruction of an existing building to make it suitable for the purpose were approved.

The District Health Officer, Christchurch, reports:-

NORTH CANTERBURY.

No new permits have been granted in the district during the year. One firm treating sausage-casings gave up a long-established factory and removed to other licensed premises in the neighbourhood.

Several improvements were made in connection with drainage arrangements from offensivetrade premises in the Woolston district, which will tend to lessen the pollution of the Heathcote River.

OTAGO.

One application was received for the establishment of offal-treating plant in this district. The Christchurch Meat Company (Limited), at the Burnside Works, are experimenting with ozone as a purifying agent in the treatment of noxious gases given off from manure-driers, but so far the results have not been entirely satisfactory.

(8.) INSANITARY BUILDINGS.

The District Health Officer, Auckland, reports:-

During the year the following condemnation certificates in respect to buildings were issued: Whangarei, 1; Hamilton, 3; Auckland, 2; Taumarunui, 1; Thames, 1; Rotorua, 1; Otorohanga, 1; Ohinemutu, 1; Maungatautare, 1; Matangi, 1; Murapara, 1. Many old sheds and whares were destroyed in Native settlements as part of the measures taken to suppress smallpox.

The District Health Officer, Wellington, reports:-

Many premises were inspected owing to insanitary conditions, and in connection with these condemnation certificates were issued for fifteen buildings, and a requisition for repairs in lieu of demolition for 26 buildings.

The District Health Officer, Christchurch, supplies the following information:--

				Insanitary	Buildings.
Hospital District.	Local Authority	/'s District.		Condemned.	Repaired under Requisition.
				***	1
North Canterbury	Christchurch City		:	8	5
·	Woolston Borough			1	
	Riccarton Borough		!	1	i
	Sumner Borough			1	1
	Heathcote County		•• 1		2
	Kaiapoi Borough			1	1
Otago	Dunedin City			47	60
,•	Taieri County			4	
In angah ua	Reefton Borough			l	
Grey	Greymouth Borough			.4	
Southland	Invercargill			1	
Wallace and Fiord	Wallace County	• •		1	
Totals				70	70

(9.) BY-LAWS.

The District Health Officer, Auckland, reports:-

Sanitary by-laws were dealt with for the following bodies: Taumarunui (building areas); Kohukohu (general sanitary matters); Mount Roskill (general sanitary matters); Pukekohe (general).

The District Health Officer, Wellington, reports:-

The Mangaweka Town Board passed sanitary and plumbing by-laws for their borough By-laws were also approved for the Rangitikei County Council and the Hawera Borough.

The Horowhenua County Council were recommended to adopt by-laws with regard to front ages for new premises in the township of Shannon.

The District Health Officer, Christchurch, reports:—
Rangiora, Spreydon, New Brighton, and Mosgiel Boroughs, and the Waimairi County
Council, have made improvements in their by-laws which give these boroughs more power in obtaining a better standard of drainage and plumbing-work and control over the installation of septic tanks.

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Temuka Borough Council has adopted modern sanitary by-laws relating to all drainage and

plumbing-work in the drainage area.

(10.) LEGAL PROCEEDINGS UNDER THE PUBLIC HEALTH ACT OR LOCAL BY-LAWS. AUCKLAND DISTRICT

B., Frankton Unlicensed pig-keeping Frankton by-laws 24/2/13 Mr. Rawson 0 10 0 0 0	Defendant.		Offence.		Act or By-laws under which Proceedings taken.	Date of Hearing.	Name of Magistrate.	Result of Pr	ocee	ding	ξ Β.
B., Frankton Unlicensed pig-keeping Pigs improperly kept R. Rotorna Non-provision of drain W.c. without window Defective sanitary work Rotorna Stable too near dwelling Defective floor to stable Rotorna Defective floor to stable Rotorna St. Non-removal of dung Plans not furnished Rotorna Rotorn				1	taken.	·		Fines.	(losts	j.
B., Frankton Unlicensed pig-keeping Pigs improperly kept R. Rotorna Non-provision of drain W.c. without window Defective sanitary work Rotorna Stable too near dwelling Defective floor to stable Rotorna Defective floor to stable Rotorna St. Non-removal of dung Plans not furnished Rotorna Rotorn				1				£ s. d.	£	s.	d
Digs improperly kept Non-provision of drain Rotorua by-laws 22/4/13 Mr. Dyer 0 5 0 0 0 0 0 0 0 0 0	B., Frankton	٠.	Unlicensed pig-keeping .		Frankton by-laws	24/2/13	Mr. Rawson	0 10 0	0	7	
W.c. without window	•	٠.		. !	,,	24/2/13	. ,,	Convicted	0	7	
W.e. without window	B., Rotorna		Non-provision of drain .	. 1	Rotorua by-laws	22/4/13	Mr. Dver	0 5 0	0	7	
Defective sanitary work			W.e. without window .		·	22/4/13	,,				
Defective stable			Defective sanitary work .					0 5 0	0	7	
Dung deposit near dwelling 22/4/13 0 5 0 0 0				. !				0 5 0	Ó	7	
Dung deposit near dwelling 22/4/13 0 5 0 0 0		٠. '	Stable too near dwelling .	. 1	,,	22/4/13		0 5 0	0	7	
Defective floor to stable 22/4/13 ,, 0 5 0 0		:	Dung deposit near dwelling	,	••			0 5 0	Ó	7	
Non-removal of dung Plans not furnished Public Health Act 8/9/13 Mr. Burgess 2 0 0 0 Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr. Mr.				-	**	22/4/13	,,	0 5 0	0	7	
Thames Breach of quarantine Public Health Act 8/9/13 Mr. Burgess 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Non-removal of dung .		*1			Convicted			
, ,, ,, 8/9/13 ,, 2 0 0 0 0 1. , , , 8/9/13 ,, Convicted 5 7 , , , , , , , , , , , , , , , , ,				. :	11	22/4/13		0 5 0	0	7	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Thames		Breach of quarantine .	.	Public Health Act	8/9/13	Mr. Burgess	2 0 0	0	9	
L., ,, ,, ,, 8/9/13 ,, Convicted 5 V., ,, ,, 8/9/13 ,, 5	,		•		••	8/9/13	,,	2 0 0	0	9	
	l., ,,		**	. [,,			Convicted	5	16	
	V., ,.		.,		, ,,,	8/9/13	,,	١,,	5	16	
Waani rangre to notify 14/11/13 Mr. Kawson Conviction	Waahi		Pailum to metifu	.		14/11/13	Mr. Rawson	Conviction			

The District Health Officer, Wellington, reports:-No special legal proceedings beyond those under the Sale of Food and Drugs Act were taken.

CANTERBURY, WESTLAND, OTAGO, AND SOUTHLAND DISTRICT.

Defendant.	Offence.	Under what Act	Date of	Name of			Re Proc	esul				Remarks.
Petendant.	Onence.	or By-laws.	Hearing.	Magistrate.		Fi	ines.		C	osts.		iveniai as.
L., Rangiora	Insanitary building	Public Health Act	4/2/13	Mr. B a iley		£	s. ·	d.	£	s.	W	ithdrawn, premises
S., Riccarton	Constructing septice tank without permit	Waimairi County	1, 8,43	,,		2	0	0	1	8	O	TO LOCAL CO.
S. W., Ricearton	Ditto	,,	2 7/8/13	,,	• •		٠.	-	1	1		narge not pressed owing to promise to comply.
L., Riccarton	Failure to comply with notice	Public Health Act	••	• •		•		1			Se	ettled out of Court, defendant paid costs.
B., Riccarton A. G., Riccarton	Ditto Constructing septic tank without per- mit	Waimairi County									Se	itto. ettled out of Court: defendant paid costs and took out permit.
F. H. W., Kaia- poi	Failure to pull down building		••	••					•		W	ithdrawn owing to compliance after issue of summons.
R. H., Kaiapoi	Ditto	••						1				tto.
R. M., Kaiapoi A. K., Ashburton	Exposure of infected clothing	Public Health Act	20/6/13	Mr. Day					0	7		., onvicted.
N. H., Makikihi	Travelling in train whilst suffering from infectious disease	9 7	10/7/13	,,	••	•	••		0	7	0 Cc	onvicted and warned.
R. F. C., Gore	Failure to comply with notice	••	17,4-13	Mr. Young					0	7		epairs carried out previous to hearing, but after issue of summons.
J. G., Makarewa	Insufficient privy ac- commodation		20 8 13	Mr. Cruickshar	ıks				0	7	o Co	onvicted; work done after summons issued.

(11.) QUARANTINE INSPECTION OF OVERSEA AND INTERCOLONIAL VESSELS.

The District Health Officer, Auckland, supplies the following return :--

1	ort.	Port Healt	h Officer	·•	Number of Vessels inspected.
Auckland		 Dr. Sharman			305
Helensville		 Dr. Meinhold			45
Kaipara		 Dr. Horton			4
Russell		 Dr. Eccles			2
Whangarei		 Dr. Good			$\bar{1}$

69 H = 31.

The District Health Officer, Wellington, reports:---

Vessels were inspected as under at ports in this health district: Wellington, 147; Gisborne, 36; Napier, 17; New Plymouth, 8; Wanganui, 6; Westport, 6; Picton, 2.

Port of Wellington.—The s.s. "Delphic," from Auckland, was placed in quarantine owing to the existence of a case of smallpox on that steamer. Owing to the epidemic of smallpox all vessels arriving from Auckland were for some time subjected to examination. Vessels from Sydney were examined at the auchorage, instead of being allowed up to the wharf prior to examination. Passengers leaving New Zealand for Australian States had to be provided with a vaccination certificate endorsed by the District Health Officer. This necessitated a considerable amount of extra work.

Owing to an outbreak of measles on board the s.s. "Ionic," which arrived here on the 18th April, 1913, a number of the passengers and crew were quarantined on Somes Island.

The District Health Officer, Christchurch, reports:-

Oversea vessels were inspected as follows: Lyttelton, 54; Timaru, 7; Oamaru, 4; Port Chalmers, 8; Bluff, 81; Greymouth, 3.

(12.) DISINFECTION OF OVERSEA GOODS.

The District Health Officer, Auckland, reports:-

Twenty packages (oversea) clothing were dealt with by the Department.

The District Health Officer, Wellington, reports:-

Eighteen packages of second-hand clothing from oversea were fumigated.

The District Health Officer, Christchurch, reports:-

Seventy-one bales of cotton-mill waste, each weighing 5 cwt., were imported, and after careful examination were allowed to go into use. Two bales were prohibited altogether.

(13.) IMMIGRATION RESTRICTION ACT.

The District Health Officer, Auckland, reports:-

The usual steps were adopted for the protection of the port from the introduction of unde-

sirable immigrants, as the following shows:—

Jan. 17.—H.G., ex s.s. "Maloya"—phthisis: Conditional permit.

Jan. 20.—T.W., ex s.s. "Waihora": Conditional permit; removed to hospital for treatment under shipper's guarantee; permitted to land for hospital treatment only; deported upon discharge.

Jan. 27.—B., steerage passenger—heart-disease: Allowed to land on proof of being a native of New Zealand.

Jan. 30.—J.S., ex s.s. "Westmeath"—mental case: Landed upon shipper's guarantee. Feb. 7.—W.K., ex s.s. "Tyrone"—phthisis: Prohibited from landing at this port. Feb. 17.—Ten persons ex s.s. "Marana"—measles: En route for Sydney; one other

allowed to land and removed to hospital.

May 1.—H.F. and M.P., ex s.s. "Surrey"—both phthisis: Conditionally.
May 1.—J.W.W. and J.C., ex s.s. "Surrey"—contagious diseases: Prohibited.
June 2.—T., ex s.s. "Navua"—phthisis: Allowed to land upon guarantee; proceeded

to Waikato Sanatorium.

Aug. 20.—L.C.J.D., ex s.s. "Suffolk"—epileptic: Landed upon guarantee.

Oct. 16.—J.B., ex s.s. "Dorset"—phthisis: Admitted to hospital, but subsequently deported.

Dec. 22.-J.D.W., W.G., and J.B., ex s.s. "Makura": Prohibited, with usual proviso.

The District Health Officer, Wellington, supplies the following particulars of persons reported to Customs Department :-

Jan. 1.—J.McC., s.s. "Athenic "—consumptive: Deported to Sydney.
Jan. 20.—A.F.S., s.s. "Corinthic "—embolism: Sent back to London.
Jan. 20.—P.E.P., s.s. "Corinthic "—mentally deficient: Sent back to London.
Jan. 20.—D.J.T., s.s. "Corinthic "—chest-disease: Returned to Sydney.
Mar. 31.—J.W.H., s.s. "Rotorua":—consumptive: Returned to London.

Mar. 31.—J.W.H., s.s. "Rotorua"—consumptive: Returned to London.
May 13.—M.P., s.s. "Surrey"—consumptive: New-Zealander; allowed to land.
May 21.—M.C., s.s. "Willochra"—infirm: New-Zealander; allowed to land.
May 23.—J.W., s.s. "Moeraki"—syphilitic: New-Zealander; allowed to land.
May 28.—S.B., s.s. "Maunganui"—infirm: Sent back to Sydney.
May 28.—W., s.s. "Remuera"—syphilitic: Returned to London.
Sept. 18.—T.McL., s.s. "Ruapehu"—infirm: Returned to London.
Sept. 29.—H.L., s.s. "Athenic"—consumptive: Died 5th October, 1913.
Oct. 28.—J.B., s.s. "Dorset"—consumptive: Deported to London.
Dec. 12.—M.B., s.s. "Tahiti"—deaf-mute: Deported to Sydney.
Dec. 30.—N.P. s.s. "Maisie"—syphilitic: Deported to Newcastle.

Dec. 30.-N.P., s.s. "Maisie"-syphilitic: Deported to Newcastle.

The District Health Officer, Christchurch, reports:-

The Port Health Officer, Lyttelton, supplies the following particulars of undesirable immigrants refused admission into the Dominion:

May 24.—H. and R., s.s. "Dorset "—syphilis.
Dec. 18.—F.W., s.s. "Turakina "—tuberculosis.
Jan. 23, 1914.—T.C., s.s. "Willochra "—syphilis.
Mar. 6, 1914.—J.F., s.s. "Rangatira "—syphilis.

(14.) VACCINATION.

Table showing the Number of Persons who were Successfully Vaccinated in each Quarter of the Year 1913.

Health District.		March (Quarter.	June Q	uarter.	September and December Quarters.	Total for	Year 1913.
Heaton District		Under i Year.		Under 1 Year.	Over 1 Year.	All Ages.	All Ages.	Exemptions granted.
Auckland Wellington - Hawke's Bay - N Canterbury-Westland	 Velson 	5 12 17 32	93 4 7 11	4 4 16 43	0 4 21 15	132,700	132,800 (6,450 (1,037 1,220 8 8 1 364
Totals	• •	66	115	67	40	139,000	139,250	3,502

Note.—Between the 13th October, 1900 (the date on which the Public Health Act, 1900, came into operation), and the 31st of December, 1913, 46,519 certificates of exemption from liability to vaccinate children had been issued by Registrars of Births, who register vaccination certificates under the present law, to parents or custodians.

Owing to an epidemic during the latter part of last year vaccination was carried out on an unusual scale. In most cases only names and numbers of vaccinces were available. Further small returns are probably still outstanding.

(15.) MIDWIVES ACT, 1908.

The District Health Officer, Auckland, reports:-

It has not been necessary to suspend any registered midwives on account of the occurrence of purperal septicamia in patients attended by them, but three unregistered women have been warned not to attend any cases for the usual period of suspension.

The District Health Officer, Wellington, reports:

No special action was necessary under the provisions of this Act.

The District Health Officer, Christchurch, reports:-

In several cases of puerperal septicemia midwives were temporarily suspended for the usual period. One unregistered midwife practising at Blackball was prosecuted. One license for a maternity hospital was revoked in Christchurch.

(16.) THE SALE OF FOOD AND DRUGS A(T.

The District Health Officer, Auckland, reports:-

The regulations under this Act came into force on the 1st April, and a large amount of work resulted, as we were daily in communication with manufacturers on the subject of labelling. The year of grace enabling stock in hand to be used up prevented any legal action being taken in this respect, but in any case the majority of the manufacturers and importers have shown themselves eager to comply with the requirements. The amount of attention which should have been devoted to this work was unfortunately limited owing to the more pressing matter of the smallpox epidemic, so that in some cases matters in doubt had to be allowed to stand over: thus we cannot hope to have all the new provisions in operation at the end of the period of exemption. That several important modifications in the regulations are still required has been revealed by the practical efforts to follow the regulations during the year. We cannot expect to get such far-reaching alterations in trade affairs accomplished in so brief a time. But great advances have been made, one of the most important being the labelling of all packages of goods with the net weight of the contents and the declaration of the maker or agent on the label.

While in Australia I was able to get some useful information from the authorities there as to their experience with these regulations, which is the more important to us as we are to a great extent obliged to follow Australia's lead in so far as imported articles are concerned at least; and in America I secured a complete set of the regulations in force generally for the States and in Massachussetts.

A circular was issued to butter-packers dealing with the requirements as regards labelling. An important point in regard to this commodity, which these regulations have raised, is the presence of small amounts of carbonate of soda—a result of the too liberal acceptation by factory-managers of home-separated cream, which has been kept till excessive acidity has developed. The practice has been to counteract this acidity with soda bicarbonate, and, though a butter of reasonably sound appearance results, it has been found to be deficient in keeping qualities. That this practice has had its influence on the quality of butter exported I learned from conversations with authorities in England, who had noticed a deterioration in quality of some brands, and were fully aware of the cause. If it be unavoidable to accept unsound cream in isolated districts, it would seem at least reasonable to require that butter subject to such drawbacks should be labelled differently from butter made wholly from fresh cream. In any case, so far as the retail trade is concerned, the presence of bicarbonate must be regarded as a breach of the regulations.

H.-31.

Although his time during the latter part of the year was necessarily occupied with the smallpox work, Mr. Grieve was able to continue the campaign against milk-adulteration with good results, and indeed throughout the province the Inspectors have kept in touch with this branch of their work in spite of difficulties, as the attached records show.

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Some experiments were made with tomato sauce to ascertain the need or otherwise for preservatives.

It is a pleasure to record that the Magistrate's Bench in dealing with this part of our work evidently regards violation of the Sale of Food and Drugs Act as a serious offence against the public welfare. The fines have throughout been such as to discourage people from hoping to make a little extra profit by means of adulteration.

The District Health Officer, Christchurch, reports:—
A great deal of work has been carried out in connection with the new regulations under this Act: numerous interviews have been given and inquiries answered concerning food standards and particulars required on labels.

The posters giving specific regulations relating to milk, meat-products, and ice-cream have been distributed, and inspections made of premises, and owners and occupiers of premises which do not conform with the constructional and protective requirements of the regulations are now actively engaged in altering their premises to bring them into compliance.

	!	Samples take	en.	Re	sults of Weig	hing and Ans	lysis.
Where purchased.	Numb	er, Na	sture.	Complying.	Non-complying and Warning given.	Non-complying and Proceed- ings taken.	Rendered defective in Transit.
							=
A deland (o and amand)	: 17		District	1 2 3	13	1 1942	
Auckland (in and around)		3 Bread				! 36 . 3	1
**	11	Dried pe			i		
••		3 Margarin		• • •	3	. • •	
",		Cocoa					• •
Rotorua (in and around)	1	8 Milk	• • • • • • • • • • • • • • • • • • • •	. 7		! 1	• •
•	7.7	Bread	• • • • • • • • • • • • • • • • • • • •	í	• • •	1	
**		Beer	• • • • • • • • • • • • • • • • • • • •	2	• •		• •
**		7 Whisky	• • • • • • • • • • • • • • • • • • • •	3	• •		• •
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Thames (in and around)	1		• • • • • •	11	• •	2	
337 . Late C 1		2 Bread	• • • • • • • • • • • • • • • • • • • •		• •	2	
Whakatane (in and around)		3 Milk	• • • • • • • • • • • • • • • • • • • •	3	• •	· ·:	1
Whangarei (in and around)	• •	7,,,	• • • • • • • • • • • • • • • • • • • •	3	I	1	
			• • • • • • • • • • • • • • • • • • • •	1	• • •		1
Hamilton (in and around)	, 1		• • • • • • • • • • • • • • • • • • • •	12	3	1 .:	2
Dargaville (in and around)	:	2 Bread	• • • • • • • • • • • • • • • • • • • •	• •	• •	2	i
	WELLINGTOR	- HAWKE'S	BAY - NEL	son Distr	RICT.		
Wellington (in and around)	192	Milk		155	12	25	
Wanganui (in and around)	2			15	5	4	
Palmerston North		; ; , ,,		4	2		
Nelson	. 1	, ! "		Š	ĩ	• •	
Marlborough District		,		2	i		
Napier		, ,, ,,		2		2	
Gisborne	i i			ī		2	,
Wellington (in and around)	!			52	 5	2	
South Taranaki			••	40		_	• •
W 11 1.)	• • • • • • • • • • • • • • • • • • • •	3	• •	• •	
37	1 .		• • • • • • • • • • • • • • • • • • • •	1	 1	• •	
*** ·	- 1		• • • • • • • • • • • • • • • • • • • •	2		• •	
117 11°	t .	Butter	• • • • • • • • • • • • • • • • • • • •	1 2	• •		
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		l Pepper Sardines	• • • • • • • • • • • • • • • • • • • •	6	• •		
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Wananni							
Wanganui New Plymouth		l Cod-liver I Vanilla	110	1			

CANTERBURY, WESTLAND, OTAGO, AND SOUTHLAND DISTRICTS.

			1	s	amples ta	ken.	Results of V		Action	taken.
Hospital I	district wh	ere purchas	sea.	Number.		Nature,	 Complying.	Non- complying.	Prosecuted.	Warned.
North Cante	rbury			186	Milk		 137	49	18	21
Ashburton				13	**		 11	2	1	i
drey			!	2	**		 	2	2	
South Cante	rbury			5	,,		 4	l	1	
)tago	•			28	••		 18	10	4	6
.,,				154	Bread	١	 120	:34	i	26
outhland				-4			 3	1		1
**				1	Whist	кy	 1			

FOOD INSPECTIONS FROM 1ST JANUARY TO 31ST DECEMBER, 1913, INCLUSIVE.

Food or Drugs ins	pected.		Where.	<u> </u>	Date.	Action taken.
		W.	ellington - Hawke	, ' _K	Bay - Nelso	on District.
) sacks bran			Lower Hutt .	i	3/3/13	Sound.
cases sardines			*** ***	/	5/3/13	Tins in sound condition.
,,			ļ ,,	İ	10/3/13	,, ,,
**			,,		11/3/13	· · · · · · · · · · · · · · · · · · ·
eget a bles			,,	[15/3/13	Allowed to be sold.
casks lemon-skins				•• }	23/6/13	Destroyed.
) cases prunes			Wellington .	• •	2/8/13	Taken to destructor.
ewt. walnuts		• •	**	• •	24/10/13	Destroyed. In sound condition.
cases muscatel rais		• •		• •	$\frac{4/12/13}{12/12/13}$	Destroyed (cans patched with soap).
2/5 gallons milk	• •	• •		• •	$\frac{12/12/13}{12/12/13}$	Good.
000 ,, 45 ,,		• •			15/12/13	Destroyed (cans patched with soap).
40 ., 000			· ·		15/12/13	Good.
10 "				/	16/12/13	Destroyed (cans patched with soap).
400 .,			· ·		16/12/13	Good.
6 ,,					17/12/13	Destroyed (cans patched with soap).
925 ,,			,,	[17/12/13	Good.
930 ,,			,,		20/12/13	••
180 ,,	• •		,,	• •	22/12/13	· · ·
650 ,,	••			٠.,١	23/12/13	D". 4
cases peaches		• •	Fruit marked "Wgt		16/1/13	Destroyed,
boxes walnuts	• •	• •	Wellington wharf .	L	28/6/13	Reshipped. Destroyed.
ton mixed fish	• •	• •	, ,	• •	18/4/13 2 3/5/13	
hams, 3 head poult	•	• •	· ·	• •	2 3/5/13 2 7/5/13	,,
eases eggs	• •	• •		:: i	29/5/13	,,
cases poultry		• •			17/6/13	Destructor.
•			i •		20/6/13	Destroyed.
sacks walnuts	• •	• • • • • • • • • • • • • • • • • • • •		1	28/6/13	Reshipped.
ruit					8/9/13	Destroyed,
lb, fish					11/9/13	,,
lb, bacon			,, .	[25/9/13	Not bad enough to seize.
() cases sardines			,,	i	26/9/13	Sorted and relabelled.
3 gallons milk			,,		2/10/13	Destroyed.
sacks walnuts			,,	• •	3/10/13	Reshipped.
) lb. bacon			,,	• •	15/10/13	Not bad enough to seize.
19 boxes apples		• •		• •	12/11/13	Destroyed.
gallon ice-cream	• •	• •		• •	18/12/13	Seized and destroyed.
) lb. bananas		• •		• •	5/1/13	Destroyed by owner's consent.
overripe bananas	• •	• •	3.5 %	• •	15/1/13 15/1/13	Taken away and buried with owner's co
sack pippies	• •	• •	mayorion .	• •	111/1/10	sent.
Common Hallegge					20/1/13	Destroyed by owner's consent.
) German sausages bundle fish		• •	D. C. C.		10/2/13	,, ,,
oranges, 10 bana					20/2/13	,, ,,
tomatoes	, , ,			ł	, ,	1
1 lb. apples			Martinborough .		24/4/13	,, ,,
bundles rhubarb			l ~		14/11/13	,, ,,
lb. raisins			Greytown .	[20/11/13	,, ,,
bags potatoes				• •	1/12/13	,, ,,
bag potatoes and 1	bundle	rhu-	Featherston .		12/12/13	,, ,,
barb					99 /19 /19	
case mixed fruit	• •	• •		• •	22/12/13	,, ,,
lb. beef	• •	• •		• •	• •	,, ,,
ox-heart	• •	• •	"	• •	• •	Destroyed with agent's consent.
l pots shrimp-paste		• •	.,		• •	Condemned and destroyed.
) smoked hams cases prunes		• ``	•			99
shoulders bacon	,-	• • •	-,		• • • • • • • • • • • • • • • • • • • •	,,
leg bacon	.,	• •	//		••	,,
Teg bacon Th. apples						Destroyed with owner's consent.
dozen oranges			l .		• •	, , , , , , ,
cases peaches			,,			No action taken.
cases eggs			Wanganui .		17/1/13	Destroyed, owner consenting.
bundles fish				• •	14/3/13	Destroyed at rubbish heap.
cases and 2 tins egg	(S			• •	27/5/13	Destroyed with owner's consent.
				• •	12/6/13	Sent to rubbish heap. Burnt with agent's convent.
case oranges		• •	l ''	••	2/7/13	Destroyed without owner's consent.
case oranges 5 kits mutton-birds			1	• •	29/10/13	
case oranges 5 kits mutton-birds tins whitebait		• •				Destroyed
case oranges 5 kits mutton-birds tins whitebait vaporated fruit			New Plymouth .	• •	18/3/13	Destroyed.
case oranges 5 kits mutton-birds tins whitebait vaporated fruit acon and hams			New Plymouth	ļ		
case oranges 5 kits mutton-birds tins whitebait vaporated fruit acon and hams sack fish		• • • • • • • • • • • • • • • • • • • •	New Plymouth Gisborne		24/10/13	Soized and destroyed with owner's consent
case oranges 5 kits mutton-birds tins whitebait vaporated fruit sacon and hams			New Plymouth Gisborne Palmerston North			

FOOD-INSPECTIONS FROM 31ST JANUARY TO 31ST DECEMBER, 1913, INCLUSIVE—continued.

Foods or Drugs insp	ected.	Where.		Date.	Action taken.
	Canterb	ury, Westland,	010	ago, and So	outhland Districts.
12 cases shelled walnuts	s	Christchurch		7/10/13	Destroyed.
19 tins herrings .		,,		6/10/13	,,,
12 lb. dried apricots .		,,		6/10/13	,,
Quantity bananas .		Greymouth		24/1/13	,, and prosecuted.
Case of fish		,,		20/3/13	,,
3 dozen schnapper .		,,		11/7/13	,,
ll tons fish		,,		12/8/13	,,
Pig carcase (553 lb.) .		,,	*	27/8/13	,,
2 dozen schnapper, 4 doz		,,		26/9/13	,,
21 dozen schnapper .		,,		11/10/13	
Fruit and produce .		Invercargill		31/1/13	Sound; no action.
Hams and bacon .		,,		31/1/13	,, ,,
6 rolls bacon		Dunedin		23/1/13	No action.
50 dozen eggs .		,,		23/1/13	25 dozen destroyed.
30 ,,		1		8/2/13	1½ dozen destroyed.
l roll bacon		,,,		8/2/13	No action.
2 sides and 1 roll bacon		Palmerston		7/2/13	1 roll bacon destroyed.
60 hams		Dunedin		7/3/13	No action.
78 pork hams .			• •	8/3/13	
180 casks lemons .		,,		14/6/13 to	48 casks destroyed.
ioo caaka temona		,,	• •	21/6/13	10 ousks dostriyour
32				2/7/13	No action.
5,520 lb. cornflour .		,,	• •	18/11/13	
1,296 lb. cerebos salt .		! ,,		18/11/13	,,
720 lb. cerebos health sa	1:	,,	••	18/11/13	,,
110.11 1		,,	• •	18/11/13	**
2.870 lb. biscuits .		,,	• •	18/11/13	826 lb. destroyed.
14 rolls bacon .		,,	••	22/11/13	Destroyed.
00		,,	• •	27/11/13	· ·
.		,,	• •	3/12/13	**
·		,,	• •	3/12/13	**

LEGAL PROCEEDINGS UNDER SALE OF FOOD AND DRUGS ACT, 1908, FOR THE PERIOD FROM 1ST JANUARY TO 31ST DECEMBER, 1913, INCLUSIVE.

Defendant.	Offence.		Date of	N	ome of M	lagistrate.		Res	sult (of Pr	oceed in	gs
Defendant.	Onence.		Hearing.	N	ame or m	aguitate.		F	ines.	.	Cost	æ.
	Au	cklar	nd Distric	t.								
			l					£		d.	£	8
T., Auckland	Cocoa-adulteration		5/2/13	Mr. C	utten	• •	• •	5	0	0 .	0 17	
B., Anckland	Milk-adulteration		5/2/13	,	,		• •	5	0	0 .	0 17	
,, ,,	,,		24/2/13	,	,	• •	• •	5	0	0	0 17	
H., Auckland	Bread, short weight	• •	24/2/13	٠		• •	• •	2	0	0	0 9	
C., Dargaville	,, ,, ,,	• •	11/3/13	Mr. B	urgess	• •	• •	1	0	0	0 7	
St.G., Dargaville	,, ,,	• •	11/3/13		••	• •		2	0	0	0 7	
M., Whangarei	Milk-adulteration	• •	11/3/13		,,		• •		vict		4 3	•
McL., Auckland	Bread, short weight		31/3/13	Mr. F	raser	• •		2	0	0	0 4	
B., Auckland	Milk-adulteration		31/3/13	• •	,	• •	• •	5	0	0	0 19	
S., Auckland	Bread, short weight		31/3/13	,.	•		٠.	2	0	0	0 9	
H., Auckland	Milk-adulteration		22/4/13	,,	,		• •	20	0	0	0 17	
C., Auckland	,,		22/4/13	,,	,		• •	5	0	0	0 17	
F., Auckland	,,		3/5/13	,,	1				vict		0.17	
W., Auckland	,,		12/5/13	,,	,			2	0	0	1 1	. (
M., Auckland	• ,,		13/6/13	,,	,		٠.	2	0	0	0 17	
W. and W., Auckland	, ,,		13/6/13	,,	,			5	0	0	-0.17	7 (
C., Auckland	,,		13/6/13	,,	,			5	0	0 ;	0 17	7 (
B., Auckland	,,		13/6/13	,,	,			5	0	0	0 17	7 (
R., Auckland	,,		13/6/13	,,	,			5	0	0	0 17	7 (
H., B., Auckland	**		13/6/13	**	,			2	0	0	1 1	. (
G., Auckland	,,		30/6/13	,,	,			Cas	e di	sm!i	ssed .	
T., Auckland	,,		30/6/13	,,	,			5	0	0	0 17	•
S., Taumarunui	Bread, below weight		24/6/13	,,	,			10	0	0 :	1 15	(
K., Thames	Milk-adulteration		3/7/13	Mr. B	urgess			3	0	0	2 11	(
R., Rotorua	,,		7/7/13	Mr. D	yer			5	0	0	0 17	' (
S., Auckland	,,		14/7/13	Mr. F	raser			Con	vict	ion	1 8	3 6
A., Cambridge			15/7/13	Mr. R	awson			1	0	0	0 18	3 (
G., Wairakei	Brandy, below standard		22/7/13	Mr. D	yer			20	0	0	1 4	. (
			22/7/13	,,	•			20	0	0		
L., Taupo	Whisky, below standard		22/7/13	,,				20	0	0 1	1 4	- (
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		22/7/13	•				20	0	0 +		
A., Auckland	Milk-adulteration		28/7/13	Mr. F	raser			20	0	0	0 19	
C., Auckland	,,		28/7/13	,,				10	0	0	0 19	
H., Auckland	"		28/7/13	••				10	ŏ	o l	1 4	
R., Waihi	,,		21/8/13	Mr. B	urgess			2	ŏ	οĹ	0 12	
T., Auckland	,,	• •	18/8/13	Mr. F		••		5	ŏ	ŏΙ	1 1	
L., Auckland	,,		18/8/13	,,,				2	ŏ	ŏ	0 19	
C., Auckland	,,	• • •	22/10/13	•	•			5		ŏ	0 19	
T3 T3 4 -		• •	10/11/13	Mr. D	ver			ő		ŏ !	0 7	
~ ´ 4 11 1	Bread, short weight		2/12/13	Mr. F	•				10	ŏι	0 7	
S., Auckland	DICAGO MOTERIO	• •	4/12/13	Mr. C		• •	• •	2	0	ŏ	őó	

Legal Proceedings under Sale of Food and Drugs Act, 1908, for the Period from 1st January to 31st December, 1913, inclusive—continued.

Defendant.	Offence.	Date of	Name of Magistrate.	Result of Pr	oceeding
		Hearing.	Trans or programme.	Fines.	Costs.
	Wellington - Ho	•	elson District.	£ s. d.	£ s.
A. P., Wellington	Selling adulterated milk	20/1/13	Dr. McArthur	0 10 0	1 11
L.B., Wellington	,,	3/3/13	Mr. Riddell		1 18
V. R., Wellington	,,	$\begin{array}{c c} & 3/3/13 \\ & 3/3/13 \end{array}$,,	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1 18 1 18
K., Wellington	,,	3/3/13	,,	1 0 0	1 18
Wellington	"	11/4/13	**	1 0 0	1 17
D. C., Wellington	,,	25/4/13	,,,	0 5 0	0 7
cR., Wellington V., Wellington	,,	26/5/13	,,	0 10 0	0 17
., Wellington	,,	$\begin{array}{c c} & 30/6/13 \\ & 30/6/13 \end{array}$,,	2 0 0 2 0 0	0 17
, Wellington	"	9/7/13	Dr. McArthur	2 0 0	$\begin{array}{c}0\ 17\\1\ 8\end{array}$
, Wellington	77	14/7/13	Mr. Riddell	Dismi	
Welli n 3ton	,,	21/7/13	,,	2 0 0	0 17
., Wellington	٠,	$\frac{21}{7}/13$,,	2 0 0	0 17
., Wellington	,,	21/7/13	,,		1 17
W., Wellington	9.9	21/7/13	,,	1 0 0	1 18
, Wellington	"	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Dr. McArthur	$\begin{bmatrix} 2 & 0 & 0 \\ 2 & 0 & 0 \end{bmatrix}$	1 18 0 19
., Wellington	»,	6/8/13	mcArtnur	2 0 0	0 19
M. C., Wellington	**	4/8/13	Mr. Riddell	3 0 0	0 17
.T., Wanganui	**	12/8/13	Mr. Kerr	5 0 0	0 7
Wellington	**	11/8/13	Mr. Riddell	2 0 0	0 17
, Wellington , Wellington	27	$\begin{array}{c c} & 11/8/13 \\ & 13/8/13 \end{array}$	Dr. McArthur	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	0 17
, Wellington	"	13/8/13		3 0 0	$\begin{array}{ccc} 1 & 8 \\ 1 & 8 \end{array}$
Wellington	•	13/8/13	,,	2 0 0	1 8
., Wellington	**	28/8/13	Mr. Poynton	5 0 0	1 17
Wellington	••	$5/9/13$		5 0 0	1 17
G. V., Gisborne	**	5/9/13	Mr. Barton	2 0 0	0 17
G., Gisborne C. J., Wanganui	**	5/9/13	Mr. Kerr	2 0 0	0 17
C. U., Wanganu	**	12/10/13	Mr. Kerr	Dismissed, incomp	
C., Wanganui	**	29/9/13	,, ,,	20 0 0	0 7
C. E., Wanganui	,,	8/10/13	,,,	5 0 0	0 7
., Wellington	Obstructing Inspector	25/4/13	Mr. Riddell	0 5 0	0 7
B., Wellington	Selling short-weight bread	25/4/13	M. D.M	0 5 0	1 10
R.O., Martinborough	Selling pepper adulterated starch	with $\frac{21}{1}$	Mr. Reid		0 17
G. V., Gisborne	Selling adulterated food wit	hout 5/9/13	Mr. Barton	Convicted	and d
	informing purchaser	, , ,		charg	
G., Gisborne	Ditto	5/9/13	,, ,,	Ditt	0.
	Canterbury, Westland	d, Otago, and	Southland Districts.	•	
B., Christchurch	Milk-adulteration	10/1/13	Mr. Bailey	3 0 0	0 17
C., Christchurch	Dirty cart	7/1/13		1.00	0 17
C., Christchurch	Milk-adulteration	18/11/13	Mr. Bishop	2 0 0	0 17
C., Christchurch G., Christchurch	, ,	25/11/13	,,	5 0 0	0 17
H., Christchurch.	,,	$\begin{array}{c c} & 18/11/13 \\ & 10/1/13 \end{array}$	Mr. Bailev	$\begin{bmatrix} 2 & 0 & 0 \\ 3 & 0 & 0 \end{bmatrix}$	$\begin{array}{c} 0 & 17 \\ 0 & 17 \end{array}$
H., Christchurch	,,	3/10/13	Mr. Dailey	2 0 0	0 17
H., Christchurch	,,	18/11/13	Mr. Bishop	2 0 0	0 17
J., Christchurch	,,,	21/2/13	Mr. Bailey	3 0 0	0 17
J. J., Christchurch T. L., Christchurch	, ,,	18/11/13	Mr. Bishop	2 0 0	0 17
L., Christehurch	,,	$\begin{array}{c c} & 10/1/13 \\ & 10/1/13 \end{array}$	Mr. Bailey	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0 17
L., Christchurch	,, ,,	$\begin{array}{c c} & 10/1/13 \\ & 25/11/13 \end{array}$	Mr. Bishop	0 10 0	$\begin{array}{c} 0 & 17 \\ 0 & 17 \end{array}$
R. M., Christehurch	**	21/2/13	Mr. Bailey	1 10 0	0 17
M., Christchurch	,,	3/10/13	,,	2 0 0	0 17
Bros., Christchurch	Distance of	25/11/13	Mr. Bishop	0 10 0	0 17
P., Christchurch D. P., Christchurch	Dirty cart Milk-adulteration	21/2/13	Mr. Bailey	0 10 0	0 17
F. P., Christchurch	Milk-adulteration	$\begin{array}{c c} & 21/2/13 \\ & 10/10/13 \end{array}$	Mr. Bishop Mr. Bailey	$\begin{bmatrix} 0 & 10 & 0 \\ 2 & 0 & 0 \end{bmatrix}$	$\begin{array}{c} 0 & 17 \\ 0 & 17 \end{array}$
R., Christchurch	,,	10/10/13	Mr. Bailey	11 0 0	1 4
H. R., Christchurch	,,,	10/1/13	,,,	6 0 0	0 17
. R., Christchurch	,,	28/10/13	Mr. Bishop	5 0 0	0 17
T., Ashburton	**	24/10/13	Mr. Day	1 0 0	1 3
.S., Waimate	,,	7/10/13	Mr. Hutchison	1 0 0	0 17
C., Oamaru and S., Greymouth	Selling unsound bananas	$\begin{array}{c c} & 8/10/13 \\ & 10/3/13 \end{array}$	Mr. Hewett	0 10 0	0 17
W., Runanga	Milk-adulteration	$\begin{array}{c c} & 10/3/13 \\ & 7/4/13 \end{array}$		$\begin{bmatrix} 0 & 10 & 0 \\ 5 & 0 & 0 \end{bmatrix}$	$\begin{array}{cc} -0 & 7 \\ 0 & 17 \end{array}$
N., Runanga	,,,	7/4/13	,,	$\begin{bmatrix} 5 & 0 & 0 \\ 5 & 0 & 0 \end{bmatrix}$	0 17
., Dunedin	***	17/10/13	Mr. J. R. Bartholomew	10 0 0	3 1
J., Dunedin	,,	17/10/13	.,	2 0 0	3 1
	1				
., Dunedin	,,	17/10/13	,,	0 0	$\begin{array}{ccc} \cdot & 3 & 1 \\ 3 & 1 \end{array}$

(F.) LABORATORY REPORTS.

REPORT BY DR. MAKGILL, DISTRICT HEALTH OFFICER AND PATHOLOGIST.

The following examinations have been made on behalf of medical practitioners: Sputums, 120; bloods, 42; swabs, for diphtheria, 23; swabs, for gonoccoci, 2; urines, 3; membrane, 1.

BACTERIOLOGICAL LABORATORY, WELLINGTON.

Report by Mr. J. A. Hurley, Government Bacteriologist, Wellington.

I have the honour to submit tabulated reports of the work carried out at the Bacteriological Laboratory and at the Vaccine Station during the year ending the 31st March last.

The number of examinations in the Bacteriological Laboratory shows an increase of 33 per cent. This has been the average increase for several years past. The work in the Vaccine Station presents a much greater increase, and to keep up supplies of lymph there has often been a severe strain on the staff. This was especially the case during the epidemic of smallpox in the early part of the year, when the sudden demand for lymph was met without the employment of any extra assistance in the preparation of it. What this means is best shown by the fact that during the eleven weeks of the epidemic sufficient lymph was prepared to inoculate 734,000 persons. This amount does not include the lymph in stock when the first call for lymph to meet the epidemic was made. The lymph then in stock was sufficient to inoculate 60,000 persons, and was double the amount required to be in hand. To put the above facts on record is at least due to my staff, who, I have great pleasure in acknowledging, worked night and day with enthusiasm to carry out a seemingly impossible task.

Summary of Work performed at the Vaccine Station for Year ending the 31st March, 1914.

Calves inoculated						 71
Total for 1913						 18
Post-mortem of calves					• •	 . 44
Total for 1913						 18
Bacterioscopical examina	tion of l	ymph				 153
Total for 1913						 54
Lymph prepared (cubic c			• •	• •		 14,053
(sufficient fo	or 1,006,	480 inocu	lations)			
Total for 1913						 23,158

Lymph issued sufficient for 347,614 inoculations.

Table showing Results of Examination of Pathological Specimens, 1st April, 1913, to 31st March, 1914.

		Re	sult.	
Material.	Object of Examination.	Positive.	Negative.	Total
Sputum	Tubercle bacillus	137	402	539
Sparae	Other conditions	214	41	255
	Bacterioscopical examinations	•.•		86
•				886
	Total for 1913	••		746
Purulent discharges	Microscopical			
	For gonococcus	27	. 52	79
	" tubercle bacillus	10	30	40
	" other pathogenic organisms	204	35	239
	Bacterioscopical examinations	211	26	237
•				595
	Total for 1913	••		35 5
Pleuritic fluid	Microscopical—			
,*	For tubercle bacillus	3	14	17
	" other conditions	5	2	7
	Bacterioscopical examinations	12	4	16
			-	40
•	Total for 1913	••	••	34
erebro-spinal fluid	Microscopical	16	6	22
• • • • • • • • • • • • • • • • • • •	Bacterioscopical	13	9	22
		ļ		44
	Total for 1913	••	••	31
tomach-contents				7
	Total for 1913	••	• •	5
acces	Chemical	2	5	7
	Microscopical	6	14	20
	Bacterioscopical	•• 1		4
•			-	31
	Total for 1913		4	36

Table showing Results of Examination of Pathological Specimens, &c .- continued.

						Rea	sult.	MALLI
Material.		Object	of Examin	ation.		Positive.	Negative.	Total
T.:		Chemical			:			170
Trine	••	Microscopic	al	• •		• •		35′ 303
	•	Bacteriosco	picai			••		83
		Total	for 1913	• •	• •	•••	••	55
Blood		Widals—Ty	phoid ratyphoid		• •	$\begin{array}{c} 73 \\ 22 \end{array}$	127 101	20 12
	i	Cell counts		tial co	ou n ts,	• •		5
		Wasserman	••	• •		19	13 12	$\begin{array}{c c} 3 \\ 2 \end{array}$
		Bacteriosco	pical	• •	••	15	12	
		Totals	for 1913		••			43 <i>31</i>
wabs		For diphthe				25	147	17
		" other c	onditions	• •	•• :	27	14	4
		Total	for 1913					21 26
Parasites		For hydatic				٠ *	23	2
		Sputa Other spe	cimens	• •	• •	5 8	8	1
		For other p	arasites	• •	• •	1	4	
		Total	for 1913		. ,	••		4
Animals examined		Rats	• •					4
		Rabbits Guinea-pigs	 s			• •		2
		Oumea pig	,	••				ļ <u>-</u>
		Total	for 1913			•		é
Foodstuffs .		Meat						
		Milk	• •	• •	• •	• •	••	
		Total	for 1913					
Water								
www.cei		Total	for 1913	• •				6
Unclassified						İ		
Soil Disinfectants .			• •			••		
Calculi		B	••				·	
Clothing.			• •			4	3	:
Dressings (surgical) Vegetables for pois	on	!						
-		Total	for 1913			i		
Vaccines (autogenous	3)						•••	3
		Total	for 1913	••	• •	• •	• •	
Examinations of calf	-lymph	Total	for 1913		• •	• •	••	11
Solid tissues requiring	g sections	-				• •		2
		Total	l for 1913	••		• •	• •	2
								3,9
		Tota	ls for 1913	• •	• •		• •	2,9

Details of Urinary Examinations.

		Res	sult.	Total.	
Method.	What sought.	Positive.	Negative.	Total	
Chemical analyses—				-	
Quantitative	1	•••	•••	9	
	,, sugar	•••		31	
	,, albumen		•••	7	
	,, other substances	•••	•••	2	
				49	
Qualitative	For albumen	41	18	59	
Quantative		15	30	45	
	,, sugar ,, other substances	4	13	17	
				121	
Bacterioscopical	. For B. coli	103	31	134	
	", gonococcus	1	2	3	
	,, B. typhosus	42	25	67	
	,, other organisms	68	31	99	
			•	303	
Microscopical	For tubercle bacillus	13	30	43	
	,, casts, pus, epithelium, &c.	299	15	314	
				357	
				830	
Total for 1913				588	

BACTERIOLOGICAL AND PUBLIC HEALTH LABORATORY, DUNEDIN.

Report on Specimens examined for the Public Health Department for the Year ending the 31st December, 1913, by the District Health Officer and Bacteriologist (Dr. S. T. Champtaloup).

(Note.—This report does not include the work done in connection with University classes in bacteriology (three) and public health (two), or routine work other than public health of the Pathological and Bacteriological Laboratories).

				SPUTUM.				1912.	1913.
General bacte Examination					for tuberc	le	• •	45	57
Positive		••	••	• •	••			166	146
Negative		• •	• •	• •	••	• •	• •	343	331
	T otal				••			509	477
		EXAMIN	ATION O	F SWABS	FOR DIPH	THERIA.			
Positive		• •		• •				87	48
Negative		• •	• •	• •	• •	• •		270	115
Suspicion	ıs	• •	• •	• •	• •	• •	• •	11	2
	Total		• •		• •	••		368	168
		WI	DAL REAC	CTION FO	R TYPHOI	D.			
Positive			• •		• •			19	2
Negative			• •	• •	• •	• •	• •	70	3 8
Doubtfu	I	• •	••	• •		• •	• •	6	4
	Total				• •			95	44

There having been no marked outbreaks of infectious disease, the number of public-health specimens shows a considerable decrease as compared with last year.

The Dominion Analyst reports:—

I have the honour to forward herewith returns of analyses made in this Laboratory for the Department of Public Health during the year ending 31st March, 1914. These returns show a total of 437 analyses of a varied character. A return showing the analyses made for the Police Department, some of which may interest you, is also supplied.

Summary of Analyses made in the Dominion Laboratory, Wellington.

Na	ture.			Objec	t of Analy	sis.		Number
		FOR	THE PU	JELIC HEALTH DEP	ARTMENT			
Asparagus				Preservatives				1
Butter-preservative				Nature				1 .
Butters				Purity				10
od-liver oil				,,				2
ream				,,, · · ·				1
ream-custard				General				1
Corn-cob punch				,,				1
Oried eggs				,, · · ·			[4
Helatine				Purity				1
linger, essence of				Proof spirit				1
lucose	• •	••		Arsenic	• •			1
sland coffee				Caffeine		• • •		Ì
Formalin				Formaldehyde				ĺ
actometers	• •			Reading				$\dot{\tilde{3}}$
ard-compound	• •	• •		General				1
Liquozone	•••	• • •						i
Ailks				Purity			1	333
Neave's food	••	• •	• •	Starch	• •	• •		. 1
n	• •	• •	• •	D	• •	••	1	8
epper Perry Davies' painki	llor	• •	• •	0 1	• •	• •	•••	1
Saffron yellow		• •	• •	0.1	• •	• •	•••	1
lea	• •	• •	• •	Adulterants	••	• •	• •	1
7 :11	• •	• •	• •	D .:	• •	• •	••	1
	• •	• •	• •		• •	• •	••	i I
Vanillin	• •	• •	• •	Analysis	• •	• •	• •	
Vinegar	• •	• •	• •	Acidity	• •	• •	• •	4
Wine, port	• •	• •	• •	Adulterants	• •	• •	• •	4
Vaters	• •	• •	• •	General	• •	• •	• •	43
Vhiskys	• •	••	• •	Adulterants	• •	• •	• •	8
								437
			FOR TH	IE POLICE DEPART!	MENT.			
Beer				Adulteration				15
Brandy				٠,	·			16
Body				Poisons				1
Disinfectants				Carbolic and hom	ologous a			6
Meat				Poison	• •			i
Shells				CO2 (carbonic an	hydride)	• •		ĩ
stomach and conten	ts			Poisons	,			ī
Vater				General				i
Whisky	••	• • •		Adulteration		• • •		29
Zanol	••	••	• • • • • • • • • • • • • • • • • • • •	General	• •	• •		3
				·			-	74
		•						14

APPENDIX II.—HOSPITALS AND CHARITABLE AID.

A. REPORTS ON INDIVIDUAL INSTITUTIONS.

HOSPITALS AND CHARITABLE INSTITUTIONS UNDER THE CONTROL OF DISTRICT BOARDS.

AUCKLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday in month.

Chairman: James M. Mennie. Secretary: H. M. Garland.

Public Health Inspectors: C. M. J. Fogarty, C. T. Haynes, M. P. Furness.
Institutions under Board's control: Auckland Hospital. Alexandra Convalescent Home, Costley Home, Dental Hospital.

Auckland Hospital.

Medical staff, honorary: Helen Constance Frost, M.B., Bach. Surg. (N.Z.); Alfred Clark, F.R.C.S., L.R.C.P. (Edin.); Joseph C. Pabst, Bach. Surg. (Melb.), M.D. (Melb.); J. Hardie Neil, M.B., Ch.B. (N.Z.); Ernest Robertson, M.D., M.R.C.S. (Eng.); Herbert Mayer Goldstein, M.B., Bach. Surg. (Lond.); G. Gore Gillon, M.D. (Glas.), F.R.C.S. (Edin.); Ernest H. Williams, M.B., Ch.B. (N.Z.); Claude E. A. Coldicutt, M.D. (Edin.), P.H.D. (Camb.), Ch.B. (Edin.); C. Tewsley, M.D.. F.R.C.S. (Edin.); Alex. Kinder, M.B., F.R.C.S. (Eng.); Robert Henry Walton, M.D., F.R.C.S. (Edin.); Lawrence Harke, M.B., Bach. Surg. (Cam.); Garrick Robertson, M.R.C.S. (Eng.), L.R.C.P.; Kenneth Mackenzie, M.D.. F.R.C.S.; Casement G. Aitken, M.B., Ch.B. (N.Z.), F.R.C.S. (Eng.); J. Falconer Brown, M.D., Ch.B. (Edin.).

Medical staff, stipendiary: C. E. Maguire, M.D.; A. H. Grant, M.B., Bach. Surg.; W. Abbott, M.B., Bach. Surg.; A. B. McCutcheon, M.B., Bach. Surg.; L. A. Spedding, M.B., Ch.B.; A. S. Addison, M.B., Bach. Surg.

Ch.B.; A. S. Addison, M.B., Bach. Surg.

Matron: Miss J. M. Orr, R.N.

Localities from whence patients came: Rodney County, 18; Waitemata County, 104; Mount Eden, Mount Roskill, Mount Albert, 390; Grey Lynn, Ponsonby, Arch Hill, 526; Parnell, Remuera, Newmarket, 280; Onehunga and Epsom, 89; City of Auckland, 1,332; other contributory districts, 336; non-contributory districts, 113; vessels in harbour, 38.

Visited several times. The Hospital was always well filled.

The new kitchen block is in occupation, and is very well equipped. There is a staff of five in the kitchen-two cooks and three assistants.

The dispensary is now moved to this block. It is proposed to turn the old dispensary, the floor of which had rotted away owing to want of ventilation, into a massage department.

The new storerooms are also in occupation, and are well stocked with hospital requirements.

The two new theatres were under course of construction. A large amount of surgical work is now done, each surgeon having two operating days. There were fifty-three operations in one week recently, ten being emergencies.

I observed very great improvement in the surroundings of the Hospital generally, the grounds and back premises being in very good order. The wards and sanitary blocks were all in excellent

order.

Alexandra Convalescent Home, Ellerslie.

Medical staff, honorary: H. W. Murray, M.B. (Edin.), Bach. Surg. (Edin.).

Master: E. J. Thomas.

Matron: Miss J. M. Orr, R.N.

Localities from whence patients came: Convalescents from Auckland Hospital District.

Visited on 29th January, 1914.

There were 12 patients, 2 of these convalescent enteric cases. A nurse from the Hospital was in charge. The patients spoke very well of the comfort of the Home, and everything was in excellent order.

Costley Home.

Medical staff, stipendiary: A. N. McKelvey, L.R.C.P. and S. (Irel.).

Master: A. N. McKelvey.

Matron: Jane Forbes, R.N.

Localities from whence patients came: Auckland Hospital District, except three from adjoining districts.

Visited on 28th January, 1914.

There were 188 men and 55 women in the home. Twelve of these were consumptive cases—8 in the male shelter and 4 in the women's. In the chronic wards there were two vacant beds.

The married quarters do not seem to be very often occupied. There are at present only two married couples.

Considering the very inadequate laundry accommodation, and equipment for washing for over six hundred individuals, the work is not badly done.

Sufficient vegetables are grown for this establishment and the Hospital,

WELLINGTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Thursday each month.

Chairman: Rev. W. A. Evans.

Secretary: John Coyle.

Public Health Inspectors: B. S. Reed, J. H. Cowdrey, Wellington District.

Superintendent and Master Ohiro Home: A. H. Truebridge.

Lady Visitor: Miss A. Kirk.

Native Health Nurse: E. M. Lewis.

Institutions under Board's control: General Hospital, Infectious Diseases Hospital, Children's Hospital, Victoria Hospital, Seddon Annexes, Out-patients' and Pathological Block, Ohiro Home, Otaki Hospital, Otaki Sanatorium.

Wellington Hospital.

Wellington Hospital.

Medical staff, honorary: Consulting physician—H. Adams, M.R.C.S. (Eng.), L.R.C.P. (Lond.): consulting surgeons—W. E. Collins, M.B. (Lond.), M.R.C.S. (Eng.); J. Ewart, M.B., Mast. Surg., M.D. (Edin.); D. P. James, L.R.C.P. (Lond.), F.R.C.S. (Eng.): consulting ophthalmic surgeon—H. W. M. Kendall, L.S.A. (Lond.), M.R.C.S. (Eng.): physicians—W. K. Fyffe, L.S.A. (Lond.), Bach. Surg., M.R.C.P. (Lond.); E. W. Giesen, M.R.C.S. (Eng.), L.R.C.P. (Lond.); C. D. Henry, M.B., Bach. Surg, M.D. (Camb.); P. McEvedy, M.B., Bach. Surg. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), A. M. Tolhurst, M.R.C.S. (Eng.), L.R.C.P. (Lond.), Bach. Surg. (Lond.): surgeons—H. C. Faulke, F.R.C.S. (Eng.), L.R.C.P. (Edin.); W. J. H. Hislop, M.B., Mast. Surg. (Edin.), F.R.C.S. (Eng.); M. Holmes, M.D., Bach. Surg. F.R.C.S. (Edin.); D. McGavin, M.D., L.R.C.P., F.R.C.S.; and W. Young, M.D., F.R.C.S.: ophthalmic surgeons—S. W. Harty, M.B., Bach. Surg., F.R.C.S., and C. F. G. Webster, M.B., Bach. Surg.: dental surgeon—W. H. Didsbury: masseur—J. W. M. Harrison: masseuse, Miss Everitt. Children's Hospital: Physicians—Agnes Bennett, M.D., Mast. Surg. (Edin.); and E. Platts-Mills, M.B., Ch.B.: surgeons—H. J. McLean, M.B., Ch.B.; and C. M. Begg, M.D., Bach. Surg., F.R.C.S., M.R.C.P. F.R.C.S., M.R.C.P.

Medical staff, stipendiary: H. Hardwick Smith, M.B., B.S., B.A. (Cantab.), F.R.C.S. (Eng.); T. C. Fraser, M.B., Ch.B.; W. C. McCaw, M.B., Ch.B.; D. G. Matheson, M.B., Ch.B.; J. G. Mitchell, M.B., Ch.B.; J. A. Hurley, Bacteriologist.

Matron: Miss Frances Keith Payne, R.N.

Matron: Miss Frances Keith Payne, R.N.
Localities from whence patients came: Wellington City and suburbs, 3,718; Petone, 169;
Lower Hutt, 83; sundry small places, 34; ships in port, 129; Shannon, 4; Levin, 7; Tokomaru, 2; Waikanae, 3; Feilding, 5; Taihape, 5; Kaitoke, 2; Marton, 2; Palmerston, 10;
Paekakariki, 1; Ohakune, 2; Masterton, 9; Carterton, 3; Greytown, 5; Kaitoke, 4; Dannevirke, 2; Porirua, 6; Hawera, 1; Westport, 1; Pahiatua, 1; Taranaki, 5; Auckland, 3; Wanganui, 2; Dunedin, 2; Ashburton, 2; Woodville, 2; Marlborough, 8; Christchurch, 5.
Visited several times during the year. On each visit was found that the beds were fully

occupied, and that frequently there were extra beds made up in the wards. The veranda exten-

sions are also made full use of.

The Children's Hospital has not yet been fully occupied, the ground floor only having been used. A special baby department might with advantage be established in the upper wards, it

being exceedingly difficult to treat young infants in conjunction with older patients.

The new out-patient department has been completed, and the bacteriological work for Wellington District is now carried on by a special arrangement between the Public Health Depart-

ment and the Hospital Board.

It is intended to build a new kitchen block, for which plans have been submitted, and also a ward for advanced venereal diseases.

Infectious Diseases Hospital.

Visited on 6th July, 1914.

Since the opening there have been 655 patients in the Hospital. There were 26 patients in. No deaths till February, 1914.

The scarlet-fever cases this year have been of a more severe and complicated type than hitherto.

The Hospital was in good order; the grounds much improved since last visited.

Otaki Hospital.

Medical staff, honorary: H. C. Faulke.

Medical staff, stipendiary: W. H. Huthwaite, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Matron: E. M. Sealy, R.N.

Localities from whence patients came: Levin and Shannon, 47; Ohau and Manakau, 7; Otaki, 50; Te Horo and Waikanae, 18; Weber, 11; Ashhurst, 1; Longburn, 1; Ormondville, 1; unknown, 18.

Visited on 13th October, 1913.

There were 8 patients in the Hospital.

The Hospital was in good order.

Otaki Sanatorium.

Medical staff, honorary: H. C. Faulke, F.R.C.S., L.R.C.P. (Edin.).

Medical staff, stipendiary: W. H. Huthwaite, M.R.C.S. (Eng.), L.R.C.P. (Lond.),

Matron: E. M. Sealy, R.N.

H.---31.

Localities from whence patients came: Weber, 37; suburbs, 13; Petone, 8; Wairarapa, 1; unknown, 8; Manawatu, 6; Wanganui, 1; Bull's, 1; Dannevirke, 1; Napier, 1; Levin, 1; Upper Hutt, 1; Westland, 1; Palmerston, 1; Gisborne, 1; Konini, 1; Christchurch, 1.

Visited on 13th October, 1913.

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There were 18 patients in the institution—9 women and 9 men.

Some of the shelters had recently been repainted, and all looked fresh and clean.

The vegetable-garden in connection with these institutions might well be made more use of for the supply of fresh vegetables to the Hospital and other institutions under the control of the Board.

Ohiro Home.

Medical staff, stipendiary: H. Hardwick Smith, M.B., B.S., B.A. (Cantab.), F.R.C.S. (Eng.).

Master: A. H. Truebridge. Matron: Mrs. A. Truebridge.

Localities from whence patients came: Wellington Hospital District.

Visited on 13th May.

There were 107 men, including 30 in the intermediate and casual ward, and 25 women.

NORTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Fourth Wednesday in month.

Chairman: Frederick Horrell. Secretary: W. S. Wharton.

Public Health Inspectors: A. W. Nicol, G. A. Baker, W. J. Chappell, Christchurch.
Charitable Aid Inspector: Mrs. S. G. Goring.
Institutions under Board's control: Christchurch Hospital; Pathological Laboratory; Dental Department; Consumption Sanatorium; King George V Coronation Hospital; Tuberculosis Dispensary; Infectious Diseases Hospital, Bottle Lake; Lyttelton Casualty Ward; Tuarangi Old Men's Home, Ashburton; Female Refuge, Linwood; Queen's Jubilee Memorial Home, Woolston; Orphanage, Waltham; Armagh Street Depot.

Christchurch Hospital.

Medical staff, honorary: H. T. D. Ackland, L.R.C.P.; F. G. Westenra, M.B., C.M. (Edin.), L.R.C.P. and S.; R. Neil Guthrie, M.B., Ch.B.; J. F. Duncan, M.B., Ch.B. (Edin.), F.R.C.S. (Eng.); H. M. Inglis, M.B., Ch.M. (Edin.); J. Stevenson, M.B., C.M. (Edin.), F.R.C.S (Eng.); T. A. McGibbon, M.B., Ch.B. (Edin.). F.R.C.S. (Eng.); T. A. Crooke, M.D., L.R.C.P.S.E.

Medical staff, stipendiary: F. L. Scott, M.D. (Edin.), L.R.C.P.S. (Eng.); A. M. Trotter, M.B., Ch.B. (N.Z.); C. E. Hercus, M.B., Ch.B. (N.Z.); D. L. Sinclair, M.B., Ch.B. (N.Z.). Matron: Mabel Thurston, R.N.

Localities from whence patients came: Christchurch City, 1,490; Kaiapoi Borough, 29; Localities from whence patients came: Christchurch City, 1,490; Kalapoi Borough, 29; Lyttelton Borough, 73; New Brighton Borough, 44; Rangiora Borough, 45; Sumner Borough, 27; Woolston Borough, 50; Akaroa Borough, 4; Spreydon Borough, 60; Riccarton Borough, 91; other districts, 86; shipping, 27; no address, 18; Akaroa County, 10; Amuri County, 14; Ashley County, 2; Eyre, 17; Kowai, 14; Oxford County, 17; Rangiora County, 23; Cheviot, 18; Ellesmere, 55; Halswell County, 18; Heathcote, 17; Kaikora County, 14; Malvern County, 92; Mount Herbert County, 6; Paparua, 64; Selwyn, 27; Springs, 8; Tawera, 30; Waimairi, 190; Wainang, 16; Wainang, 18; Wainang, 18; Wainang, 190; Waipara, 16; Wairewa, 18.

Visited several times during the year. There were 178 patients under treatment.

The Medical Superintendent informs me that there have been great demands on the accommodation of the institution, and that many patients have to be kept waiting before they can be admitted. It seems, therefore, imperative that the work of renovating the old wards should be pushed on as soon as possible. The isolation ward, which had been in use for some few weeks prior to my visit, is proving most useful. The upper wards in this block were being used for cases of infantile paralysis. The building itself appears to have been very well carried out, although the Farma flooring is very much cracked in several places, as is also the plaster. The local agents have to see that this defect in the flooring is made good.

I attended the meeting of the Board on Wednesday, 25th, and the Hospital committee on

Thursday, 26th March.

The institution was in excellent order.

Christchurch Consumption Sanatorium.

Medical staff, stipendiary: G. J. Blackmore, M.D., C.M., D.P.H.

Localities from whence patients came: Christchurch, 70; Heathcote, 3; Lyttelton, 4; Riccarton, 4; Rangiora, 8; Spreydon, 3; Kaiapoi, 4; Woolston, 5; Malvern, 3; Waimairi, 5; Oxford, 2; Akaroa, 1; Wairewa, 2; Paparua, 2; Waipara, 1; Tawera, 2; other districts, 3; no address, 3.

Visited the above on the 28th March with Dr. Bernstein.

There were 57 patients in the Hospital.

The whole place was as usual in excellent order, and it is a great pity that more accommodation cannot be provided in connection with this institution. I feel sure that the Board will do well to acquire additional land in the neighbourhood of the institution and, if necessary, acquire such land under the Public Works Act. By this means it might be possible to close other sanatoriums where the conditions and general advantages are not so evident.

I also visited the King George Memorial Home for chronic consumptives. The building seems to have been well carried out. With the additional forty-four beds that this institution renders available the consumptive patients of North Canterbury should be amply provided for. The Board has very wisely decided to throw this institution open to patients from the West Coast and other Hospital Boards. The value of this institution, despite many statements to the contrary, will become more evident as time goes on, especially if it remains under the able control of Dr. Blackmore.

Bottle Lake Infectious Diseases Hospital.

Medical staff, stipendiary: J. F. Duncan, M.B. (Edin.), F.R.C.S. Sister in charge: L. M. Trumble, R.N.

Localities from whence patients came: Christchurch City, 82; Ashburton District, 1; Lyttelton Borough, 5; Kaiapoi Borough, 3; Paparua County, 1; Spreydon Borough, 3; Waimairi County, 8; Mount Herbert County, 1; New Brighton, 7; Riccarton Borough, 25; Tawera County, 1; Woolston Paparush 1, W.W. County, 1; Woolston Borough, 1; Wellington District, 1.

Akaroa Hospital.

Medical staff, stipendiary: C. S. Cantrell, M.B., C.M. (Edin.).

Matron: Louisa E. Downer, R.N.

Localities from whence patients came: Akaroa County, 15; Akaroa Borough, 2; Spreydon Borough, 1.

Kaikoura Hospital.

Medical staff, stipendiary: A. C. Thompson, M.B., Ch.B. (N.Z.), F.R.C.S. (Eng.). Matron: Isabel Ivey, R.N.

Localities from whence patients came: Kaikoura County, 35; Lyttelton Borough, 1; Amuri County, 2; South Canterbury District, 1.

Lyttelton Casualty Ward.

Medical staff, stipendiary: J. A. Newall, M.B., Ch.B.

Matron: Ethel Gooding, R.N.

Localities from whence patients came: Lyttelton Borough, 7; shipping, 5; no address, 2; Akaroa County, 2; Malvern County, 1; Waimairi County, 1; Riccarton Borough, 1; Heathcote County, 2; Paparua County, 1; Woolston Borough, 1; Ashburton County, 1; Mount Herbert County, 1; Kaikoura County, 1; New Brighton Borough, 1; Christchurch City, 8; Auckland District, 1.

Visited on 9th April.

There were no patients in, but during the year there had been 50 cases of accident, 20 of these being at the time of the strike, and many quite minor cases.

The Matron does some outside maternity and district work.

The place was in good order, but needs to be repainted.

Memorial Home, Woolston.

Medical staff, stipendiary: J. F. Duncan, M.B., Ch.B. (Edin.), F.R.C.S. (Eng.).

Matron: Margaret Higgins.

Localities from whence patients came: Christchurch City, 74; Kowai County, 1; Waipara County, 1; Kaikoura County, 1; Malvern County, 3; Waimairi County, 1; Oxford County, 1; Lyttelton Borough, 3; Kaiapoi Borough, 1; Rangiora Borough, 1; New Brighton Borough, 2; Spreydon, 1; Woolston Borough, 1; Rangiora Borough, 1; New Brighton Borough, 2; Spreydon, 1; Woolston Borough, 1; Rangiora County, 3; Akaroa County, 1; Ashburton District, 2; no address given, 3.

Visited on 9th April, 1914.

The inmates were at dinner, and were very comfortable. The place was, as usual, in

excellent order. In the chronic wards the patients are very well cared for.

Miss Ewart, for many years Matron of the Christchurch Hospital, was in charge during the absence of Miss Higgins on leave.

Waltham Orphanage.

Medical staff, stipendiary: J. F. Duncan, M.B. (Edin.), F.R.C.S. (Eng.).

Matron: Jean Donaldson.

Localities from whence patients came: North Canterbury District.

Linwood Refuge.

Medical staff, stipendiary: J. F. Duncan, M.B. (Eng.), F.R.C.S. (Eng.).

Matron: A. M. Chapman, R.M.

Localities from whence patients came: Christchurch, 52; Malvern, 1; Waimairi, 2; Ellesmere, 1; Selwyn, 1; Woolston, 1; other districts, 2; no address, 4.
Visited on 26th June, 1913.

There were 30 inmates in all,

All in good order, as usual.

H.—31.

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Armagh Street Depot.

Medical staff, stipendiary: J. F. Duncan, M.D. (Edin.), F.R.C.S. (Eng.)

Matron: M. Reeves. Master: William Reeves.

Localities from whence patients came: Christchurch City, 38; Paparua County, 1; Cheviot County, 1; no address, 11.

Tuarangi Home, Ashburton.

Medical staff, stipendiary: G. Lyon, M.B., C.M. (Aberdeen).

Master: F. H. Knight. Matron: E. Knight.

Localities from whence patients came: Christchurch, 81; Waimairi, 3; Kaikoura, 3; Kaiapoi, 6; Akaroa, 2; Halswell, 2; Lyttelton, 4; New Brighton, 1; Rangiora, 5; Riccarton, 1; Malvern, 3; Woolston, 2; Ellesmere, 2; Tawera, 1; Spreydon, 1; other districts, 19.

Visited on 6th April, 1914, with Mr. Turnbull, the Chairman of the Institution's com-

mittee.

Considerable additions and renovations had been made since my last visit, notably increased accommodation for nurses. There had recently been some difficulty with the electric-light apparatus.

The Home and grounds were in good order.

OTAGO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Alternate Thursdays.

Chairman: James Hamlin Walker.

Secretary: John Jacobs.

Public Health Inspectors: James Craighead, Dunedin; William Armour, Dunedin.

Inspector, Inquiry Officer, and Collector: Michael Fraer.

Inspector: Mrs. Flora Darroch.

Controller of Stores: Walter Downs.

Institutions under Board's control: Dunedin Public Hospital; Dunedin Chronic Hospital, Caversham; Otago Benevolent Institution; Forth Street Maternity Hospital; Infectious Diseases Hospital, Lake Logan; Port Chalmers Cottage Hospital; Tuapeka Hospital, Lawrence; Pleasant Valley Sanatorium, Palmerston; Tapanui Hospital, Tapanui.

Dunedin Hospital.

Medical staff, honorary: D. Colquhoun, M.D., F.R.C.P. (Lond.); M. Macdonald, B.Sc. (N.Z.), M.B., C.M. (Edin.); F. Fitchett, M.D., M.S. (Edin.); L. E. Barnett, M.B., F.R.C.S. (Eng.); F. S. Batchelor, F.R.C.S. (Eng.); E. J. O'Neill, M.B. (N.Z.), M.R.C.S. (Eng.), F.R.C.S. (Edin.); H. L. Ferguson, M.D., F.R.C.S. (I.); F. R. Riley, F.R.C.S. (Eng.); W. S. Roberts, M.R.C.S. (Eng.); W. Newlands, M.A., M.B., F.R.C.S. (Edin.); H. P. Pickerill, M.B., Ch.B., L.D.S. (Eng.); W. A. Fleming, M.B., C.M. (Edin.); S. C. Allen, M.D. (N.Z.), F.R.C.S. (Eng.); E. H. Williams, M.B., Ch.B. (Eng.), D.R.H. (Cantab.); S. A. Moore, M.D., C.M. (Edin.); Charles North, M.B., Ch.B.; Winifred I. Bathgate, M.B., Ch.B., B.Sc.; R. Ritchie, M.B., M.R.C.S. (Eng.); A. J. Hall, M.B., B.Ch. (N.Z.); S. Chamtaloup, M.B., Ch.B., B.Sc. (P.H.); T. Fergus, M.B., B.Ch. (N.Z.), F.R.C.S. (Edin.): masseur, Mr. D. E. Booth; masseusses, Misses Lawson and Armstrong.

Medical staff, stipendiary: A. R. Falconer, M.B., Ch.B.; C. A. V. Baigent, M.B.; R. R. H. Fulton, M.B.; H. Short, M.B.

Fulton, M.B.; H. Short, M.B.
Matron: Margaret Myles, R.N.

Localities from whence patients came: Dunedin and Suburbs, 1,937; Balclutha, 35; Catlin's, 36; Clinton, 18; Green Island, 40; Henley, 11; Middlemarch, 19; Lawrence, 28; Milton, 26; Taieri, 109; Palmerston, 48; Port Chalmers, 58; Roxburgh, 12; Kaitangata, 41; Seacliff, 16; Tapanui, 4; shipping, 29; outside districts, 109.

Visited several times: On each occasion the Hospital was full, all veranda-space being made use of, including the balconies for consumptive patients. Ward I has been renovated and pro-

vided with lavatories, which were badly needed.

The Board has decided to erect a new home for nurses on a site recently purchased in King Street, at an estimated cost of £13,700. On this site it is proposed to erect other buildings, such as the residents' quarters, &c., but these might well be provided in the present Nurses' Home when the new Home is ready. Part of the present home could be converted into wards for special cases at a comparatively moderate cost, and this would appear to be the best use to make of the present Home.

These matters were discussed, with many others, on those occasions when I interviewed the Board, and also the system of keeping accounts. On examination the apparent reduction in the cost per bed of the Hospital appearing in last year's report could not be substantiated, and the Chairman frankly admitted that a mistake had been made. Emulation between Hospital Boards in the efficient and economical management of their institutions is much to be desired, but a great and sudden reduction in the cost per bed which cannot be verified by examination is, to put it mildy, somewhat inartistic.

Pleasant Valley Sanatorium.

Medical Staff, stipendiary: C. E. W. Lyth, M.B., B.S. (Lond.).

Matron: Mabel Valentine, R.N.

Localities from whence patients came: Dunedin and suburbs, 49; Timaru, 14; Oamaru, 9; Taieri, 8; Riverton, 7; Otago Central, 6; Port Chalmers, 5; Temuka, 4; Ashburton, 4; Invercargill, 4; Milton, 2; Kelso, 2; Catlins, 2; Green Island, 1; Heriot, 1; Wanaka, 1; Greytown, 1; Hampden, 1; Palmerston, 1; Waitati, 1.
Visited on 25th January and 29th March.

On the first visit I was much disappointed with the general appearance of this institution. The grounds were untidy, and the only sign of recent activity noticeable was some recently fallen trees—a very doubtful improvement. On the occasion of my later visit the place was in much better order. On both occasions it was evident that the patients were contented and professionally well cared for.

At a subsequent meeting of the Otago Board I did not support a proposal to enlarge this institution. It is reassuring to gather from the Medical Superintendent's report that a great deal of work has been done by the patients during the past year.

Fever Hospital.

Medical staff, stipendiary: H. Short, M.B.

Matron: Elizabeth J. Young, R.N.

Localities from whence patients came: Dunedin, 27; Suburbs, 12; Seacliff, 1; Taieri, 1; Anderson's Bay, 2; Middlemarch, 3; Milton, 2.

Maternity Hospital.

Medical staff, honorary: F. R. Riley, F.R.C.S. (Eng.).

Medical staff, stipendiary: L. Russell Ritchie, M.B., M.R.C.S. (Eng.).

Matron: R. M. Every, R.N., R.M.

Localities from whence patients came: Oamaru, 3; Timaru, 1; Greymouth, 1; Mosgiel, 3; South Otago, 2; Invercargill, 2; Central, 3; Southland, 4; suburbs, 37; Dunedin, 116.

Visited 27th March, 1914. Only 3 patients in bed, 4 waiting. There is great need of an isolation ward at this Hospital, there being no provision for isolating any infectious or suspicious case.

Tapanui Hospital.

Medical staff, honorary: William Robertson, M.R.C.S. (Eng.). Matron: Sister Naismith, R.N.

Localities from whence patients came: Country, 50; town, 9.

Visited on 1st April, 1914.

There were eight patients. Since the opening in November, 1912, there had been 76 cases in this small Hospital.

The building has not been very well carried out, and will shortly need renovation.

Kaitangata Hospital.

Medical staff, honorary: Bruce Baird, M.B., Ch.B.

Matron: Fanny Clements.

Localities from whence patients came: Kaitangata Borough, Balcultha Borough, Bruce County, Clutha County.

Visited on 30th March, 1914.

There was one patient.

There was one patient.

The Hospital is frequently empty. There had been 40 cases during the year, but many of these were adenoid cases which remained only a short time.

The Hospital makes a good nucleus for a district nurse and for emergency accident cases, but is scarcely required for any other purpose.

The place was in good order.

Port Chalmers Hospital.

Medical staff, honorary: W. H. Borrie, M.B., C.M.; G. Hodges, M.B., C.M. Matron: Amelia Veitch, R N.

Localities from whence patients came: Port Chalmers, 3; Dunedin, 1; Wickliffe Bay, 1; Oamaru, 1.

Visited on 31st March, 1914.

No patients. The Hospital has been made little use of. The number of patients has declined from 11 in 1911 to 5 in 1913. It serves a purpose as an emergency ward, but should have been much smaller.

Tuapeka Hospital.

Medical staff, stipendiary: William Sutherland, M.B., B.Ch.

Matron: J. Drew.

Locality from whence patients came: Tuapeka County.

Visited on 31st January, 1914.

Although there is room for some 27 patients in this Hospital, including isolation and maternity wards, there were only 4 patients in the institution at the time of my visit.

The place was in excellent order, though considerable improvements are needed in the drainage. The town water-supply is not reliable, and the water used in the kitchen comes from an underground rain-water tank. I consider it will be possible for the Otago Board to make some further use of this institution.

The Medical Officer receives £300 a year and also house, fuel, and light. This seems a large sum to pay a Medical Officer, who would be well recompensed at a salary of £100 per annum and his house.

Otago Benevolent Institution.

Medical staff, stipendiary: Robert V. Fulton, M.B., Ch.B.

Master: George Sinclair. Matron: Lucy M. Mee.

Localities from whence patients came: Dunedin, 158; Lawrence, 4; Invercargill, 5; Otago Central, 4; Brighton, 2; Milton, 2; Ophir, 2; Tapanui, 4; Palmerston, 2; Blueskin, 1; Outram, 2; Port Chalmers, 3; Clyde, 1; Naseby, 2; Cromwell, 4; Roxburgh, 2; Kaitangata, 1; Clinton, 1; Waitahuna, 1; Balclutha, 1; Taieri, 2.

Visited on 30th March, 1914.

There were 120 men and 56 women, and of these 25 women and 24 men were in the chronic wards. As usual, the women's part of the institution was beautifully clean, and in good order. The men's part, though in better order than on my last visit, shows need of more efficient work to keep it properly clean than that of the old men inmates who take charge of the dormitories and sanitary annexes. One dormitory only was in a good state.

The chronic wards were well kept, and the nurses, of whom there are six, with a Sister in charge,

keep their patients as comfortable as possible.

The fowl-run and pig-sties are too near these wards.

BAY OF ISLANDS HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Quarterly. Chairman: William Stewart. Secretary: H. C. Blundell.

Public Health Inspector: A. E. Skynner, Kawakawa.
District Nurses: Eleanor E. Chappell, R.N., R.M.; Winifred Veale, R.M.; T. Impey, R.M. Institutions under Board's control: Bay of Islands Hospital; Mangouni Hospital; Hokianga Hospital, Rawene.

Bay of Islands Hospital.

Medical staff, stipendiary: Horace Dorset Eccles, M.R.C.S., L.R.C.P.

Matron: Ada G. Hawken, R.N.

Locality from whence patients came: Bay of Islands County.

Visited on 9th February, 1914.

There were 6 patients, and 2 waiting-confinement cases.

Patients from this district are very reluctant to go on to Whangarei, and the Hospital has been made much more use of for general cases than was intended.

The Native health nurse occupies a tent and lives at the Hospital.

Plans for the extension of this institution have been submitted to this Department.

Mangonui Hospital.

Medical staff, stipendiary: Percy W. Menzies, L.R.C.P., L.R.C.S.E.

Matron: Edith M. Clark, R.N., R.M.

Localities from whence patients came: Mangonui and Whangaroa Counties.

Visited on 12th February, 1914.

There were only 2 patients. During the year there had been 80 patients, out of which number 13 were midwifery.

Everything was in excellent order.

Rawene (Hokianga) Hospital.

Medical staff, stipendiary: Alexander A. Macfarlane, M.B., Ch.B.

Matron: Norah L. Bennett, R.M.

Locality from whence patients came: Hokianga County.

Visited on 10th February, 1914.

There were 13 patients in, 1 maternity case and 2 waiting patients.

The new midwifery ward is quite convenient and suitable, but the ordinary women's ward has been spoilt by the veranda being enclosed with stained glass, thus shutting off light and air, as part only of the enclosure opens.

The Hospital was in good order, but some painting and papering and new linoleum are required.

During the year there had been 61 patients, of which 18 were midwifery.

MARSDEN-KAIPARA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in month.

Chairman: R. Y. Kernohan. Secretary: C. McKinnon.

Public Health Inspector: P. Shenton, Whangarei.

District Nurses: A. Petersen, Paparoa; L. Marshall, Waipu.
Institutions under Board's control: Northern Wairoa Hospital, Te Kopuru; Whangarei
District Hospital, Whangarei; Whangarei Cottage Home.

Kaipara Hospital.

Medical staff, honorary: W. H. Horton, M.B. Medical staff, stipendiary: J. R. Closs, M.B., B.S.

Matron: M. G. Atkinson, R.N.

Localities from whence patients came: Hobson, 164; Dargaville, 29; Otamatea, 10; Auckland, 4; Shipping, 2; Whangarei, 1; Hokianga, 1.

Not visited since last report.

During the year this Hospital—formerly known as Te Kopuru or Northern Wairoa Hospital has been separated from the Marsden-Kaipara or Whangarei Hospital, and a separate hospital and charitable aid district formed.

Whangarei Hospital.

Medical staff, stipendiary: J. L. Frazer-Hurst, B.A., M.D., &c.

Matron: D. E. Giffney, R.N., R.M.

Localities from whence patients came: Whangarei County, 282; Whangarei Borough, 92; Bay of Islands, 63; Hikurangi, 38; Auckland, 8; Hobson, 4; Otamatea, 2; Hawke's Bay, 2; Shipping, 2; Wellington, 1; Waikato, 1; Rodney, 1; Palmerston North, 1.

Visited on 7th February, 1914.

There were 32 patients in the Hospital, 6 of these being women; no cases in the isolation ward. The new ward is for sixteen beds. There is a day-room attached which will serve for a receptionroom for ambulance patients and a dressing-room for surgical cases that are up and for small operations, and a wide veranda on which patients can be put. The rest of the Hospital will require to be painted to be in accordance with this addition.

The accommodation for the staff is now quite satisfactory.

The laundry is not quite adequate for present requirements, and additions are under consideration. With the great increase of work the nursing staff has been increased and is now eleven including the Matron; there are three Sisters and seven probationers.

The Hospital was in good order.

Cottage Home, Whangarei.

Medical staff, stipendiary: J. L. Frazer-Hurst, B.A., M.D., &c.

Master: J. Harker. Matron: F. Harker.

Localities from whence patients came: Whangarei, 27; Hobson, 7; Otamatea, 6; Bay of

Visited on 7th February, 1914.

There were 27 men in, and 1 woman.

The place was, as usual, in excellent order.

THAMES HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in month. Chairman: William J. McCormick.
Secretary: Richard R. Lloyd.

Public Health Inspector: Bernard A. Franklin, Thames.

Institutions under Board's control: Thames Hospital, District Home.

Thames Hospital.

Medical staff, stipendiary: D. B. Walshe, M.B., Ch.B. (Melb.).

Matron: M. Wilson, R.N.

Localities from whence patients came: Thames Hospital District, 642; Auckland, 14; Waikato, 29; Whangarei, 2; Bay of Plenty, 8; Coromandel, 1; Waiapu, 1; Waihi, 7.

Visited on 13th January. There were 50 patients in.

The Board has decided upon considerable building extensions and renovations. Plans for the additions to the nurses' quarters and kitchen have been approved, and also a special ward for D.T. cases, and finally the Board has just acquired from the District High School land immediately adjoining the Hospital which should be of great value to the institution, as the site on which the Hospital stands is very limited in size.

As usual, the institution and grounds were in excellent order.

District Home, Tararu, Thames.

Medical staff, stipendiary: D. B. Walshe, M.B., B.Ch. (Melb.).

Master: R. Hay Chapman. Matron: Mrs. Hay Chapman.

Localities from whence patients came: Waihi, 1; Waikato, 1; Thames and Ohinemuri, 35. Considerable improvements had been effected at this institution since my last visit, but female inmates could be accommodated with more safety on the ground floor. I wrote to the Chairman to this effect.

COROMANDEL HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Monday in each month.

Chairman: Samuel James. Secretary: Richard Simmonds.

Public Health Inspectors: William Lee, Mercury Bay; Frederick Franklin, Coromandel. Charitable Aid Inspector: Philip J. Brown.

Institution under Board's control: Coromandel Hospital.

Coromandel Hospital.

Medical staff, honorary: John James Eade, M.B., Bach. Surg. Medical staff, stipendiary: John Craig, L.R.C.S., L.R.C.P.

Matron: Nina Black, R.N.

Locality from whence patients came: Coromandel.

Visited on 18th January.

There were 6 patients, 3 being cases of a somewhat chronic nature.

The Matron, Miss Black, has resigned, and Miss Mary Anderson has been appointed.

WAIHI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Last Friday in each month.

Chairman: Dawson Donaldson.

Secretary: F. Bishop.

Public Health Inspector: T. H. Erwin, Waihi. Charitable Aid Inspector: F. Bishop.

Institution under Board's control: Waihi Hospital.

Waihi Hospital.

Medical staff, stipendiary: John M. Hyde, M.B., Ch.B.

Matron: Ada Taylor, R.N.

Localities from whence patients came: Waihi, 230; Thames, 106; Bay of Plenty, 25; Waikato, 7; Auckland, 2.

Visited on 20th January.

The institution was in good order; it is now very differently appointed and managed to what it was when I first visited it at the latter end of 1907.

BAY OF PLENTY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Quarterly.

Chairman: Alex. Peebles. Secretary: H. O. Garaway

Public Health Inspector: John Landells, Whakatane.

Institutions under Board's control: Opotiki Cottage Hospital and Tauranga Cottage Hospital.

Tauranga and Opotiki Cottage Hospitals.

In January last I visited the Tauranga and Opotiki Cottage Hospitals, which had just been completed. The work at the latter had been very poorly carried out. These little hospitals have since

The Department subsidizes the salary of the Mission nurse at Whakatane, and the Hospital Board have furnished a room at her home, so that emergency cases can be treated there pending admission to hospital.

WAIKATO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Every fourth Thursday.

Chairman: John P. Bailey. Secretary: W. I. Conradi.

Public Health Inspectors: Inspector Bennett, Hamilton, and Inspector Calderwood, Taumarunui.

District Nurses: E. M. Smith and L. Silvester.

Institutions under Board's control: Waikato Hospital, Old Men's Home, and Taumarunui Hospital.

Waikato Hospital.

Medical staff, stipendiary: H. Douglas, M.B., C.M.; W. Findlay, M.B., Ch.B.; F. Cameron, M.B., Ch.B.

Matron: E. M. Rothwell, R.N.

Localities from whence patients came: Waikato County, 130; Raglan, 54; Waipa, 127; Piako, 37; Matamata, 42; Hamilton Borough, 169; Waitomo County, 27; Kaitieke, 31; Awakino, 10; Rotorua Town, 15; Rotorua County, 12; Ohura, 12; Kawhia, 25; Frankton Borough, 66; East Taupo County, 17; Te Kuiti Borough, 54; West Taupo Borough, 41; Cambridge Borough, 41; Huntly Town, 77; Taumarunui Borough, 28; Te Awamutu Town, 18; Te Aroha Borough, 25; Ngaruawahia Town, 43; Morrinsville, 22; Manunu, 6; others, 85.

Visited on 10th January. There were 92 patients in.

It is quite evident that considerable additions to this Hospital will be needed at an early date, and the question is being considered by the Board, as well as a better water-supply. The recently erected ward for consumptive cases had not been occupied.

As usual, this institution was in good order.

Taumarunui Hospital.

Medical staff, stipendiary: W. C. Macknight, M.B., C.M., F.R.C.S. (Edin.).

Matron: Sister sent quarterly from Waikato Hospital.

Localities from whence patients came: Taumarunui and surrounding district.

Visited on 16th February, 1914.

There were 11 patients: of these 7 were cases of enteric.

The Hospital was crowded, there being only six beds. Considerable use is made of the wide

Of the cases, none were fit to send to the Hamilton Hospital. A great many cases had been sent away. The Hospital undoubtedly needs enlargement.

Waikato Old Men's Home.

Medical staff; Same as Waikato Hospital.

Master: L. Holmex. Matron: B. Holmex.

Locality from whence patients came: Waikato Hospital District.

Rotorua Cottage Hospital.

Medical Staff, stipendiary: A. S. Wohlmann, M.R.C.S., M.D.

Matron: M. Pownall, R.N.

This Cottage Hospital is attached to and is under the same Medical Superintendent and Matron as the Government Sanatorium at Rotorua.

Visited on 4th February, 1914.

There were 11 patients in, 2 women and a child on the veranda on the female side.

It is suggested that additional accommodation could be obtained by building a wide veranda

on the north-eastern side of the male ward, partially enclosed. There would be room for four beds.

There has been an average number of 14 patients for some months. There had been 172 cases in since the institution was opened.

The Hospital was in very good order, though in parts the paint-work is not very satisfactory. The equipment seems to be quite sufficient for the needs.

WAIAPU HOSPITAL AND CHARITABLE AID b. 3

Usual date of meeting: Fourth Monday in month.

Chairman: A. B. Williams. Secretary: A. L. Temple.

Public Health Inspector: J. P. Terry, Waipiro Bay. District Nurse: V. Macdonald, R.M.

District Native Nurse: Nurse Walker, R.N.

Institutions under Board's control: Te Araroa Nursing Home. (Nurse Winfield now in charge.)

Waiapu Hospital.

Medical staff, stipendiary: C. S. Davis, M.D., D.P.H., M.R.C.S. (Eng.).

Matron: A. B. Allan, R.N.

Localities from whence patients came: Waiapu and Cook.

Not visited since last report.

There have been no additions to this Hospital, and no changes in the staff. Dr. Davis returned to Waiapu Bay after absence in England and resumed charge of the Hospital.

The maternity ward, for which plans were made in 1911, has not yet been erected, the maternity

work being carried out by the district nurse resident at the Hospital.

The Board has also been given the services of two nurses for Natives in their large and scattered district, and have co-operated with the Department in this branch of work in a very helpful manner.

COOK HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Friday. Chairman: Hon. Capt. Tucker. Secretary: H. M. Porter.

Public Health Inspector: F. O. York, Gisborne. District Nurse: Nurse Greenslade, R.M., Matawai.

Native District Nurse: Nurse Cormack, R.N., R.M., Te Karaka.

Institutions under Board's control: Cook Hospital and Old People's Home.

Cook Hospital.

Medical staff, honorary: W. Reeve, M.R.C.S., L.R.C.P.; C. F. Scott, M.B., M.S. (Glasgow); J. W. Williams, M.D., M.S. (Edin.): anæsthetists-A. L. Singer, M.R.C.S., L.R.C.P.; W. P. Porter M.B., M.S. (Glas.); James Reid, M.A., M.B., Ch.B.; R. We Repa, M.B., Bach. Surg. Matron: E. F. Godfray, R.N.

Localities from which patients came: Gisborne Borough, Cook and Waikohu Counties.

Visited on 20th April.

There were 54 patients in.

The new Hospital will not be ready before it is needed, for, despite the efforts of the staff, it is impossible to keep the old building in a proper state of cleanliness.

There were only three cases of typhoid under treatment.

There is no doubt that when the new hospital is available there will be a greater demand on the part of the public for hospital accommodation, a larger proportion of the public being treated in the private hospitals in this town than in any other town of its size in the Dominion.

During my visit I met the Hospital Board and discussed hospital management with the members

at some length.

Old People's Home, Gisborne.

Master: R. C. Vigis. Matron: Mrs. R. Vigis.

Localities from which patients came: County, 18: borough, 7; town, 5.

HAWKE'S BAY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Monday in month.

Chairman: W. Shrimpton. Secretary: James Scheele.

Public Health Inspector: F. B. Gardiner, Napier.

Institutions under Board's control: Napier Hospital, Old People's Home, Park Island.

Napier Hospital.

Medical staff, honorary: H. F. Bernau, M.R.C.S., L.R.C.P.; J. J. Edgar, M.D., C.M.; J. P. D.

Leahy, M.B., Mast. Surg.; H. M. Wilson, B.A., M.B., Ch.B.

Medical staff, stipendiary: Thos. Gilray, M.B., Ch.B. (N.Z.), F.R.C.S. (Edin.): Eric Faris, M.B., Ch.B. (N.Z.).

Matron: Rose Macdonald, R.N.

Localities from whence patients came: Napier, 433; Hastings, 236; Hawke's Bay County, 245; Napier South Town District, 29; Taradale Town District, 15; Havelock North Town District, 14; Park Island, 41; outside districts, 41; shipping, 10.

Visited on 7th March, 1914.

There were 95 patients. There have been as many as 112 patients in this Hospital. The ward now being built will relieve pressure. It should be ready in May or June.

The new women's surgical ward is very convenient.

An extravagance in fittings has been a huge sink, costing £50. It is quite unnecessary and very cumbersome, and difficult to keep clean.

The graduated electric lights work well, and are a great convenience, but the Manchester stoves smoke.

The linen-rooms and patients' clothes-presses are very convenient, and good provision has been made for brooms and buckets. The laundry has been completed since last visited, and is a very well equipped part of the institution, with a drying-ground on the roof and a lift to bring the clothes up.

The Hospital and grounds were in good order.

The Board contemplates the erection of an administrative block, and the erection of other new wards at an early date. It is certain that the old wards are not satisfactory, especially the sanitary arrangements, which are very bad.

Old People's Home, Park Island.

Medical staff, stipendiary: Thos. Gilray, M.B., Ch.B. (N.Z.), F.R.C.S. (Edin.).

Master: W. H. Hichens. Matron: Mrs. A. Hichens.

Localities from whence patients came: Napier, 37; Hastings, 18; Hawke's Bay County, 29; Taradale, 4; Waipawa, 27; Waipukurau, 13; Dannevirke, 17; Woodville, 4; Weber, 3; Wairoa, 6; Patangata, 4; other districts, 2.

Visited on 7th March, 1914.

There were 90 inmates, 72 men and 8 women.

The institution was in excellent order, and the inmates generally content and well.

WAIROA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Saturday following second Friday in each month.

Chairman: John Hunter Brown. Secretary: William Taylor.

Public Health Inspector: William Taylor, Wairoa.

Institutions under Board's control: Wairoa County Hospital.

Wairoa Hospital.

Medical staff, stipendiary: John Miller, L.R.C.S. (E.), L.R.C.P. (E.).

Matron: Louisa Higginson, R.N.

Localities from whence patients came: Wairoa County, 92; Wairoa Borough, 84; Cook County, 3; Hawke's Bay County, 6; Wellington, 1.

Visited on 25th April in company with the Chairman and Secretary.

Additional accommodation for the nurses and also for infectious cases is badly needed, especially the former, and the Board proposes to put the work in hand as soon as possible. It is also proposed to acquire additional land in the neighbourhood of the Hospital.

WAIPAWA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in month.

Chairman: George E. Bickford. Secretary: G. B. Ashley.

Public Health Inspector: Fred. B. Gardiner, Napier.

Institutions under Board's control: Waipawa District Hospital. Waipukurau; Dannevirke District Hospital, Dannevirke.

12—H. 31.

Dannevirke Hospital.

Medical staff, stipendiary: Thomas Macallan, M.B., Mast. Surg. (Aberd.); W. H. Dawson, M.B. D.P.H., F.R.C.S. (Edin.).

Matron: Georgiana Hopper, R.N.

Localities from which patients came: Dannevirke, 210; Weber, 19; Woodville, 10; Akitio, 6; Auckland, 2; Masterton, 1; Gisborne, 2; Palmerston North, 1; Sandon, 1; Wanganui, 3; Napier, 3; Waipukurau, 1; New Plymouth, 3; Carterton, 2; Otaki, 1; Wellington, 6; Hamilton, 1; Pahiatua, 1; Hutt, 2.

Visited on 5th March, 1914. There were 26 patients.

The veranda at the end of the women's ward had been built out, and now forms a good ward with six beds and three cots.

The new X-ray room is in good working-order. The Matron carries out the work with the assistance of an engineer from town.

The Hospital was in good order, and the grounds, garden, and orchard very well kept.

Waipawa District Hospital.

Medical staff, stipendiary: Sidney C. Godfray, M.B. (deceased).

Matron: M. E. Carston, R.N.

Localities from whence patients came: Waipawa County, 72; Waipawa Borough, 32; Waipukurau Borough, 40; Patangata County, 47; Waipukurau County, 17; Dannevirke County, 58; Dannevirke Borough, 15; other places, 45.

Visited on 5th March, 1914. There were 28 patients.

The verandas are made use of for a number of patients, both men and women sleeping out. The probationers are accommodated in a portion of the old women's ward, which has been partitioned up and is quite comfortable.

Everything was in good order.

Since writing this report the Department has received news of the death of Dr. Godfray, who for many years was Medical Superintendent of this institution. Dr. Godfray was much esteemed for his professional and personal qualities, and the Hospital and the district generally must deplore the early death of one who ever proved himself a most devoted servant to the public.

TARANAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: 3rd Wednesday in month. Chairman: Fred C. J. Bellringer.

Secretary: C. M. Lepper.

Public Health Inspectors: A. H. Kendall; Thomas G. Fielder, New Plymouth. District Nurse: Nora Kelly, R.N., R.M., Uruti. Institutions under Board's control: New Plymouth Hospital, Old People's Home.

New Plymouth Hospital.

Medical staff, stipendiary: E. A. Walker, M.D., C.M.; D. S. Wylie, F.R.C.S.; G. Home, M.B., M.D., D.P.H.; H. B. Leatham, M.D., M.R.C.S., L.R.C.P. Matron: Elizabeth Browne, R.N.

Localities from whence patients came: Taranaki County, 124; Egmont, 70; Clifton, 65; New Plymouth Borough, 183; Waitara, 54; Inglewood, 31; Awakino, 15; Hawera, 8; Waikato, 7; Auckland, 8; Wanganui, 3; miscellaneous, 16.
Visited in January and on 24th May, 1914.

There were 49 patients in the Hospital.

The walls of the new Hospital are going up. It is very badly needed, as the old Hospital is exceedingly out of date in arrangement and getting very shabby. It is not desirable to spend money on the old building, but by the removal of old very worn linoleum (which is quite unnecessary) from the wards it might be improved. This has been done in the men's ward, the floor being stained. The new Hospital is not likely to be ready for nearly two years.

A portion of the old Hospital is to be retained for chronic cases, for the Taranaki, Waitara, and Hawera Hospital Districts.

Old People's Home. New Plymouth.

Medical staff, stipendiary: G. Home, M.D.

Matron: Annie Bayly.

Localities from whence patients came: Hawera, Stratford, New Plymouth.

STRATFORD HOSPITAL AND CHARITABLE AID BOARD.

Chairman: John Smith.

Usual date of meeting: First Tuesday in month.

Secretary: I. Harry Penn.

Public Health Inspector: A. Gray.

Institution under the Board's control: Stratford Hospital.

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Stratford Hospital.

Medical staff, stipendiary: David Steven, M.B., B.Ch.

Matron: Meta O'Brien, R.N.

Localities from whence patients came: Stratford County, 68; Stratford Borough, 78; Whangamomona County, 66; elsewhere, 13. Visited on 27th May, 1914.

There were 10 patients.

The small Nurses' Home is in course of erection, and will be an improvement for the staff, although the bath and lavatory accommodation is rather cramped. It is unfortunate that a site more remote from the women's ward could not be found for this Home, and after going carefully into the matter with the Board the site selected was reluctantly approved by the Department.

The Hospital and surroundings were all in good order.

HAWERA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Every third Monday.

Chairman: G. W. Taylor. Secretary: C. E. Parrington.

Public Health Inspector: A. Gray, Eltham.

Native Nurses: Nurse Beetham; Miss Anderson, Normanby. Institution under Board's control: Hawera Hospital.

Hawera Hospital.

Medical staff, stipendiary: W. M. Thomson, M.B., Ch.B.

Matron: G. Broad, R.N., R.M.

Localities from whence patients came: Mokoia, 7; Eltham, 35; Normanby, 16; Okaiawa, 13; Kaponga, 28; Hawera, 145; Manaia, 18.

Visited on 26th May, 1914.

There were 18 patients in the Hospital.

New beds have been procured for the women's ward. The new ward for children is nearly completed. It partially blocks the light in the operating-theatre, and it will be necessary to put in an extra window. The theatre badly requires renovation; the walls could be plastered and the floor covered with an aseptic material at a cost of about £50.

The Hospital was in good order.

PATEA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Tuesday.

Chairman: Herbert Onslow Clarke. Secretary: E. E. Horner.

Public Health Inspector: Inspector Wilson, Marton. Institution under Board's control: Patea Hospital.

Patea Hospital.

Medical staff, honorary: A. G. Harvey, M.B., M.R.C.S. Medical staff, stipendiary: W. L. Simmons, M.B.

Matron: L. Scolan, R.N.

Localities from whence patients came: Waitotara to Normanby Patea Borough, 47; Patea County, 53; Hawera County, 9; Wanganui County, 1; Waitotara County, 1; Wellington, 1; Auckland, 1; Waverley Town, 25.

Visited on 28th May.

There were 8 patients. The average number of patients had increased during the year, there being at one time 23 patients under treatment.

The hall and some of the small wards and the kitchen had been painted with Bon-Accord paint.

Some rooms in the Nurses' Home have been done up; others badly require it. A good bath should be provided for the nurses.

The Hospital was in good order.

WANGANUI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Wednesday in month.

Chairman: W. G. Bassett. Secretary: A. C. Ritchie.

Public Health Inspectors: T. Pargeter, Wanganui.

District Nurses: Margaret Anketell, R.N.; C. E. Jackson, R.N., R.M., Marton. Institutions under Board's control: Wanganui Hospital, Jubilee Home, Taihape Hospital.

Wanganui Hospital.

Medical staff, honorary: C. B. Innes, M.B.; E. E. Porritt, M.D.; J. W. Anderson, M.D.C.M.; A. H. Wall, M.R.C.S., M.B.; A. J. Crawford, M.D., F.R.C.S.; M. M. Earle, M.R.C.S., L.R.C.P.

Medical staff, stipendiary: H. Hutson, M.D.C.M., F.R.C.S.

Matron: Cecilia McKenny, R.N.

Localities from whence patients came: Wanganui Borough, 524; Wanganui County, 78: Waimarino County, 12; Waitotara County, 7; Rangitikei County, 23; Marton Borough, 69; Taihape Borough, 5; Ohakune Borough, 14; Gonville Town District, 22; Castlecliff Town District, 22; Hunterville Town District, 23; Bull's Town District, 27; Mangaweka Town District, 17; Shipping, 2; other places, 53: total, 898.

Visited on 18th February, 1914.

There were 68 patients.

The Department has agreed to alterations in the new ward, which the staff did not consider

altogether adapted for the accommodation of patients in cold weather.

The women's ward has just been repainted. The two new theatres are now completed. The small one intended for septic cases has not been used, and does not appear to have been urgently needed. A sterilizing-room has been added to the main theatre. In it is a huge sterilizer, far too large, and a great expense, as it requires to be boiled by a special furnace, while there is no means of providing sterilized water for operations except in jugs. A proper sterilizer for hot and cold water is needed.

The Hospital was in good order.

Taihape, Hospital.

Medical staff, honorary: T. B. Whitton, M.D., L.R.C.S.; R. B. Turnbull, M.B., C.B., D.P.H.; H. E. Owen, L.R.C.P.

Medical staff, stipendiary: E. C. Barnett, M.R.C.S., L.R.C.P.; R. J. Boyd, M.D., C.M.

Matron: E. Southall.

Visited on the 10th March, 1914.

There were 11 patients in—4 men, 4 women, and 3 children.

Though early in the morning, the Hospital was in excellent order. The grounds have been laid out and much improved since last visited.

Jubilee Home Charitable Institution.

Medical staff, stipendiary: H. Hutson, M.D., C.M., F.R.C.S.

Master: Samuel J. Allen. Matron: Mrs. C. H. Allen.

Visited on 18th February, 1914.
There were 31 inmates. The Home, as usual, was in excellent order.

PALMERSTON NORTH HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday in month.

Chairman: James Glenny Wilson.

Secretary: William Stubbs.

Public Health Inspector: Morgan O'Brien, Palmerston North.

Charitable Aid Inspector: Frederick Aisher. District Nurse: Maud Eliza Lloyd, R.N.

Institutions under Board's control: Palmerston North Hospital, Awapuni Old People's Home.

Palmerston North Hospital.

Medical staff, stipendiary: A. A. Martin, M.D., F.R.C.S.; P. T. Putnam, M.D., Ch.B.; C. W. Peach, M.D.

Matron: Mary McLagan, R.N.

Localities from whence patients came: Palmerston North, 377; Kairanga County, 124: Feilding, 65; Oroua, 61; Foxton, 44; Manawatu, 66; Kiwitea, 43; Pohangina, 19; Rongotea, 26; Wellington, 47; Wanganui, 20; other districts, 23.

Visited on 2nd March, 1914.

There were 26 male patients—19 women and 3 children; 1 patient in the consumptive annexe. The new ward is almost completed. The kitchen has been enlarged and made more convenient.

A new Nurses' Home is to be erected, and many other improvements are being considered by the Board.

Everything was in excellent order.

The price paid for imported beds (£5 2s. 6d.), and for cots (£6 3s. 2d.), for the new wards is far too much. Equally good beds can be obtained in the Dominion at less cost.

WAIRARAPA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Wednesday in alternate months.

Chairman: Edgar George Eton. Secretary: F. Fitzherbert Green.

Public Health Inspectors: James Cairns, Masterton; Harry H. Keay, Greytown.

District Nurses: S. Carrie Jones, R.N., R.M., Nellie Nickless, R.N., R.M., Sadie E. Warnock, R.N., R.M.

Institutions under Board's control: Masterton Hospital, South Wairarapa Hospital, Pahiatua Hospital, Buchanan Home, Renall-Solway Home.

Pahiatua Hospital.

Medical staff, honorary: Hugh Paterson, M.B.; J. P. Jamieson, M.B., Ch.B.: W. A. Dunn, M.R.C.S. (Eng.), L.R.C.P. (Lond.); P. H. Mules, L.R.C.P. and S. (Edin.).

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Medical staff, stipendiary: H. T. Dawson, M.B., Mast. Surg.

Matron: Edith M. Davis, R.N.

Localities from whence patients came: Pahiatua Borough, 46; Pahiatua County, 43; Akitio County, 9; Eketahuna Borough, 5; Eketahuna County, 7; Woodville, 11; unknown, 10.

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Visited on 2nd December.

There were 5 patients in hospital, 4 males and 1 female.

The place was in excellent order; but the plaster in the female lavatories badly needs repair. The old-fashioned sinks will now need to be replaced with modern ones, and the main building will need repairing soon, especially the kitchen. Two bedrooms have been added for the staff.

The grounds were in good order. The 11 acres in which the hospital stands runs sufficient cows

to supply the Hospital with milk, thereby a considerable saving is effected.

Masterton Hospital.

Medical staff, honorary: P. R. Cook, M.B., Ch.B.; J. A. Cowie, M.B., C.M., B.Sc.; N. H. Prior,

Medical staff, stipendiary: Archer Hosking, M.B., C.M. (Edin.).

Matron: Isabel Mary Wilkinson, R.N.

Localities from whence patients came: Masterton Borough, 184; Masterton County, 78; Carterton Borough, 46; Martinborough, 14; Mauriceville County, 6; Eketahuna County, 19; South Wairarapa County, 7; Pahiatua County, 1; Wellington, 1; Auckland, 1; Taihape, 1; Foxton, 1; Dannevirke, 1; unknown, 14.

Visited on 4th March, 1914.

There were 24 cases in-10 in male ward, 9 in women's, 1 in side ward, 4 in fever ward.

The Hospital was in very good order; the kitchen and scullery had recently been painted. The grounds were much improved. Cows are kept, also pigs and poultry, and some vegetables are grown.

South Wairarapa Hospital, Greytown.

Medical staff, honorary: D. G. Johnston, M.B.; A. Gunn, M.B.; H. E. Webb, M.B., Ch.B.; A. E. A. Palmer, M.B., Ch.B.

Medical staff, stipendiary: W. Bey, M.B. (Aberdeen).

Matron: Mary Bagley, R.N.

Localities from whence patients came: Martinborough, 50; Carterton, 39; Greytown, 33; Palmerston North, 1; unknown, 14; Featherston, 45; South Wairarapa County, 15; Masterton, 6; Wellington, 3; Feilding, 1.

Visited on 3rd December at 6.31 a.m.

There were 18 patients at the Hospital, and 8 in the Buchanan Home.

Though visited very early in the morning the institution was in good order, as was also the Home, which should prove of great value to the district.

Renall-Solway Home.

Medical staff: Medical attendance as required.

Matron: Mrs. Annie Johns. Visited on 4th March, 1914.

There were 13 men in, 2 in bed.

The Home was in good order, and the old people expressed themselves as very content.

PICTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Thursday.

Chairman: Seymour Fell. Secretary: J. Blizzard.

Public Health Inspector: James Johnston.

Maternity Nurse: Eliza Wells, R.M.

Institutions under Board's control: Picton Hospital, Fever Ward, Shelter-shed, Maternity Home.

Picton Hospital.

Medical staff, stipendiary: W. E. Redman, M.R.C.S.E.

Matron: A. Hamann, R.N.

Localities from whence patients came: Picton Hospital District, 163; Nelson, 4; Australia, 1; Wellington, 1; shipping, 1; Auckland, 1; Blenheim, 1; Christchurch, 1.

Not visited since last report of June, 1913.

There have been no alterations or additions at this Hospital, but in view of the great demand on

the maternity beds it will probably soon be necessary to add to this department.

There has been a change in the personnel of the staff, Miss Burton having resigned the matronship and Miss Hannan been appointed, while more recently Dr. Redman, who had been in charge since the institution was built, has resigned. Dr. Hill was appointed in his place. Dr. Redman will continue his services to the institution as consultant and anæsthetist.

WAIRAU HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Monday in each month.

Chairman: J. J. Corry. Secretary: Alex. James Maclaive.

Public Health Inspector: James Johnston, Blenheim.

District Nurse: Mrs. C. A. Holgate, R.N., R.M., Seddon.
Institutions under Board's control: Wairau Hospital, Blenheim; Cottage Hospital, Havelock.

Wairau Hospital.

Medical staff, stipendiary: James Freeborn Bennett, M.B., Bach. Surg.; D. M. Nairn, L.R.C.P. and S. (Edin.).

Matron: W. S. Fulton, R. N.

Localities from whence patients came: Blenheim, 105; Owaka Road District, 30; Awatere, 29; Picton Hospital and Charitable Aid Board, 20; Wairau Road District, 20; Pelorous Road District, 16; Spring Creek, 12; Havelock, 8; Wellington, 5; Christchurch, 3; Motueka, 2.

Not visited since last report of June, 1913.

It has been decided to erect a new hospital for the district. There was some opposition on the part of some of the contributory authorities, and a commission was set up to go into the matter, with the result that the Board was upheld in its decision to build the hospital, which is undoubtedly urgently needed.

The present Hospital is to be converted into an Old People's Home for this and the Picton district.

Havelock Hospital.

Medical staff, stipendiary: Spencer H. Beard, M.R.C.S. (Eng.).

Matron: Olive Peake.

Localities from whence patients came: Pelorous Road District, 18; Havelock, 6; Sounds County, 8; Wellington, 2.

NELSON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month.

Chairman: Henry Baigent. Secretary: Sidney Blomfield.

Public Health Inspector: Henry Coltman, Nelson.

Institutions under Board's control: Nelson Hospital, Alexandra Home.

Nelson Hospital.

Medical staff, stipendiary: Henry E. A. Washbourn, M.D. Matron: Julia S. Murray, R.N., R.M.

Visited on 3rd March, 1914.

There were some 50 patients in the institution, including 9 in the consumptive annexe and 3 in the infectious ward. In the side rooms attached to the male and female wards were 6 cases of diphtheria. Since I last visited this Hospital the place has fallen into disrepair, owing in some measure to the

disinclination of the Board to make any improvements, in view of the new Hospital. Nevertheless, the consumptive annexe badly required repainting, and should be put in hand at once.

I subsequently interviewed the Board with regard to Mr. Cawthron's generous and timely gift of £15,000 towards the erection of a new hospital.

Old People's Home, Nelson.

Master: William Crough. Matron: Mrs. Maria Crough.

Locality from whence patients came: Nelson Provincial District.

BULLER HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Tuesday alternate month.

Chairman: James H. Greenwood. Secretary: Arthur Taylor.

Institutions under Board's control: Old People's Home, Westport; Westport Hospital; and Denniston Hospital.

Westport Hospital.

Medical staff, honorary: E. D. Dunn, L.R.C.P., L.S.A.

Medical staff, stipendiary: Guy Hallwright, M.R.C.S., L.R.C.P.; Robert Bernard P. Monson, M.B., Ch.B.

Matron: Edith Dunsford, R.N., R.M.

Localities from whence patients came: Westport Borough, Buller County.

Not visited since last report of June, 1913.

There have been no great changes in this Hospital. The Nurses' Home has been completed and opened. Some accommodation for maternity cases is needed.

The Medical Superintendent, Dr. Hallwright, is away on leave, Dr. Monson acting as locum.

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Denniston Hospital.

Medical staff, stipendiary: Thomas Gordon Short, M.B., Ch.B.

Matron: L. E. Smith, R.N.

Localities from whence patients came: Denniston and Burnett's Face.

There has been no change in this Hospital. Some assistance in nursing is given to the Matron when necessary from the staff of the Westport Hospital. It is proposed to instal an X-ray plant at the Hospital.

Old People's Home, Westport.

Medical staff, stipendiary: Guy Hallwright, M.R.C.S., L.R.C.P.; Robert Bernard Pearson Monson, M.B., Ch.B. (locum tenens).

Master: John Stewart. Matron: Mrs. Stewart.

Localities from whence patients came: Westport and Buller County.

GREY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Thursday in month.

Chairman: Michael Hannan. Secretary: Michael Phillips.

Public Health Inspector: Joseph Fletcher.

Institution under Board's control: Grey River Hospital.

Grey Hospital.

Medical staff, honorary: J. McBrearty, L.F.P. & S. (Glas.); J. W. McBrearty, F.R.C.S. (Edin.) L.R.C.P.; W. McKay, M.B., F.R.C.S. (Edin.), M.B., B.S.

Medical staff, stipendiary: Charles G. Morice, F.R.C.S. (Edin.), M.R.C.S., L.R.C.P. (Eng.)

Matron: Susan Kitto, R.N.

Localities from whence patients came: Boroughs of Greymouth, Runanga, and Brunnerton; Counties of Grey and Westland; and shipping.

Visited on 24th June, 1913.

There were 20 male patients and 9 female patients in hospital; 36 men in Old People's Home, and 4 old women.

The Hospital was in very good order, and the old peoples' quarter also clean and comfortable.

A dairy had been built in the grounds, and cows are now kept.

INANGAHUA HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Fourth Thursday in month.

Chairman: Edward John Scantlebury.

Secretary: Charles Nevin.

Public Health Inspectors: Joseph Fletcher, Greymouth. Institution under Board's control: Reefton Hospital.

Reefton Hospital.

Medical staff, stipendiary: W. A. Conlon, M.B., Ch.B.

Matron: Johanna Barry, R.N.

Localities from whence patients came: Inangahua, 153; Grey, 3; Nelson, 1; Napier, 1.

Visited on 21st June, 1913.

There were 19 patients—only 3 women. Four cases were sleeping on veranda. There were 8 in the old men's ward.

The Hospital was in very good order, and the grounds much improved. It is proposed to remove the old isolation ward and to erect a small cottage with three beds.

The infectious cases usually received are diphtheria.

WESTLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Second Tuesday.

Chairman: Arthur Clifton. Secretary: Thomas Kennedy.

Public Health Inspector: Thomas Kennedy, Hokitika. Charitable Aid Inspector: Thomas Kennedy.

Institutions under Board's control: Westland Hospital, Kumara Hospital, Totara Hospital, Otira Cottage Hospital.

Westland Hospital.

Medical staff, stipendiary: E. Teichelmann, F.R.C.S. Matron: Marian P. Little, R.N.

Localities from whence patients came: Westland County, 98; Hokitika Borough, 63; Ross Borough, 5; Kumara Borough, 1; Grey County, 4; Taihape, 1.

Visited on 23rd June, 1913.

There were 10 patients in the men's surgical ward, 6 in the female ward, and 16 in the men's ward. Two diphtheria patients had been admitted, and as an epidemic had been expected one of the old wards had been hastily converted into isolation quarters, but no more patients had been received.

The Hospital was in good order. The theatre had been in use since my last visit, but it is time some improvement should be made in the nurses' quarters.

Kumara Hospital.

Medical staff, stipendiary: George Phillips, M.R.C.S. (Eng.), L.R.C.P. (Lond.).

Matron: Helena K. Isdell, R.N.

Localities from whence patients came: Greymouth, 18; Westland County, 26; Kumara Borough, 35; Hokitika Borough, 2.

Visited on 23rd June.

There were 5 patients and 12 old men in the outside cottages.

This Hospital is very little used for acute cases, and the new wards are practically wasted.

The detached cottages for the old men are not well kept, and compare very unfavourably with the old men's quarters at Reefton and Greymouth.

Totara Hospital.

Medical staff, stipendiary: J. A. Doctor, M.B., Ch.B.

Matron: Ada C. Phillips.

Localities from whence patients came: Ross Borough, 21; Westland County, 28; Westport, 1; Hokitika, 6; Kumara, 5; Greymouth, 2.

Otira Cottage Hospital.

Medical staff, stipendiary: W. Cairns, M.B., C.M.

Matron: Jean Muir, R.N.

Localities from whence patients came: Westland, 23; Canterbury, 22; Greymouth, 2.

Visited on 25th June, 1913.

There were 3 patients.

The Sister in charge, Miss Ziegler, has since resigned, and Miss Jean Muir, from Westland Hospital, has been appointed.

ASHBURTON HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Monday in month.

Chairman: Hugo Friedlander. Secretary: Arthur Clark.

Public Health Inspector: Mark Kershaw, Christchurch. Institution under Board's control: Ashburton Hospital.

Ashburton Hospital.

Medical staff, stipendiary: G. Hunter, M.B., B.Ch., Surgeon Superintendent; J. Lyon, M.B., C.M. (Aberdeen), Assistant Surgeon.

Matron: S. E. Morley, R.N.

Localities from whence patients came: Ashburton County, 140; Ashburton Borough, 70; Hampstead Town District, 9; Tinwald Town District, 11; North Canterbury, 5; Timaru, 4; Dunedin, 1.

Visited on 10th October, 1913.

During the past year considerable additions have been made to this Hospital, which is capable of accommodating some 43 patients. Owing to the design of the old building it was particularly difficult to devise a good scheme for its extension, but the new buildings have remedied many of the old defects, including the old Memorial Ward, which was insanitary and altogether unsuitable for the purpose.

SOUTH CANTERBURY HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Third Tuesday. Chairman: Francis Robert Gillingham.

Secretary: H. S. Russell.

Public Health Inspector: John Menzies, Timaru.
Institutions under' Board's control: Timaru Hospital, Talbot Infectious Diseases Hospital, Old Men's Home, Waimate Hospital.

Timaru Hospital.

Medical staff, honorary: G. E. Gabites, Mast. Surg., F.R.C.S. (Edin.); W. H. Unwin, F.R.C.S. (Eng.), M.B.; F. Ulrick, M.B., Bach. Surg.; G. H. Ussher, F.R.C.S. (Eng.).

Medical staff, stipendiary: A. B. Lindsay, M.B., Ch.B.

Matron: Jean Todd, R.N.

Localities from whence patients came: Geraldine Borough, 19; Geraldine County, 33; Waimate Borough, 12; Waimate County, 44; Timaru Borough, 360; Temuka Borough, 38; Levels County, 101; Mackenzie County, 30; Casuals, 13. Visited on 7th April, 1914.

There were 47 patients-24 male, 18 female, and 5 children-in the children's ward.

The X-ray room near the theatre has been equipped.

A new shelter has been built for consumptives. The design is not a good one. The windows are so high that a patient lying in bed cannot see out. It will be necessary to alter them. It is proposed to build another shelter shortly. There were only 2 male consumptives and 1 female.

The Hospital was in good order, and the grounds well kept.

Waimate Hospital.

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Medical staff, stipendiary: H. C. Barclay, M.D., F.R.C.S. (Edin.).

Matron: Mabel Mander, R.N.

Localities from whence patients came: Waimate County, 105; Waimate Borough, 76.

Visited on 6th April, 1914.

There were 19 patients. During the last twelve months there had been 175 patients. No patients in shelters or fever wards.

The whole place had been newly painted, the grounds were in excellent order, and altogether the

place was very well kept.

Good use is made of the land, as all vegetables are grown, cows are kept, and fowls and pigs, which are sold at a good profit. A field is rented in which crops are grown to feed the cows.

Talbot Infectious-diseases Hospital.

Medical staff, stipendiary: A. B. Lindsay, M.B., Ch.B.

Nursing staff: Nurses are supplied from Timaru Hospital as required. Locality from whence patients came: South Canterbury Hospital District.

There were 5 cases—3 scarlet fever and 2 diphtheria.

Old Men's Home, Timaru.

Matron: Grace Young. Master: James Young.

Locality from whence patients came: South Canterbury District. Visited on 7th April, 1914.

The new Home is now occupied. There were 21 men and 3 women.

The place is comfortable and convenient, but the work has been very badly carried out, and is very rough. The rough brick walls inside will not be easily kept clean, the plaster is cracking in many places and the woodwork splitting.

WAITAKI HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Tuesday each month.

Chairman: H. A. Dovey. Secretary: Walter Gibb.

Public Health Inspector: K. Cameron, Dunedin. Institution under the Board's control: Victoria Home.

Old People's Home, Oamaru.

Medical staff, stipendiary: J. M. Scott, M.B., Ch.B. (Edin.)

Matron: Margaret Dormer.

Localities from whence patients came: Waitaki County, 42; Oamaru, 20; South Canterbury, 5; Otago, 2; North Canterbury, 1; no permanent address, 4. Visited on 6th April, 1914.

There were 24 men and 9 women.

A new lavatory has been added for the male inmates.

The place was, as usual, clean and neat, and Miss Dormer manages the old men well.

VINCENT HOSPITAL AND CHARITABLE AID BOARD.

Chairman: John Smith. Secretary: J. S. Dickie.

Public Health Inspector: K. Cameron, Dunedin.

Institutions under Board's control: Cromwell District Hospital, Dunstan District Hospital, and Ophir Cottage Hospital.

Cromwell Hospital.

Medical staff, honorary: J. G. Hyde, M.B., L.R.C.S.

Medical staff, stipendiary: George A. Morris, M.B., C.M. Matron: E. McShane, R.M.

Localities from whence patients came: Kow Gorge, 1; Ness, 2; Warrington, 1; Albert Town, 1; Pembroke, 5; Cromwell, 16; Bannockburn, 10; other places, 29.

Visited on 30th January.

There were 3 patients in the Hospital—all males.

Some cases have been admitted to the maternity ward, but at the time of my visit it was empty. An operating-theatre, which is much needed here, is about to be erected on the north side. Arrangements could be made for it to be erected on the south side.

The gardens and grounds here were in excellent order.

The staff consists of the Matron, two maids, and a gardener.

The grounds produce all the fruit, vegetables, and milk needed.

The institution has now an excellent water-supply.

13—H. 31.

Dunstan Hospital.

Medical staff, honorary: G. A. Morris, M.B., C.M.; Hugh Barr, M.B., Bach. Surg., D.P.H.; J. Cowie Dick, M.B., Bach. Surg.

Medical staff, stipendiary: John Galbraith Hyde, M.B., L.R.C.S.

Matron: O. Herdman, R.N.

Localities from whence patients came: Alexandra, 10; Dunedin, 8; Clyde, 7; Ophir, 2; Earnscleugh, 2; Ida Valley, 2; Lauder, 2; Roxburgh, 2; Watakanui, 1; Bald Hill Flat, 1; Mount Pisa, 1. Visited on 30th January, 1914.

There were 6 patients in the institution—3 females and 3 males.

The whole place was in excellent order, and very different from what it was on the occasion of my last visit.

MANIOTOTO HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: First Wednesday in each month.

Chairman: Charles J. Inder.

Secretary: H. Wilson.

Public Health Inspector: K. Cameron, Dunedin.

Institutions under Board's control: Naseby Hospital, and St. Bathans Cottage Hospital.

Maniototo District Hospital

Medical staff, stipendiary: C. O. Lillie, M.B., M.R.C.S.

Matron: A. M. Brawn, R.N.

Localities from whence patients came: Maniototo County, 123; Palmerston South, 1; Wilton, 1. Not visited.

The number of acute medical and surgical cases now received at this Hospital is so small that it is principally used as a maternity hospital, and the Board has decided to use it as a training-school for midwifery nurses.

Miss Brawn resigned the position of Matron, and Miss Annie Maclean was appointed.

SOUTHLAND HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Thursday before second Friday in each month.

Chairman: A. F. Hawke. Secretary: Thomas Pryde.

Public Health Inspector: Ralph Bleakley, Invercargill.

District Nurses: Alice Searell, R.N., Invercargill; Sarah Sommerville, R.N., R.M., Stewart Island. Institutions under Board's control: Southland Hospital, General, Gore Hospital, Wakatipu Hospital, Arrow Hospital, Kew Infectious-diseases Hospital, Lorne Farm Home.

Southland Hospital.

Localities from whence patients came: Invercargill, 328; Southland County, 362; Bluff, Stewart Island, and shipping, 57; Winton, 16; Wallace County, 16; Lake County, 16; Wyndham, 3; Otautau, 1; Gore, 2.

The above was visited on 31st March.

There were 57 patients in Hospital, a large portion being chronic cases.

Since my last visit here considerable improvements have been effected, notably the provision of modern sanitary arrangements in place of the old earth-closets; the drainage system has been thoroughly renovated. The floors of the new sanitary arrangements are of Farma, which shows no signs of cracking at present, although the floors have been down eight months.

A new X-ray plant has just been provided. The whole institution was in excellent order.

Although the Nurses' Home was only erected some four years ago, there is not sufficient accommedation for the staff. Four are sleeping in one room at the Nurses' Home, and two in the main block.

Arrow Hospital.

Medical staff, honorary: J. Bell Thomson, M.B., C.M.

Matron: Ellen Spring.

Localities from whence patients came: Arrowtown, 31; Lake County, 30; Queenstown, 3.

Visited on 30th January, 1914.

There were 4 patients in the Hospital.

The institution was in excellent order, the wards being very clean.

Gore Hospital.

Medical staff, stipendiary: Joseph E. Rogers, M.D., C.M.

Matron: Madeline M. Smaill, R.N.

Localities from whence patients came: Southland County, 86; Gore, 54; Mataura, 34; Wyndham, 9; Roxburgh, 2; Invercargill, 2; Dunedin, 1; no address, 1; Mosgiel, 1.

H.--31. 99

Visited on 26th June, 1913.

There were only 10 patients in-7 men and 3 women.

An isolation room and a morgue have been added since my last visit.

The Hospital was in good order.

Wakatipu Hospital.

Medical staff, stipendiary: Alec. Stewart, M.B., C.M.

Matron: A. C. McKerchar, R.N.

Localities from whence patients came: Queenstown, 13; Lake County, 28; Southland, 2; Invercargill, 1; Waimate, 1; Winton, 1.
Visited on 29th January, 1914.

There were 3 inmates.

I drew the attention of the Board to the unsatisfactory state of this Hospital, and the members signified their intention to act on the recommendation of the Department.

Kew Infectious-diseases Hospital.

Medical staff, stipendiary: William J. Barclay, M.D., F.R.C.S., D.P.H.

Matron: Mrs. M. Cowan.

Localities from whence patients came: Invercargill, 17; Southland, 14; Mataura, 5.

Lorne Farm.

Medical staff, stipendiary: W. J. Barclay, M.D.

Master: Charles H. Cole. Matron: Mrs. C. H. Cole.

Localities from whence patients came: Invercargill, 74; Southland County, 72; Winton, 3; Arrow, 1; Wallace County, 1; Queenstown, 2; Otautau, 1.

Visited on 31st March.

There were 112 inmates—viz., 71 children, 30 men, and 11 women.

In previous reports I have referred to the unsatisfactory system of housing the indigent aged with children of tender years. Nevertheless, I am satisfied that though in principle the present system is a wrong one, it works out well in practice owing to Mrs. Cole's care and devotion to the children. A casual visitor could not fail to be impressed with the happy appearance of the children.

The whole institution was in excellent order.

I understand that arrangements are being made so that the farm can supply the various institutions under the Board's control with farm produce, including eggs, vegetables, butter, and milk; with the land available this certainly should be accomplished without any difficulty.

WALLACE AND FIORD HOSPITAL AND CHARITABLE AID BOARD.

Usual date of meeting: Thursday preceding third Friday of each month. Chairman: Edward J. Stevens.

Secretary: George Cassels.

Public Health Inspector: R. Bleakley. Charitable Aid Inspector: George O. Cassels.

Institution under Board's control: Wallace and Fiord Hospital.

Wallace and Fiord Hospital.

Medical staff, stipendiary: N. G. Trotter, M.D., C.M. (Edin.).

Matron: Janet McGregor, R.N.

Localities from whence patients came: Wallace County, 208; Riverton Borough, 35; Southland County, 10.

Visited on 1st April."

There were 21 patients in the Hospital.

Since I last visited this institution there have been considerable renovations, including the new ward and operating-theatre, which seem to have been well carried out.

Despite my early visit I found the institution in excellent order; Miss McGregor, late Matron

of the Waihi Hospital, being in charge.

I was concerned to learn that the cottage recently used for the accommodation of infectious cases was being utilized for the accommodation of six old men. I trust this arragement is not regarded as a permanent one, and that the Board will continue to send their aged indigents to Lorne Farm.

SEPARATE INSTITUTIONS.

MERCURY BAY HOSPITAL.

Medical staff, stipendiary: James J. Eade, M.B., Ch.B.

Matron: I. M. Hay, R.N.

Localities from whence patients came: Mercury Bay, 67; Gumtown, 26; Tairua and Whenuakite, 24; Auckland, 1.

Not visited during the year.

There have been no changes in this Hospital, of which the ten beds have been occupied by a daily average number of 9 patients.

OAMARU HOSPITAL.

Medical staff, honorary: J. Whitton, M.D.; R. G. S. Orbell, M.D.; W. Hargreaves, M.D., M.R.C.S. (Eng.).

Medical staff, stipendiary: J. Scott, M.B., Ch.B. (Edin.).

Matron: A. G. Keddie, R.N.

Localities from whence patients came: Waitaki County, 128; Oamaru, 103; South Canterbury, 7; Shipping, 1; Wellington, 1; Southland, 1; North Canterbury, 1; Ashburton, 1; No address, 2. Visited on 6th April, 1914.

There were 21 patients. There had been 245 patients during the last year.

New American stoves had been put in the wards, which were found much better for heating and

use less coal in the fireplaces. They are rather unsightly.

The new shelter for consumption, in which were 2 patients, is not altogether a success. is no ventilation on the south side, and the asbestos ceiling is not well put on, and will need refixing. The Hospital was in very good order.

OTHER CHARITABLE INSTITUTIONS.

Door of Hope, Auckland.

Visited on 30th January, 1914.

There were 14 girls in, and 13 babies for special treatment.

A midwife trained at St. Helen's is assisting the Matron. The whole place is scrupulously clean, and is doing excellent work. The maternity work is carried out in conjunction with St. Mary's, Otahuhu.

Home for Aged Needy, Wellington.

Visited on 6th July, 1914.

There were 42 inmates.

The Home presented its usual very comfortable aspect, and the inmates—many of an advanced age—were in fair health.

Karitane Harris Baby Hospital.

Visited on 15th April.

There is now room for 21. There were 17 babies.

One room is to be made into an incubator for premature babies, heated by steam. Some rooms are to be added outside for the purpose of taking in a few nursing mothers with their babies.

Hawke's Bay Children's Homes.

Visited on 7th March.

At the Girls' Home there were 33 girls, at the Boys' 17.

This is a comfortable and well-kept Home. The children looked well and happy. A small building had been added for any epidemic of sickness, but had not yet been occupied.

Mount Magdala, Christchurch.

Visited on 11th April, 1914.

There were 186 women.

New baths and sanitary fittings are to be put in, and are badly needed. The old rooms in which epileptic and dirty inmates are housed should be pulled down. They are insanitary and badly ventilated. It is intended to build a new dormitory and dining-hall for inmates when funds are available.

This Home is a boon for the class of women and girls who are taken in and cared for by the

nuns. Many have spent numbers of years there.

In the Children's Home, which is quite distinct, were 82 little girls from three years of age to fourteen. The elder ones were employed in the week-end cleaning.

The children are carefully educated, and the seven girls in the Sixth Standard all obtained a proficiency pass.

B. STATISTICAL.

Table I.—Showing Receipts of Hospital and Charitable Aid Boards for the Year ended 31st March, 1914.

Governing Bodies.	Balance from last Year.	Contributed by Govern- ment.	Contributed by Local Authorities: Ordinary Levies.	Voluntary Contribu- tions.	Rents, Interests. and Dividends.	Recoveries from those assisted (other than those included in Column 2).	Payments on Account of Patients, &c., made by other Hospital and Charitable Aid Boards.	Receipts from other Sources.	Total.
Hospital and Charitable									
· AID BOARDS. Bay of Islands	£ 1,348	£ 2,552	£ 1,617	£ 574	£	£ 771	£ 149	£ 231	£ 7,243
Marsden-Kaipara	31	5,847	5,353	166	٠	2,017	374	235	14,024
Auckland Waikato	$\frac{709}{1,327}$	$21,686 \\ 5,731$	$\begin{bmatrix} 22,547 \\ 5,117 \end{bmatrix}$	157 449	2,082 400	$\begin{bmatrix} 10,293 \\ 2,019 \end{bmatrix}$	994	11,896 536	70,364 15,579
Thames	1,930	2,508	2,063	134	58	1,741	.,	1,042	9,475
Waihi	197	1,660	1,750	125	• •	697	70	7	4,505
Coromandel Bay of Plenty	41 34	$\begin{array}{c c} 739 \\ 1,777 \end{array}$	400 694	293 85		215 26	40	8 1,574	1,736 $4,203$
Cook	7,824	14,262	10,564	71	239	2,287		411	35,658
Waiapu	260 507	880 991	950	241 375	• • •	577 378		80 59	2,988
Wairoa Hawke's Bay		12,767	315 8,534	2,185	95	3.100	1,156	524	2,625 $28,360$
Waipawa	797	2,636	3,570	441		1,317	39	146	8,946
Taranaki Stratford	169	4,014 1,350	$3,181 \\ 1,224$	406 70	45 5	3,026 952	53	614 61	$11,338 \\ 3,832$
Stratiord Hawera	698	2,251	1,850	523		739		292	6,354
Patea		625	856	239	1 100	603		17	2,340
Wanganui Palmerston North	2,609	$4,298 \\ 3,392$	$\begin{bmatrix} 3,574 \\ 6,222 \end{bmatrix}$	$\begin{vmatrix} 716 \\ 1,627 \end{vmatrix}$	$\begin{array}{c} 1,132 \\ 28 \end{array}$	1,529 2,149	••	267 680	11,515 16,707
Wellington	3,288	25,850	21,220	980	3,645	7,338	153	8,981	71,454
Wairarapa	1,082	4,265	4,279	201	8 29	1,623	!	175	11,634
Wairau Picton	1,034	2,800 1,218	2,220	758 21	17	983 441	4	292 16	8,115 $2,878$
Nelson	3,770	3,540	2,921	15,195	344	1,652	••	135	27,557
Westland:	445	$2,799 \\ 5,432$	1,897 1,395	727 1,542	110 46	1,674 1,655	••	901 59	8,108 10,575
Buller Inangahua	152	1,332	1,150	124		616	••	32	3,404
Grey		3,186	2,501	422	· <u>.</u>	1,311		185	7,606
North Canterbury Ashburton	$12,566 \\ 3,217$	31,825 $2,112$	$24,562 \\ 1,739$	7,270	745 67	9,453 662	45	$1,079 \\ 1,234$	$87,546 \\ 9,038$
South Canterbury		5,329	5,000	225	21	1,848	140	1,275	13,837
Waitaki	464	866	671	109	4	799	38	51	3,002
Otago	15,899 95	14,969	15,866 820	$2,156 \\ 262$	953 5	6,778	1,872 56	956 15	59,447 $2,759$
Maniototo	282	124	773*			473			1,897
Southland Wallace and Fiord	2,050 98	6,427 1,735	5,401 1,351	927 267	269	3,149 806	114	766 43	19,102 4,301
Totals	63,114	205,089	175,120	40,318	10,358	75,887	5,297	34,871	610,053
SEPARATE INSTITUTIONS.									
Hospitals—	207	875		515		231		134	1,963
Mercury Bay Oamaru	2,354	308	::	256	1,126	432	66	153	4,695
Totals	2,561	1,183		771	1,126	663	. 66	287	6,658
Charitable Institutions—									
Jubilee Institute for the	560	3,054		7,381	1,491	255	271	,	13,012
Blind Wellington Society for Re-	6,082	487		368	340	641		55	7,974
lief Aged Needy Wellington Ladies' Chris-	583	147		131	••			23	885
tian Association Wellington Convalescent	1,227	206		191	52	63	20	670	2,430
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Home St. Andrew's Orphanage,	34	122	•••	148	5	644	364	24	1,341
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo-			1	ļ			364	24 	1,341 881
St. Andrew's Orphanage, Nelson	34	122	•••	148	5	644			·
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's	34 186	122 124		148 132	5 8	644 440			881 2,903
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals—	34 186 712	122 124 963 5,103		148 132 425	5 8 121	644 440 518 2,561		936	881 2,903 29,423
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals— Auckland	34 186 712 9,384	122 124 963 5,103		148 132 425 8,768	5 8 121 2,017	644 440 518 2,561	654	936	881 2,903 29,423
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals—	34 186 712 9,384	122 124 963 5,103		148 132 425 8,768	5 8 121 2,017	644 440 518 2,561	654	936	881 2,903 29,423
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals— Auckland Wellington Christchurch Dunedin	34 186 712 9,384	122 124 963 5,103		148 132 425 8,768	5 8 121 2,017	644 440 518 2,561 788 841	654 	936	2,903 29,423 1,552 1,990
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals— Auckland Wellington Christchurch	34 186 712 9,384	122 124 963 5,103 559 942 1,334		148 132 425 8,768	5 8 121 2,017	644 440 518 2,561 788 841 749	654 	936 205 212 228	2,903 29,423 1,552 1,990 2,311
St. Andrew's Orphanage, Nelson Reefton Ladies' Benevo- lent Society Hawke's Bay Children's Home Totals GOVERNMENT INSTITUTIONS. Maternity Homes— St. Helens Hospitals— Auckland Wellington Christchurch Dunedin Consumptive Sanatorium—	9,384	122 124 963 5,103 559 942 1,334 699		148 132 425 8,768	5 8 121 2,017	644 440 518 2,561 788 841 749 627	654	936 205 212 228 166	29,423 29,423 1,552 1,990 2,311 1,492

[•] Includes advance of £435.

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: : :	<u>x</u>	:	¢	: 001	0.40	16.	:		
: : :	01 2 4/6 27 7 7	203 0 0	:		4 6	506 10	:	300 5 1	806 9
Wallace and flord	-	ı	:	:	١ ١	٠	:	.	
Totals 29.337	1 0	1.675 9 6 2	2,366 9 1	6,938 10 5	40,317 10 0	56,563 17 11	359 0 0	18,964 3 7	75,887

Separate Institutions. Hospitals—									_	
::	::	515 5 4 244 5 6	::	11 4 9	::	515 5 4 255 10 3	231 4 4 432 2 8	::	::	231 4 4 432 2 8
Totals	;	759 10 10	:	11 4 9	:	770 15 7	663 7 0	:	:	663 7 0
Charitable Institutions— Jubilee Institute for the Blind Wellington Society for the Relief of the Aged Needy Wellington Ladies' Christian Association	edy:	1,386 14 3 253 8 3 131 6 0	:::	:::	5,994 8 5 114 17 9	7,381 2 8 368 6 0	19 10 0	::	255 2 0 621 7 10	255 2 0 640 17 10
Wellington Convalescent Home St. Andrew's Orphanage, Nelson Rectton Ladies' Benevolent Society Hawke's Bay Children's Home	::::	191 5 9 77 17 9 88 16 4 *424 18 2	::::		0. 0	191 5 9 147 17 9 123 4 9 424 18 2	517 18 10	:::::	62 11 6 643 17 9 440 6 11	62 11 6 643 17 9 440 6 11 517 18 10
Totals	:	2,554 6 6		34 8 5	6,179 6 2	8,768 1 1	537 8 10	: :	2,023 6 0	7 4
Maternity Homes	<u>. </u>									
or. neiens Hospital, Auckland	::	::	::	::	::	::	787 17 1 841 4 4	: :	:	17.
Christchurch Dunedin	: :	::	::	: :	:	:	748 10 6	::	: :	748 10 6
Consumptive Sanatorium— Cambridge	;	:	:	: :	: :	: :	1,910 4 3	: :	: :	. 4
Totals	:	:	:	:	•	:	4,915 1 2	:	:	4,915 1 2
Grand totals	:	32,650 18 4	1,675 9 6	2,412 2 3	13,117 16 7	49,856 6 8	62,679 14 11	359 0 0	20,987 9 7	84,026 4 6
							_		_	

Table II.—Showing the Expenditure of Hospital and Charitable Aid Boards for the Year ending 31st March, 1914.

					Hospital	ິວ	Charitable Aid.		Public	Subsidies to	District		Administra-		Bents,	Other	
	Governing Bodies.	Bodies.	1		Maintenance.	Indoor Relief.	Outdoor Relief.	Total.	Health.	Associa- tions.	Nursing.	Capital.	tion.	pital and Charitable Aid Boards.	Bates, and Interest.	Expenses.	Total.
HOSPITAL AND CHARITABLE AID BOARDS.	4D CHARIT	ABLE AU	D BOARDS.		*	બ	ઋ	બ	બ	બ	બ	બ	34	ુ -	:+1	34	4
Bay of Islands	: 	:	:	:	3.072	20	295	314	663	453	195	1.375	254	496	?	.57	6.880
Marsden-Kaipara	: :	:	:	;	4.912	1.261	651	1.912	636		78	3,580	679	212	89	6	18,00
Anckland	: :	: :	•	:	26.212	12,484	8,100	20,584	2.041	:	•	10,608	1.728	116	153	3 475	64 91
Waikato		•	: :		066	1,032	524	1,556	₹	468	443	689	504	2	27.	7.7	14,06
Themos	:	:	•	:	3 067	934	596	760	195	2	16	1	407	: [7.5	-	1±, 90
semes	:	:	:	:	25.00	107	405	3 5	36	:	2	100,1	164	ant -	:	:	0,4 1
:	:	:	:	:	2.0	:	200	2	60	:	:	200	707	:	:	7	4,4
Coromandel	<i>:</i>	:	:	:	1,152	နှင့်	67	135	:	:	:	170	68	47		67	1,56
Bay of Plenty	:	:	:	:	:	138	172	310	C	:	:	2,521	492	336	:	150	8,8
Cook :	:	:	:	:	5,242	662	234	968	435	18	191	26,875	299	161	68	185	34.6
Waispu	:	:	:	:	1,573	:	:	:	933	:	263	:	87	:	-	63	2
Wairoa	:	:	:	:	1,426	48	88	136	265	:	:	320	77	121	:		2
Hawke's Bay	:	:	:	:	10,671	3,154	764	3,918	280	:	:	10,178	713	152	28	125	26.4
Waipawa	:	:	:	:	5,449	1.027	971	1.999	128	:	067	886	326	139	36	23	6
Taranaki		:	:	:	5,822	1,494	227	1,721	280	:	163	940	640	73	194	173	0.0
Stratford	: :		;	-	1.878	213	265	477			. ;	55	206	25.0	107	33.5	i m
Hawera	•	:	: :	: :	2,743	586	: : :	583	335			029	686	3	2	35	4,1
Dates	:	:	•	:	1 495	96	138	164	3	:	:	?	8	:	: 3	100	ř.
Wanda	•	:	:	:	27,1	312	986	1.0	315	:	. 1	1 393	102	:	# -	103	-, c
Wanganui Delmarter Morth	•	:	:	:	4 663	1,110	060	1,01	776	:	3	2,500	107	:6	٦ <u>۱</u>	607	1,6
merston inorth	:	:	:	:	97,000	0 496	6,00	1,100	#07 7407	:	3 1	30,000	000	612	700	202	13,7
wellingoui	:	:	:	:	20,10	,,	7,70	11,12	976	:	5 20	10,000	6,019	: ;	040	7,200	90
wairarapa	:	:	:	:	0,00	OT/	1,030	1,900	710	:	900	208	Dec	77	:	:	Σ., Σ.,
walrau	:	:	:	:	0,000	220	1	1,600	701	:	701	24.0	701	c ·	x0 ;	ָ כּיי	, , ,
reton	:	:	:	:	000,1	666	001	193	0 1	: '	:	388	3 į	:	cz1	47	2,0
Nelson	:	:	:	:	4,589	1,022	1,417	3,039	195	c]	:	1,153	371	77	:	243	9 8
Westland	:	:	:	:	7,342	300	419	67.2	80		:	25	929	63	4	:	œ΄ œ΄
Buller	:	•	:	:	3,921	166	248	1,014	•	1,448	:	2,003	397	:	43	262	0,6 0,0
nangahua	:	:	:	:	2,267	41	495	535	106	:	:	256	125	-	:	;	က်
Grey	:	:	:	:	5,608	234	762	966	385	:	:	:	282	:	က	:	7,2
North Canterbury	:	:	:	:	31,402	10,766	3,600	14,367	847	යි	:	33,085	2,532	125	370	1,412	84,1
Ashburton	:	:	:	:	2,047	74	142	216	:	:	184	4,665	311	177	18	7	7.6
South Canterbury	:	:	:	:	7,577	1,273	1,574	2,846	331	:	:	1,248	199	407	72	200	13,3
Waitaki	:	:	:	:	:	1,008	520	1,528	က	:	:	89	186	414	:	:	্ত ত
Otago	:	:	:	:	25,252	6,913	3,765	10,678	702	:	:	14,185	2,790	195	200	7.899	61.9
Vincent	:	:	:	:	1,528	:	333	333	`: 	45	:	:	178	224	:	15	2,3
Maniototo	:	:	:	:	1,343	:	219	219	:	250	:	14	101	27	:	ŭ	1.9
uthland	:	:	:	:	9,329	3,428	753	4,182	275	:	345	2,918	863	378	22	409	18.75
Wallace and Fiord	:	:	:	:	2,477	643	155	208	:	:	:	481	508	:	4	63	Б
E	_				0.00	107	100 00	100	100	17.6	9	97.	1 000				1
100418	:	:	:	:	016,847	01,431	99,904	94, 150	11,00/	2,740	2,090	140,041	21,323	4,400	,90,°	18,000	049,830
				•	`				L						Ī		

1,639	2	2 3,714	440 5.016 27 1.152 206 51 1,306 51 1,306 4 440 927 2,751	1,450 11,822	1,552 1,996 2,311 1,492 657 6,978	657 14,329	5 3,007 20,165 579,695
: %		198	55 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	753	81 75 75 75 139	445	22,720 4,455
47		333	193 418 122 571	1.304	. 22 647 101 281	1,051	0 143,529
:	:		::::::	:	:::::	:	2,745 2,890
;	:	:	:::::::	:	:::::	;	11,867
:	:	:	3,948 1,031 1 121 1,207 5 265 1,207	8,315	:::::	:	103,051
:	:	:	88 851 11 1.21 25 265	1,237	:::::	:	0 34,451
.:	62	18	3,098 1,031 525 1,207 1,218	7,078	71 999 116 000	92	67 68,510
1,402	1,779	3,181	:::::::	:	1,471 1,899 1,589 1,316	12,176	265,267
:	:	:	Needy stion	:	Ю. : : : : :	:	:
Separate Institutions. Hospitals— Mercury Bay	Oamaru	: Lotals :	Charitable Institutions— Jubilee Institute for the Blind Wellington Society for Relief Aged Needy Wellington Ladies' Christian Association Wellington Convalescent Home St. Andrew's Orphanage, Nelson Reefton Ladies' Benevolent Society Hawke's Bay Children's Home	Totals	Government Institutions. St. Helen's Hospitals— Auckland Wellington Christchurch Dunedin Consumptive Sanatorium— Cambridge	Totals	Grand totals

Table IIa.—Showing Details of Capital Expenditure of Hospital and Charitable Aid Boards for the Year ending 31st March, 1914.

Board	d, and Details o	of Capital Ex	penditure.		:	Amou	nt.		Total		
Bay of Islands,— Bay of Islands Ho buildings and No Mangonui Hospital Hokianga Hospital	urses' Home l—erection an	id equipme	nt of mat	ernity wa	ard	£ 935 177 260	19	d. 11 7 9	£	8,	d.
of acetylene gas	• •		•						1,374	16	5
Marsden-Kaipara,— Office safe and second New water-supply Fencing, tennis-cond New ward, addition new roadway, results.—	and additions urt, operating ons to Nurses	s, Cottage I -theatre, N s' Home, e	orth Wair quipment	of new		65 88 142 3,284		0 6 10 8			
Auckland,-					ļ				3,580	7	(
Hospital equipmen	ıt					854	13	3			
Fencing, roadmaki					\	87	2	4			
Alexandra Home-	equipment					4	15	4			
Costley Home—enl	largement ma	nager's hou	ıse			464	6	7			
Purchase of land-					!	1,131	3	10			
Plans of building-						282	10	0 ;			
Hospital-kitchen					\	3,400	3	0			
Other buildings						1,732	14	7			
Electric lighting					}	273		7			
Steam-pipes						1,379	7	8			
Nurses' Home-en	largement					547	5	0			
New operating-room						40 0	0	0			
Architect's fees			• •	• •	[50	11	1	10,608	9	
Waikato,— New buildings—Ho Water-supply	ospital			• •		500 182	0	0	682,		(
Thames,— Hospital Account-	balance new	children's	ward and	l plans		258	15	0	002,	·	•
,,	furnishings,	new childre	en's ward	• • •		48	5	9			
"	alterations a	and additio	ns, wash-	house		63	1	3			
,,	water-meter					11	7	6			
**	fire-escape a			• •	•• •	97	2	0			
,,	furnishing c	ottage, Nat	ive nurse		_ ••	24		5			
**	account, nev	w operating	g-theatre,	&c., and	plans	301	3	9			
**	surgical app			ng-table)	• •		14	6			
))	purchase of			• •	•• ;	375					
District Home Acc			nks, &c.	• •	••		10				
"	water-	meters	• •	• •	•• [Í1	10	0	1 901	7	1
Waihi,—					:		-		1,301	•	,
Additions and alter	rations				į	90	1.4	11			
Additions and and		• •	• •	• •	•••		14 19	5			
			• •	• •	• •		12	7			
Equipment	nte	• •	• •	• •	•• [J1	14		188	6	11
	ents				1				100	v	•
Equipment Ground improveme	ents										
Equipment Ground improvement Coromandel,—		or's residenc	e			114	0	0			
Equipment Ground improvement Coromandel,— On account of pure	chase of docto		ce			11 4 8		0			
Equipment Ground improvement Coromandel,—	chase of docto			 icrete pat	!	. 8		0			
Equipment Ground improvement Coromandel,— On account of pure Purchase of section	chase of docto			 icrete pat	!	. 8	0	0	169	16	4
Equipment Ground improvement Coromandel,— On account of pure Purchase of section	chase of docto			 acrete pat	!	. 8	0	0	169	16	4
Equipment Ground improvement Coromandel,— On account of pure Purchase of section Additions and improvement Bay of Plenty,— Opotiki Cottage Ho	chase of docton			 ncrete pat 	!	. 8	0 16	0	169	16	4
Equipment Ground improvement Coromandel,— On account of pure Purchase of section Additions and improvement Bay of Plenty,—	chase of docton			 ncrete pat 	!	8 47	0 16 5	0 4	169	16	4

Table IIa.—Showing Details of Capital Expenditure of Hospital and Charitable Aid Boards for the Year Ending 31st March, 1913—continued.

Board, and De	etails of (Capital Ex	penditure	·•		Amo	unt.	:	Total		
Waiapu, Nil		<i>p</i> = 1				£	s.	d.	£	s.	d.
Cook,— Buildings (£24,890 17s. 11d Fencing (£71 16s. 8d.), road Grounds (£187 19s. 3d.)					's. 1d.)	25,068 1,618 187	5 8 19	2 6 3	26,874	19.	1
Wairoa,—									20,011	12	
Survey of land Building mortuary New operating-room	• •	• •	• •	• •	• •	7 102 100	7 4 0	$\begin{bmatrix} 0 \\ 4 \\ 0 \end{bmatrix}$			
New wood-shed New septic tank and drain	age	••	• •	••	• •	14 96		10 0			
Umuba'a Dan									320	0	2
Hawke's Bay,— Napier Hospital—land (£8) tric light and power plan equipment (£992 19s. 9d	t and la	undry m	achinery	(£1,895 7	s. 5d.),	9,976	4	8			
X-ray plant (£241 12s. 2 Park Island Home—drains					3 0)	202	4	3	10,178	8	1
Vaipawa,—									_~,110	J	
Waipukurau—fire-preventi				• •			16				
,, hot-water in ,, equipment	istaliati 		• •	• •	• •	119 68		$\begin{bmatrix} 7 \\ 0 \end{bmatrix}$			
additions ar		xtension			• • •	164		5			
,, tarring and						40	_	ő			
,, tiles for the						30	19	11			
Dannevirke—land						60	5	0			
,, buildings				• •		335		8			
• ,, equipment	• •	• •	••	••	••	77	6 	10	988	4	
"aranaki,— Architects' and surveyors'	now ho	anital				473	16	0			
Implement-shed, Old Peop	le's Ho	me	• •	• • •	• •	63	16	0			
Purchase land, Uruti (£ 15s. 6d.); furnishing (£5	10); b 1 1s. 4d	uilding (.)	Cottage	Hospital	(£341	402	16	10	940	8	1
itratford,—											
Buildings			• •			1		0			
Equipment	• •		• •	• •			2	. 1			
Fencing and gates	• •	• •	••	••	• •	21	15	0	32	17	1
lawera,—			•								
New children's ward	• •	••	••	• •	• •	•	•		67 0	0	
Patea,—Nil.											
Vanganui,—			, , , , , , ,	N.O. 63:							
Wanganui—building (£919 Taihape—building (£94 5s.) Office equipment	6s. 4d. , groun), equipm ds (£60 2s 	ent (£20 - 9d.), w	01 9s. 6d.) ater-suppl	y (£18)	1,120 172 30	7	9			

Table IIa.—Showing Details of Capital Expenditure of Hospital and Charitable A1D Boards for the Year ending 31st March, 1914—continued.

			Capital Exp				1 .	unt.		Tota	 J.	
							<u> </u>					
Palmerston North,—	_							_	ا د	c	_	
Completing wome		umptive	annexe				422		d.	£	s.	d.
Equipment—furn				• •	• •	• •	142		7			
Children's ward		• • •			• • •	• •	1,025		o l			
Road formation			• •		• • •		49		9			
Diphtheria ward									2			
Removal of fever	ward						15		0			
Alterations to men							65	14 1	0			
Additions and alte			ital				50	15	6			
Old People's Hom			• •	• •			3,613	2	4			
,,	grour						54	10 1	1			
"	water	r-supply	·	• • •				•	0			
***	live-s	tock and	d impleme	ents, &c.			76	16	6			
										6,608	0	7
117 71'												
Wellington,	J: /60	00° 0:	4.3.\		1 (01.40	1.)	0 45.					
Out-patients' build	uing (£8, rao∩ 11	020 US.	an, mate	rnity w	ara (£149 (6904-12	18.)	8,474		4			
Diphtheria ward (781	3	1			
electric light (£1 Hospital (£93-10			me (£1	. 86 UG	ou., oni	uren 8						
Laundry (£305 11s			motoram	hulanoo	/\$4AA 17	4 6A 1	1,251	10	0			
veranda and bal				Duranice	(***** 1 (s. vu.j,	1,201	10 '	9			
Additions—Otaki				ddition	sOtaki	Sana-	79	0	1			
torium (£31 18s.		. (***I		IUIUII	2 Ouani	∾ana-	. 1 <i>9</i>	v	4			
torium (201 100)	14.,								_	10,585	5	4
										10,000	•,	1
Wairarapa,—						į						
Masterton Hospit	alX-ra	v plan	t (£240 7	7s. 10d.), engine	-shed.	584	18 4	4			
tanks and tank-									_			
pump (£113 11s												
nishings (£14 19	s. 6d.), f	final pay	yment Nu	rses' Ho	ome (£10)							
Greytown Hospital							234	10 (0			
ings (£30 8s. 9e	d.), layi	ing out	grounds	(£47 1	9s. 7d.),	Card						
memorial fence (Ü	`	,,							
Pahiatua Hospital			buildings	(£43 1	5s. 10d.)	, new	49	8 (6			
drainage (£5 12s			O	`	•	·						
Board offices—fina	l payme	nt on co	ontract (£4	l5), furn	ishing (£3	38 8s.)	83	8 (0			
	- •				•				-	952	4	10
Wairau,	4.											
Purchase cottage for						ations	380		. 1			
Repairs and altera	tions Co	ttage H	lospital, H	laveloek		• •	61	19 () (
						-			-j	442	17	9
tit e .						į						
Picton,—	3.4.	. 16	TT -	_		Ì	050	15 10				
Alterations and ad				е	• •	· ·	_	15 10				
Furnishing and equ			ty nome	• •	• •	••	97	8 3	. 1			
Grounds and impro			• •	• •	• •	• •	12	4 4				
Other expenditure	• •	• •	• •	• •	• •	•••	17	6 3	3	90#	1.4	0
						[_	397	14	8
Nalvan									1			
Nelson,— Children's wards a	nd ganit	ary blo	ak at Hose	sital · fe	Ra_agaana	Rogi			1	1,153	e	1
dent Surgeon's r							• •			1,100	U	1
		, 000 5	nervers av	Consun	ipuve an	nexe,			1			
and survey of gr	Cunus											
Buller,—												
Nurses' Home							1,275	12 4	Į l			
X-ray room and me	orgue	• •	• •	• •			544	3 0	.			
Denniston Hospital							173			•		
Office fixtures			1 F		• •		9	1 0	- 1			
,	. •				. •	-				2,002	11	7
Inangahua,										-,	-	-
Purchase of land							25 0	0 0)			
Building band-stan	d						6	0 0				
.						-				25 0	0	0
						•			•			

Table IIa.—Showing Details of Capital Expenditure of Hospital and Charitable Aid Boards for the Year ending 31st March, 1914—continued.

Board, and Det	ails of Cap	pital Expe	nditure.			Amo	unt.		Total	l .	
Westland,— Building at Westland Hosp	ital					£	8.	d.	£ 25	s. O	d. 0
Grey,—Nil.			•								
North Canterbury,											
Hospital-heating, laundry	-machine	s, &c.				1,222		4			
Administration buildings	··		• •	• •	• •	9,439	5 6	10			
Isolation block and equipmers Sanatorium—shelters, drain	BGE EXC	 avations	and ele	etric ligh	ting	7,183 $1,612$	5	8			
Doctor's house and equipme						1,778	0	4			
Septic tank						156	5	2			
Coronation Hospital						10,1 26	5	8			
Kaikoura Hospital—draina	ge		• •		• •	92		3			
Bottle Lake Hospital	 &c.		• •	• •	• •	143 1,316		0			
Tuarangi—electric lighting, Cholmondeley Convalescent	ac. Home fo	or Childre	 en		• •	1,310		0			
Ontolinondeley Convaiescent	Tiome i	or omian	CII	••					33,084	16]
Ashburton,						9 900	10	0			
Building	• •	• •	• •	• •	• •	3,290 425		$\frac{3}{6}$			
Equipment Drainage, concrete round by	 uildings		• •	• •	• •	480		1			
Laying out grounds						212	5				
Fencing						12	19	7			
Electric-light installation	• •		• •	• •	• •	103		8			
Horse, implements, &c.	• •	• •		• •	• •	139	2	7	4,664	16	7
South Canterbury,—		•	•						1,001	••	
Old Men's Home—building	and equi	pment				802	13	2			
Timaru Hospital—padded o						401	6	9			
Talbot Hospital—alteration	s and eq	uipment				43	13	0	1,247	10	11
117 19 11	•				-				1,21	12	11
Waitaki, New storeroom and fowlhou	ıse			• •		•			68	7	•
Otago, Dunedin Hospital						1		1			
Alterations to laundry		• • •				123	5	6			
Sashes and glazing corrid		• •	• •	• •		41	_	0			
Architect's fees' Installing telephones		• •	• •	• •	• •	9 235	1 4	6 			
Linoleum in main hall			• •	••		135	9	6			
Furniture, drapery, archi		s, and su	indries			192		5			
Fire-escapes						230	2	6			
Painting buildings						183	9	0			
Laundry machinery		• •	• •	• •	• •	88		5			
Office and kitchen alterat Corridor and X-ray altera		• •	• •	• •	• •		13 10	3 0			
Paving engine-room					• •	24		0			
Erecting sign-boards and	tablets	• •				43	7	6			
Sundry small works		••					14	7			
Cool stores and refrigerat		t		• •	• •	50	0	0			
Women's ward building	• •	• •		**	• •	9,709 200	4 0	6			
Sanitary building Pleasant Valley Sanatoriun	· ·	• •	• •	• •	• •	200	v	U			
Medical Director's resider	- nce					1,679	12	6			
Furniture						30	5	9			
Installing electric light						279	19	10			

TABLE IIA.—Showing Details of Capital Expenditure of Hospital and Charitable Ald Boards for the Year ending 31st March, 1914—continued.

Board, and Details of Capital Ex	penditure.		!	Amo	ınt.		Tota	l.	
						· · · · · · · · · · · · · · · · · · ·			
Otago—continued.						i			
Fever Hospital—				£		d.	£	8.	d
Destructor			.,	20	0	_0			
Fire-extinguisher	•	• • •		5	16	_0			
Benevolent Institution—					, ,				
Alterations roof and plumbing				139	1	0			
Painting buildings			;		8				
Drainage					8	0			
Architect's fees				20	8	0			
Maternity Hospital—architect's fees					4	6			
Tuapeka Hospital—furnishings			!	8	11	0			
Kaitangata Hospitalinstallation electric l	ight			148	2	10			
Tapanui Hospital—	,,								
Building (final payment)					O	0			
Bedsteads, furniture, and furnishings				43	12	8			
Gates, additions, veranda, &c				23	8	0			
							14,185	1	
Maniototo,—									
Alterations							14	0	
Clyde,—Nil.									
Southland,—			İ						
Southland Hospital—sanitary drainage (installation (£143 16s. 1d.), new water-s				2,073	5	7			
Gore Hospital—boiler-house (£92 6s. 1d.), new water-service (£33 8s. 1d.), new beds	drainage			190	. 8	7			
Wakatipu Hospital—veranda (£28 10s.), nev		rt (£83 12	2s. 7d.)	112	2	7			
Arrow Hospital—new gas plant	· ·	•		80	18	0			
Lorne Farm—implement-shed (£42 17s. 2d	l.), sun-re	om (£30	1 4s.).	461	5	2			
hot-water service (£117 4s.)	.,, 5411 2	_	12.7,				2,917	19	1
Wallace and Fiord,—		-				1			
	II J			275	0	0			
Purchase of Section 4, Block VI, Jacobs Riv Riverton Hospital—equipment	ver nuna	reu	• •	79	6	9			
Doods	• •	• •	• •	126	9	0			
Roadway				120	J	U			
	• •	• • •					480	-15	

TABLE IIB .- SHOWING DETAILS OF ADMINISTRATION EXPENDITURE OF HOSPITAL AND CHARITABLE AID BOARDS (vide Table II).

Hospital ar	ıd Charita	Hospital and Charitable Aid Board.	<u></u>	Board's Travelling- expenses.	Secretary's and Assistants' Salaries.	Office Printing and Stationery.	Postage, Telegrams, and Telephone.	Office-rent.	Advertising.	Sundries.	Total.
				£ ?.		ż	ź	ε. d.	£ % d.		1
Bay of Islands	:	:	;	75 0 0	0	Ç:	::	:	9	Ξ	iO
Marsden, Kaipara	:	:	:	143 3 0	0	9	ψI		10	5.	Ξ
Auckland	:	:		37 10 +	::	33	ĩ	0 :: #	8	+	0
Waikato	;	:		. 138 15 0	=	-	=		=	(-	÷
Thames	: :	: :		1	0	4	· –		۱۰	2	90
Waihi	•				•	٠,٠	. =	97.17.0	÷		31
Coromandel	:	:	:	. 21		7 -	0.4	0 01 77	1	2 4 5	6 707
Ray of Plents	:	:	:	-	٦ (-	:	:	; 0	1 -
Day of Flency	:	:	:	: :	- 5	<u>+ 3</u>	# :		:	. ב	- [
John	:	:	:	77	2 :	2	= -	0 21 601		- 0	- "
watapu	:	:	:	:	•		+ :	:	:	0 0	9 0
Wairoa	:	:	:	:	= ;	_	9	:	2	N 1	x
Hawke's Bay	:	:	:	3.18	15	ဗ	0	0 0 27	÷	-	~
Waipawa	:	:	:	=	0	18	14	:	ņĢ	<u>.</u>	0
Faranski	:	:	:	0 81 02	_	14	က	2	+	15	00
Stratford	:	:	:	28 7 6		10	2	13 0 0	2 11 6	16	-
Наwera	:	:	:	22 10 0	0	30	13	-	12	**	<u>e</u>
Patea	:	:	:	:	0	IC	C:	0	:	75	9
Wanganui	:	:	:	0 0 08	0	12	15	=	37 14 3	_	**
Palmerston North	:	:	:	81 1 2	Ģ	=	10	:	Π	cv.	က
Wellington	:	:	:	85 2 3	9	10	12	150 0 0	:	1-	14
Wairarapa	:	:	:	85 6 3		+	16	:	12 3 7	16	
Wairau	:	:	:	:	17	0	01	:	Π	14	9
Picton	:	:	:	0 0 %	0	9	¢	:	67	15	4
Nelson	:	:	:	13	0	_		:	:	12	
Westland	:	:	:	11	20	❖	76 5 10	:	59 12 8	15	ıO
Buller	:	:	:	55 7 2	÷	61	1	0 0 01	۱-	[-	13
Inangahua	:	:	:	9 7 7	0	16	9	:	:	0	9
Grey	:	:	:	31 17 8	O	3		:	:	_	281 11
North Canterbury	:	:	:	230 6 1	12	+	-	:	01	(~	0
Ashburton	:	:	:	_	0	_	0	0	5	17	0
South Canterbury	•	:	:	42 16 8	2	13	18	63 0 0	≘	15	15
Waitaki	:	:	:	:	0	11	2	0	œ	15	7
Otago	:	:	:	136 14 6		**	182 8 0	:	18 14 7	œ	
Vincent	:	:	:	5 5 0	0	Ξ	က	1 10 0	<u></u>	14	19
Maniototo	:	:	:	17 0 0	0	16		:	6:	æ	
Southland	•	:	:	62 10 7	¢.1	*		:	ıç]_	7
Wallace and Fiord	:	:	:	0 81 19	0	i o		9 15 0	ıc	:	15
Totals	:	:	:	1.842 18 8	12.840 3 8	1,476 12 6	1.511 6 7	740 19 6	509 19 8	2,401 9 0	21,323 9 7

* This includes postage, telegrams, &c.

1914.
MARCH.
31sr
ENDING
YEAR
FOR
L STATISTICS FOR YEAR ENDING 31ST MARCH.
HOSPITAL
TABLE III SHOWING HOSPITAL
Ξ.
TABLE

tients.	,	Number of Attendance	18,934	. 1,4	1 569	: :	1,864	ı —	2,079	ে		::	: :	:	:	156		•	18	1-1	:	354	:	210	:	: :	1,787
Out-patients.		Number of Patients.	5,857	2,534	609	: :	1,020		338	957	•	: :	: :	:	:	52	, ic	:	·	C1 C	:	: 98	:	. 70	: :	: :	1,086
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19q Suito	noitar ubəb	Average Annual Cost o ance and Administ Occupied Bed after Patients' Payments.	386 6.9	76.5 76.5 76.5 76.5	81.1	980.9 101.5	68·5	55.4	:: :: ::	82.4 97.6	106.3	78.6	9-601	83.5	9.66	112.9	120.4	112.3		64·7	75.6	124.3 163.9	117.6	110.3	26.55 25.85 30.85	165.3	123-6 139-9
		Patients' Payments pe Bed per Annum.	15.3 15.3											24.7		8.04				45·1							47·1 43·2
pug	oorsus noo:)	Average Cost of Mainte Administration per Bed per Annum.	3.96.5 00.9	93.3	100.3	107·8 114·2	88.8 73.5	92.2	70.7	130.4	130.3	103.5 122.1	135.2	108-2	114.0	153.7	157.2	153.2	0.22.1	109.8	125.4	15/-3	136.4	168.0	133.9	217.8	170-7 183-1
		ad sgarsva laubivibul	1	8 8 8										32		3 33											18
		Deaths.	260	223 234										ਨ		28											#15
tients	ar.	.[stoT	4,236	2,576 2,714	1,064	$1,197 \\ 898$	808 566	741	70.	86 87 87 87	370	363	377	275	197	247	262	250	240	190 225 250	153	181	133	125	72 155	186	13 8
er of Pa	ring Ye	Femsle,	1,916	1,124	389	407 285	283	283	256	231 218	147	142 169	157	104	76	99	92	30						,			3 4
Number of Patients under Treatment	np	.olaM.	2,320	1,452	765	790 613	525 358	458	148 148	353 432	223	221 328	220	171	121	181	167	151	701	138	101	86	8 8	33	8 8	130	9.8 7.8
bəiqu -sınV	1990 1 do da	Average Number of Beds per Diem to ea ing Staff.	3.0 0.0	9 49 49	2.6	F ∓ 8i 8i	9 6 9 6	9 6	9 to 6		2.3	ର ଡ଼ ଜ ର	3.1	5.6	5. 5.	2.5									9 0 9 0		
pəiqt	пээО	Average Number of Beds per Diem.	295	203 197	109	62 29	<u> </u>	99 ;	22.5	4 4 4	53	5 53 50 53	25	74	75	22.5	19.2	8 9	G. 6	12.5	12.1	9.0	က်တ	0 00 0 01	7.7	6.9	7.9 9.9
· · · · · · · · · · · · · · · · · · ·	- -	Total.	354	243 42 42 42 43 43 43 43 43 43 43 43 43 43 43 43 43	144	8 8 8	% &	20 8	3 5	93 72	59	<u> </u>	46	- 2	<u> </u>	8 9	36	22	? 8	22.22	27	6. 6. 6. 7.	= ≅	2	<u> </u>	18	19
eds.		.noitaloaI	64	2 3	4	e 67	9 9	00 5	0 9	% &	9	. 9	91	:	20	01 00	· [~	<u>0</u> •	4 6	9 0	စ	13	:=	ন	::	:	+ ++
er of Beds		Children's Cots.	75	3 9 %	22	<u> </u>	<u>8</u> 0	9 :	21-	<u> </u>	:	ल क	6)	ಣ		ಣ	: -	C) 1	<u> </u>	N ON		- 67	6	:	- 67	:	
Number		For Females.	112	388	52	ಕ್ಷ ಜ	3 2	8	£ 80	0. 0. 48	19	8 1 8	11	16	9	∞ 4	12	co t	5	ж 10	7-1	12	40	900	× 1-	9	4 10
		For Males.	118	<u> </u>	96	65 42	9 %	80	3 9	13 88	34	<u>0</u> 8.	17	24	0.	03 x	61	525	17	ာ တ	133	13.5	9 0	01	, 6.	27	<u> </u>
məiα	req fl	Average Number of Star receiving Board.	155	118	5	<u> </u>	<u>8</u> 8	22 5	38	¥ %	8	9	202	17	<u>∞</u>	16	<u> 4</u>		-	c 5.	OC 10	. o.	∞ <u>c</u>	100	≎ I~	90 3	<u>c oc</u>
1	tic.	Wardsmen, Porters, and Gardeners,	36	6 - 63 6 - 63	7	াক বা	₩ 67	3.	+ O		62	ରାଷ	ଷ	3.0	31	07 ~	-	c	٠,	- 7	_=	- OI		- কা		=-	
	Domestic.	Cooks, Wardsmaids, Housemaids, and Laundresses	9 6	3 2 2 2	21	40	<u> </u>	1-1	- © 1	c =	छ	के गत	œ ·	9	<u> </u>	10 4	4	4 72	· · ·	÷ 55	o) o	i mi	54 m	: 01.0	N 55	ec -	- ~
		Probationers.	, 8 5	65	32	<u>4</u> 2	6. 4	4.	2 = 3	19	6	10 F	0 0	<u> </u>	9	∞ <u>s</u>	10	ö	H c	÷.4	ကင	1 1 •	N 1	61 0	:	ಣ	1 31
Staff.	Nursing.	Trained Murses.	88	622	01	o ⊩	50 4	œ e	010	ە, ⊑	4	7 4	4	4	4	64 m	4	≈ -	н G	1 01	01 m	-	N =	-	- +	ରୀ ଚ	र का
		Resident.	-	: :	63	::	::	:	:	4		-:	_	C7 .		27 -						-	: -				
	Medical.	Resident.	5.6	-		- 3	<u> </u>		::	: ~	:	:	: ന	:	:	:::	:	:	:	: :	: -	: : :	~	:	::	: _	::
	_	Hono rary.	42.	42.8	_	:	4 :		: :	:	:	::		:	· 		:	:	:	: :				:	: _	:	
		Boards.	:	:::	:	: :	: :	:	: :	: :	:	::	:	:	:	: :	: :	:	•	::	:	: :	:	: :	: :	:	: :
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		Hospitals controlled by Boards.	Wellington	Dunedin Christchurch	Napier	Waikato Wanganui	Southland Nelson	Cook	Thames	New Plymouth Timaru	Waihi	Waipawa Whangarei	Masterton.	Dannevirke	South Wa	Buller Wallace and Fiord	Hawera	Wairau Ashburton	To an an an an an an an an an an an an an	Stratford	Pates Northern Wairos	Waimate	Tathape Picton	Maniototo	nawene Otaki	Wairos	Pahiatua Pahiatua

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130-6 145-5 145-5 101-1 101-1 101-1 206-7 89-3 303-3 303-3 174-8 1169-5 1169-5 1169-5 1169-5	74.5 62.9 7.4.4 7.6.5	85-7	70-1 76-2 147-1 155-7	91.3	81.0 43.3 95.5	9.08	0-92	84·4 120·9
28. 27.7.8. 28.7.7.8. 20.1.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	21.8 22.1 22.0 24.6 19.3	23.5	90.8 5.7.0 9.0	1:11	15·3 47·0 17·3	21.4	45.7	24.8
1594 2813 1810 11582 11582 1263 1204 2835 2835 2835 2835 2835 2835 3863 3863 3863 3863 3863 3863 3863 3	96.98.99.99.99.99.99.99.99.99.99.99.99.99.	109.2	79.9 97.0 152.8 164.7	102.4	106·3 90·3 112·8	102.0	121.7	109.2
2288218222222 · · · · ·	22 4 4 4 E	83	25 43 55 89 89 89 89 89 89 89 89 89 89 89 89 89	4	146	125	12	29 68
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255 255 255 255 255 255 255 255 255 255	115 53 20 15	11232	80 119 28	148	98 44	178	172	103
944447389888498440008	304 117 138 66 66	17,290 11232	59 29 15 18	121	55 40	154	:	22 142 1 80 1
1946146116999111 : : : : : : : : : : : : : : : : :	4.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	2.5	4 6. 6. 4. 80	:		:	1.6	3.2
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		Totals and averages	Special Hospitals. nus-disease Hospitals- stchurch edin reargill	Totals and averages	<i>inatoria—</i> outh 	Totals and averages	- cal School	Separate Institutions. defectly Bay
Taumarunui Waiapu Arrow Arrow Mangonui Tuapeka Dunstan Grabanui Gr	Hospitals which are also Men's Homes— Grey River Westland Reefton. Kumara Ross	Totals ar	Special Hospitals. Infectious-disease Hospitals-Christchurch Dunedin Invercargil Timaru	Totals ar	Consumptive Sanatoria Christchurch Palmerston South Otaki	Totals a	Maternity Home— Dunedin Medical School	SEPARATE IN Oamaru Mercury Bay

TABLE IV.—Showing Hospital Expenditure for the Year ending 31st March, 1914.

The convented by Boards. No. 2 and 2			umber d Beds om.	Days' tients.	umber Board.	Provisions	ons	Surgery and Dispensary.		Domestic and Establishment.	stic 1 iment.	Salaries and Wages.		Total Maintenance.		Administration	<u>'</u>	Maintenance and Administration	isnce I ration.	e. iture,	neous iture.	
grova	Hospitals controlled by I	toards.	Merage Meage	bivibul Average au to yate	Average N of Sta receiving				ost per Occu- pied Bed.				Jost per Occu- pied Bed.		·		tost per Occu- pied Bed.	Total Cost.	Cost per Occu- pied Bed.	tiqaO ibaeqxA	Miscella. Expendi	Total.
gggen 295 95 156 67.5 95 7.50 254 11.60 95 37.50 254 11.60 95 17.50 254 11.60 95 17.50 254 11.60 95 17.50 18.60 17.50 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 17.60 95 95 17.60 95 17.60 95 95 17.60 95 17.60 96 95 17.60 96						Ç.		c ₊	Ç.	Ç	Ç.	· ·		3	4			 (4)	4		بين	ધ્ય
find mind mind mind mind mind mind mind m	Wellington	:	295.0	25		6.788	_	3.646	, œ	7.500	25.4	1.409		28.343	0.96	686		9.332	99-4	2,108	,353	42,793
thin boss of the b	Anokland		275.0	28	_	6,720		2.500	9.1	7.369	_	9.624		26.212	95.3	1,085	_	77.297		8,675	33	36,006
the control of the co	Dunedin	:	203.0	53		3,865		1,203	5.0	5,452		7,647	_	18,168	89.5	1,396		19,564		1,501	282	31,348
stro strong stro	Christchurch	:	197.0	26		5,270		2.800		5,198	26.4	8,461		21,728	110.3	1.179		32,907		7,859	:	40,766
antic	Napier	:	109-0	37		2,586		1,510		2,768	25.4	3,807		10,671	8.76	337	_			9,976	125	21,110
amni G40 29 39 1.561 16 16 16 6 2.08 31 1.2 365 5.285 1078 3.2 29 3 9 1.5 2 1 1.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Waikato	:	0.68	27		2,848		898	6.5	1,799	20.5	3,565		080,6	102.0	517				685	371	10,651
land	Wanganui	:	0.29	27	40	1,658		1.116	9.91	2,089	31.1	2.365	35.3	7,228	107.8	424		7,652		1.121	:	30,773
n way by the control of the control	Southland	:	64.0	53	6£	1,261		586	9.5	1,411	22.0	2.264	35.4	5,525	86.3	252	3.0	5,777		2.073	87	208,7
ration North	Nelson	:	0.09	36	58	1.252		204	3.4	1,128	18.8	1,815		4,399	73.3	120	5.0	4,519		1,153	238 738	99,910
Free North Fig. 0 22 30 1,124 120 1 135 8 9.9 1,883 24.7 1,508 26.8 4,60 1,823 13.5 7.6 13.8 14.9 14.1 12.0 1.3 12.2 1.3 14.0 1.3	Cook	:	9	67.5	25.5	186		553	- 2.6	1,279	21.3	2,423	÷0:	5,242	87.3	385	6.4	5,627	93.7	6,875	\$ 3	000.25
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Table VI .-- Showing Expenditure of Hospitals controlled by Government.

		10 T	9281	Provisions.	.00	Surgery and Di pensary.	<u>.</u>	Domestic and Establishment.	and nent.	Salaries and Wages.	and J.	Total Mainten- ance.		A iministration.		Maintenance and Administration.	e snd tion.			
Government Institutions.	Average Mumbe Oratients per Di	Average Numbe Staff per Dien ceiving Board.		Total Cost.	Cost per Occu- pied Bed.	Total Cost.	Cost per Occu- pied Bed.	.taoD [atoT	Cost per Occu- pied Bed.	Total Cost.	Cost per Occu- pied Bed.	Total Cost.	Cost per Occu- pied Bed.	Total Cost.	Cost per Occu- pied Bed,	Total Cost.	Cost per Occu- pied Bed.	Capital Expendi- ture.	Other Expendi- ture.	Total.
Maternity Homes— St. Helens, Wellington Chrischnroh Dunedin Auckland	11.9 9.6 7.8 7.6	82 71 19	19 13 14	£ 677 485 392 455.	29.5 20.8 23.0 23.0	** 85 82 82 82	£ 11:3 7:3 4:9 8:0	354 498 354 334	289.7 511:8 44:0	£ 733 536 621	£ 61.6 655.8 689.2 81.7	£ 1,899 1,589 1,316 1,471	£ 159·6 165·5 168·7 198·6	# 75 75 81	£ 6:3 7:8 9:6 10:6	£ 1,974 1,664 1,391 1,552	£ 165-9 178-3 204-2	£ 282 647 101	બા : : : :	5 1,996 2,311 1,492 1,552
Totals and averages	36.9	ដ	91	3,009	<u>\$</u>	304	23.68 8.69	1,540	41.7	2,422	9.99	6,275	170.0	908	6.3	6,581	178.3	022	:	7,351
Sanatorium for Consumptives-	46.0	:	:	8,039	44.3	988	7:1	1,743	87.9	1,792	6.98	5,900	128-3	139	3.0	6,040	131.3	188	657	6,978
Totals	83-9	:	:	4,048	:	089	:	3,283	:	4,214	:	12,175	:	445	:	12,621	:	1,051	657	14,329

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Gowerning Hearites and Phor	e rite ble		Medical. Non-resident.	al. dent.			Domestic.		. 19d per		nem.	-		1	9 2819 7	ed not	90U8U0 9	
Aid Boards.		Institutions.	Нопотату.	Stipendiary.	Nursing.	Master. Matron.	Cooks, Housemaids.	Ротетв, Свиделетв.	Average Num ceiving Boa Diem.	redmuN latoT	nn Seave Min 194 sətem	Males.	Females. Total.	Deaths.	A ladividual A.	niaM to teod existinimbA bed belque	Weekly Main charged.	1
Auckland Otago	::	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin	::		- 12 :	——————————————————————————————————————		12	30	279 216			95 36			£ 40.2 21.9	. s 0 10 8 8	÷00
Wellington Southland North Canterbury	::	Ohiro Home, Wellington Lorner Farm, Inversargill	::		H 63 65		∞ ∞ 4		e 4 c	147 149 107						26.5 32.0 39.5 5.0	22 :	-0
Hawke's Bay	: :	Old People's Home, Park Island Monoral Home, World on	::		: 10		163 5	9 OC 11	225	108						33.9	8 0	ಣ
Wanganui	:::	Jubilee Home, Aramoho Old People's Home, New Plymouth	: : :		· : :		0	· : es -	. or or	22.88	. 35 35 5 	228	2 4 11.	64 88 15 88 15 8	1807	38.4 48.3	0 10	000
Waltaki Nelson Warsdon Kainara	::	Victoria Hone, Oamaru Alexandra Hone, Nelson	::		::		 31 4 L	- :-	4.60.4	\$ 72 E						36.4 2.03 2.04 2.04 2.04	0 10	» o c
South Canterbury Thames	: : :	Old Mon's Home, Timeru District Home, Tarru	: : :		: : :		. es es	: "	70 1-	34 88 88 88						20.0		90
Buller Waikato	::	Old People's Home, Westport Old Men's Home, Hamilton	::	_ :	::			::	ကက	ន្តន						31.6	0 15	00
Cook Wairarapa	::	Old Feople's Home, Gistorne Renall-Solway Home, Masterton	::	::	: : ;		. :	::	o	15		25	N :			37.4	0 14	۱ 0
		Totals and averages	:	14	23 1	13 18	55	43	143 1	, 508 11	1147-01,	,564 4	420 1,984	84 191	1 215	35.1	:	ļ
		Children's Home— Waltham Orphanage	:		:		81	:	က	22	19.8	13	15		. 258	34.7	:	
North Canterbury	~ ~	remain renge— Linwood Refuge Home	:		.	- -	67	:	4	36	- 82	:	64	49	191	39.8	:	
		Armagla Street Depot, Christchurch	:	-		1 1	:	:	63	16	61	51	:		. 14	87.0	0 14	•
Auckland	:	Alexandra Convalescent Home, Auckland	-	:	_	1 1	2	-	4	13	9.8	-	144 14	144	- 53 	70.3		0
											į			ĺ				ì

* Registered nurse. † Of the Auckland Hospital staff.

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Table VIII.—Showing Expenditure of Charitable Institutions under the Control of Hospital and Charitable Aid Boards for the Year ending 31st March, 1914.

Comming II - mid 1		Num- nates	Provis	sions.	Sur and Dis	gery pensary.	Domest Establis			ries Vages.
Governing Hospital and Charitable Aid Board.	Institutions.	Average Number of Inmates	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.
	Old People's Homes—		£	£	£	£	£	£	£	£
Auckland	Costley Home, Auckland	256	3,929	15.3	331	1.3	3,843	15.0	2,081	8.1
Otago	Otago Benevolent Institution, Dunedin	141	1,177	8.3	39	0.3	979	6.9	537	3.8
Wellington	Ohiro Home, Wellington	119	1,297	10.9	20	0.2	910	7.6	722	6.0
Southland	Lorne Farm, Invercargill	105	1,167	11.1	63	0.6	1,269	12.1	765	7.3
North Canterbury	Tuarangi Home, Ashburton	91 79	1,368 1,121	15·0 14·2	170 59	1·8 0·7	1,016 607	11·1 7·7	867 731	9·5 9·3
Hawke's Bay North Canterbury	Old People's Home, Park Island	75	953	12.7	151	2.0	1,164	15.5	880	11.7
Wanganui	Jubilee Home, Aramoho	35	439	12.5	l "i		519	14.8	295	8.4
Taranaki	Old People's Home, New Plymouth	35	824	23.5	26	0.7	282	8.0	362	10.4
Waitaki	Victoria Home, Oamaru	35	371	10.6	14	0.4	190	5.4	236	6.7
Nelson	Alexandra Home, Nelson	34	581	17.1		.·.	253	7.4	311	9.1
Marsden, Kaipara	Cottage Home, Whangarei	28	421	15.0	11	0.4	275	9.8	340	12.1
South Canterbury	Old Men's Home, Timaru	$\frac{26}{23}$	$\frac{376}{420}$	14.5 18.3	1 14	0.6	138 317	$\frac{5.3}{13.7}$	$\frac{175}{337}$	$\begin{array}{c c} 6\cdot7 \\ 14\cdot6 \end{array}$
Thames Buller	District Home, Taruru Old People's Home, Westport	$\frac{23}{21}$	301	14.3	14		129	6.1	207	9.8
Buller	Old People's Home, Westport Old Men's Home, Hamilton	17.3	363	20.9			131	7.6	171	9.9
Cook	Old People's Home, Gisborne	15.4	262	16.9	3	0.2	166	10.7	149	9.7
Wairarapa	Renall-Solway Home, Masterton	11.6	194	16.7	3	0.2	125	10.7	78	6.7
	Totals and averages	1,147	15,565	13.6	907	0.8	12,312	10.7	9,241	8.1
1	Children's Home-						222		222	
	Waltham Orphanage	19	178	9.4		• • •	226	11.9	222	11.7
North Canterbury {	Linwood Refuge Home	28	441	15.7	6	0.2	283	10·1	328	11.7
İ	Casual Ward—									i
,	Armagh Street Depot, Christchurch	2	63	31.5	6	3.2	61	30.4	35	17.5
Auckland	Convalescent Home— Alexandra Convalescent Home, Auckland	8.6	213	24.7	4	0.4	222	25.8	142	16.5
	Totals	•••	895		16		792	••	727	
						1				
		To Mainte	tal	Admini	stration.	Mainten Admini	ance and stration.	ture.	rus Fure.	
Governing Hospital	Institutions.		nance.	Admini		Mainten Admini	stration.	nditure.	meous	Total
Governing Hospital and Charitable Aid Board.	Institutions.		nance.	Admini Total Cost.		Mainten Admini Total Cost.	stration.	Apital Expenditure.	discellaneous Expenditure.	Total
and	Institutions.	Mainte Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Admini Total Cost.	Cost per Occupied Bed.	Capital Expenditure.	Miscellaneous Expenditure.	
and Charitable Aid Board.	Old People's Homes—	Mainte Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost per Occupied Bed.	Admini Total Cost.	Cost per Occupied Bod.	£	ŧ	£
and Charitable Aid Board. Auckland	Old People's Homes— Costley Home, Auckland	Total Cost.	Cost per Sec. 39.8	Total Cost.	Cost per Occupied Bed.	Total Cost.	Cost being per per per per per per per per per per	£ 464	€	£ 10,76
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin	Total Cost. £ 10,184 2,734	Cost Description of the Cost D	Total Cost. £ 120 360	Cost per Occupied 2.5	Total Cost.	Cost per Cos	£ 464 313	€ 67	£ 10,76 3,47
Auckland Otago Wellington	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington	Total Cost. £ 10,184 2,734 2,948	19.8 19.4 24.7	f. 120 360 198	Coentries 6 1.7	Total Cost. £ 10,304 3,094 3,147	Coenties 40.2 21.9 26.4	£ 464 313	€ 67 24	£ 10,76 3,47 3,17
Auckland Wellington Southland	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill	## Mainte Total Cost. £ 10,184 2,734 2,948 3,264	### 19-4 24-7 31-1	f. 120 360 198 102	Cost ped 2.5 1.7 0.9	Total Cost. £ 10,304 3,094 3,147 3,366	Coentification. Coentification of the coentin of the coentification of the coentification of the coentificati	£ 464 313 461	67 24 2	£ 10,76 3,47 3,17 3,82
Auckland Otago Wellington Southland North Canterbury	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton	### Mainte Total Cost. £ 10,184 2,734 2,948 3,264 3,422	19.8 19.4 24.7	f. 120 360 198	Coentries 6 1.7	Total Cost. £ 10,304 3,094 3,147	######################################	£ 464 313	€ 67 24	£ 10,76 3,47 3,17 3,82 4,92
Auckland Wellington Southland	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston	### Mainte Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148	### 19	Total Cost. £ 120 360 198 102 186 156 171	Bed to O O O O O O O O O O O O O O O O O O	Fotal Cost. 10,304 3,147 3,366 3,608 2,674 3,319	\$\frac{1}{2000}\$ \$\frac{1}{2000}\$ \$\frac{1}{2}\$ \$\frac{1}{	£ 464 313 461 1,317	67 24 2	£ 10,766 3,47 3,17 3,82 4,92 2,88 3,31
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho	## Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91	to the following states of the	€ 10,304 3,094 3,147 3,366 3,608 2,674 3,319 1,345	### Stration.	£ 464 313 461 1,317 202	67 24 2 	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494	### ##################################	f t20 360 198 102 186 156 171 91 198	bd tso 0.4 2.5 1.7 0.9 2.0 2.3 2.6 5.6	€ 10,304 3,147 3,366 3,608 2,674 3,319 1,345 1,692	total tota	£ 464 313 461 1,317 202 64	67 24 2 4 262	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki Waitaki	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 I,494 810	### ##################################	£ 120 360 198 102 186 156 171 91 198 71	1988 1988 100 100 100 100 100 100 100 1	## Adminition	t	£ 464 313 461 1,317 202 64 68	67 24 2 4 262	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Nelson	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494 810 1,145	### ##################################	£ 120 360 198 102 186 156 171 91 198 71 93	£ 0.4 2.5 1.7 0.9 2.0 2.0 2.3 2.6 5.6 5.2 2.7	Total Cost. 10,304 3,044 3,147 3,366 3,608 2,674 3,319 1,345 1,692 881 1,238	### stration. ### stration.	£ 464 313 461 1,317 202 64 68	£ 67 24 2 4 262 26	£ 10,76 3,47 3,17 3,82 2,88 3,31 1,34 2,01 95
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Wiangarei	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 I,494 810	### ##################################	£ 120 360 198 102 186 156 171 91 198 71	1988 1988 100 100 100 100 100 100 100 1	## Adminition	### stration. ### stration.	£ 464 313 461 1,317 202 64 68	£ 67 24 2 4 262 26 5	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 95 1,26 1,25
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Nelson	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 I,494 8,1047	### ##################################	£ 120 360 198 102 186 156 171 91 198 711	### 1988 ### 1989 #### 1989 ### 1989 ### 1989 ### 1989 ### 1989 ### 1989 ### 1989 #### 1989 ### 1989 ### 1989 ### 1989 ### 1989 ### 1989 ### 1989 #### 1989 #### 1989 #### 1989 #### 1989 ##########	### Admini	tration. points	£ 464 313 461 1,317 202 64 68 89	£ 67 24 2 4 262 26	10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 1,26 1,26 1,58
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki Waitaki Nelson Marsden-Kaipara South Canterbury Thames Buller	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Nelson Cottage Home, William Cottage Home, William Cottage Home, Taruru District Home, Taruru Old People's Home, Westport	### Mainted Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494 1,047 690 1,088 638	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25	### 10	## Admini	######################################	£ 464 313 461 1,317 202 64 68 89 803	£ 67 24 2 4 262 26 5	£ 10,766 3.47 3.17 3.82 4.925 2.985 3.31 1.34 2.01 9.5 1.26 1.25 1.58 1.30 66
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki Waitaki Nelson Marsden-Kaipara South Canterbury Thames Buller Waikato	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Wilangarei Old Men's Home, Timaru District Home, Taruru. Old People's Home, Westport Old Men's Home, Hamilton	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 I,494 690 1,088 638 664	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 188 88 83 25 30	### 1988 ### 19	## Adminited Cost. £ 10,304	######################################	£ 464 313 461 1,317 202 64 68 89 803 102	£ 67 24 2 4 262 26 5 29	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 1,26 1,26 1,58 1,30 66
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki Waitaki Nolson Marsden-Kaipara South Canterbury Thames Buller Waikato Cook	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangaroi Old Men's Home, Timaru District Home, Taruru. Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 1,254 I,494 810 1,145 1,047 690 1,088 638 638 6684 580	### ##################################	£ 120 360 198 102 186 156 171 91 198 711 88 83 25 30 84	1988 £ 0.44 2.55 1.77 0.90 2.00 2.3 2.66 5.60 2.07 3.44 3.66 1.27 5.4	### Adminition	### stration. ### stration.	£ 464 313 461 1,317 202 64 68 89 803 102 	£ 67 24 2 4 262 29 27	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 1,26 1,26 1,58 1,30 66 67
Auckland Otago Wellington Southland North Canterbury Hawke's Bay North Canterbury Wanganui Taranaki Waitaki Nolson Marsden-Kaipara South Canterbury Thames Buller Waikato	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Velson Cottage Home, Whangarei Old Men's Home, Timaru District Home, Taruru. Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton	### Mainted Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494 810 1,145 1,047 690 1,088 638 664 580 399	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25 30 84 36	E 0.4 2.5 1.7 0.9 2.0 2.3 2.6 5.6 5.6 2.0 2.7 3.9 3.4 3.6 1.2 1.7 5.4	## Adminited Cost. £ 10,3044 3,147 3,366 3,608 2,674 3,319 1,345 1,57 778 1,171 663 664 425 664 425 1,57	### stration. ### stration.	£ 464 313 461 1,317 202 64 68 89 803 102 	£ 67 24 2 4 262 29 27	t 10,766 3,477 3,822 4,922 2,888 3,31 1,342 2,01 95 1,26 1,25 1,3666 69 71 45
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangaroi Old Men's Home, Timaru District Home, Taruru Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton	Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 1,254 I,494 810 1,145 1,047 690 1,088 638 638 6684 580	### ##################################	£ 120 360 198 102 186 156 171 91 198 711 88 83 25 30 84	1988 £ 0.44 2.55 1.77 0.90 2.00 2.3 2.66 5.60 2.07 3.44 3.66 1.27 5.4	## Adminition	### stration. ### stration.	£ 464 313 461 1,317 202 64 68 89 803 102 	£ 67 24 2 4 262 29 27	
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangarof Old Men's Home; Timaru District Home, Taruru Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton Totals and averages ('hildren's Home— Waltham Orphanage	### Mainted Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494 810 1,145 1,047 690 1,088 638 664 580 399	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25 30 84 36	E 0.4 2.5 1.7 0.9 2.0 2.3 2.6 5.6 5.6 2.0 2.7 3.9 3.4 3.6 1.2 1.7 5.4	## Adminited Cost. £ 10,3044 3,147 3,366 3,608 2,674 3,319 1,345 1,57 778 1,171 663 664 425 664 425 1,57	### stration.	£ 464 313 461 1,317 202 64 68 89 803 102 	£ 67 24 2 4 262 29 27	10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 95 1,26 1,56 66 69 71
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangaroi Old Men's Home, Timaru District Home, Taruru Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton Totals and averages ('hildren's Home— Waltham Orphanage Female Refuge— Linwood Refuge Home	### Mainted Total Cost. £ 10,184	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25 30 84 36 2,203	1.9 Test to 1.9 Te	## Adminited Cost. £ 10,304	stration.	464 313 461 1,317 202 64 68 89 803 102 22 	*** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** *** *** *** *** *** *** *** *** ** *** *** *** *** **	£ 10,76 3,47 3,17 3,82 4,92 2,88 1,34 2,01 98 1,22 1,26 1,26 1,27 1,58 1,30 66 67 14 44,58
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangaroi Old Men's Home, Taruru District Home, Taruru Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton Totals and averages Children's Home— Waltham Orphanage Female Refuge— Linwood Refuge Home Casual Ward— Armagh Street Depot, Christchurch	### Mainted Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 3,148 1,254 1,494 810 1,145 1,047 6900 1,088 664 580 399 38,028 627	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25 30 84 36 2,203	### 1.7	## Adminited Cost. £ 10,304	### stration. ### stration.	£ 464 313 461 1,317 202 64 68 89 803 102 22 3,905	* 67 24 2 4 262 29 27 446	£ 10,76 3,47 3,17 3,82 4,92 2,88 3,31 1,34 2,01 1,26 1,26 6 6 6 77 45 44,58
Auckland Otago	Old People's Homes— Costley Home, Auckland Otago Benevolent Institution, Dunedin Ohiro Home, Wellington Lorne Farm, Invercargill Tuarangi Home, Ashburton Old People's Home, Park Island Memorial Home, Woolston Jubilee Home, Aramoho Old People's Home, New Plymouth Victoria Home, Oamaru Alexandra Home, Welson Cottage Home, Whangaroi Old Men's Home, Timaru District Home, Taruru. Old People's Home, Westport Old Men's Home, Hamilton Old People's Home, Gisborne Renall-Solway Home, Masterton Totals and averages ('hildren's Home— Waltham Orphanage Female Refuge— Linwood Refuge Home Casual Ward—	### Mainted Total Cost. £ 10,184 2,734 2,948 3,264 3,422 2,518 1,254 1,494 810 1,145 1,047 690 1,088 638 638 639 38,028 627 1,059	### ##################################	Total Cost. £ 120 360 198 102 186 156 171 91 198 71 93 111 88 83 25 30 30 4 36 2,203	1.7 2.1 2.1 2.1 2.1 2.1 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0 2.0	## Adminited Cost. £ 10,304	### stration. ### stration.	464 313 	£ 67 24 2 4 262 29 27 446	£ 10,76 3,47 3,17 3,82 4,92 2,88 4,92 1,24 1,26 1,26 1,26 1,26 1,26 1,26 1,27 44,58

Table IX.—Number of Old-age Pensioners maintained in Homes and Hospitals on the 31st March, 1914, together with the Amounts faid to such Institutions during the Year.

			Location.			Inst	Institution.			Payments, Year 1913-14.	Institution on 31st March, 1914.	Pensioners after Deduction of Maintenance.
Maraden. Kainara Hoanital and Charitahle Aid Board	Aid Board	Whangarei				Old Men's Cottage Home	Ноте		:	£ s. d.	15	46. per month.
Anckland	name party o	Anokland	:	:	:	Costley Home		• •	:	4	122	6d
Тратея	•	Themes	:	:	:	Old Man's Home	:	•	: :	-	10	Ď8.
Waikato		Hamilton	:	:	:	,	: :	: :	-	271 3 8	_	48.
Cook		Gishorne		•		. :	. :	: :		4	9	1s. per week.
Hawke's Bav		Nanier	:	:		Refuge, Park Island		: :	: :	70	37	7s. 4d. per menth.
Thranaki	,-	New Plymonth	:	:	:	Old People's Home	: :	: ;	: :	10 1	14	10a.
Wanganni	•	Wanganni	:	:	:	Inhiles Home	:	:	:		95	25
Wellington	•	Wellington	:	:	:	Ohiro Home	:	:	:	· =	25	9s. to 6s.
Wellington Society for the Belief of the	Veed Needs	· · · · · · · · · · · · · · · · · · ·	:	:	:	Home for Aged Needy	: : Q4	: :	: :	6	8	7s. 7d.
Wellington Hosnital and Charitable Aid Board	Board		:	:	:	Tome for Incurable	: : 3 a	: :	: :	_	1	
Wairarana		Masterton	: :	: :	: ;	Renall-Solway Home	: :	: :	: :	169 0	2	Nii.
	: :	Grevtown	: :	: :	: :	Buchanan Home	: : !	: :	: :		-	:
Nelson	: :	Nelson	: :	: :	:	Alexandra Home	:	:	:	664 8 0	25	2s. per week.
Wairau "	•	Blenheim	:	:	:	Old Men's Home	:	:	:	290 6 8	91	8s. 8d. per month.
North Canterbury		Obristohurch	:	:	:	Jubilee Home	:	:	:	992 10 1	40	1s. per week.
	:		:	:	:	Armagh Street Depot	ot ::	:	:	2 3 4	:	:
	:		:	:	-	Female Refuge, Linwood	1WOod	:	-:			:
•	:	Ashburton	:	:	:	Tuarangi Home	:	:	:	9	33	1s. per week.
South Canterbury	:	Timara	:	:	:	Old Men's Home	:	:	:	= :	133	6s. 6d. per month.
Buller	:	Westport	:	:	:	Old People's Home	:	:	:		- E	
Inangahna "	:	Keefton	:	:	:	Hospital	:	:	:	7	x 0 g	LOS.
Grey "	:	Greymouth	:	:	:	:	:	:	:		8 6	FO8.
westland	:	Dog	:	:	:	:	:	:	:	000 0 11	92	180 Ad
•	:	Troise Troise	:	:	:	:	:	:	:	7 -	19	19s 4d
Weitel	:	Osmorn	:	:	:	Viotorie Home	:	:	:	14	96	fa Tue
Otago	: :	Dunedin	: :	: :	: :	Otago Benevolent Institution	nstitution	: :	: :	15.	75	2s. per week.
# T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	:	5.			_						e d	4s. 6d. per mon.
Southighd	:	Invercurgin	:	:	:	Lorne Farm	:	:	:		 8	(8s. 6d. "
									<u> </u>	1	657	
						HOSPITAL PATIENTS ONLY	ENTS ONLY	:	:	1,469 9 0	65	
•						E-4-1				40 Otto	002	
		-				TOPE	:	:	:	5	39	
	Num	Number of Military		ers mai	taine	Pensioners maintained in Homes and Hospitals as	! Hospit		above.			
Whangarei Hospital and Charitable Aid Board	30ard	Whangarei	:	:	:	Old Men's Cottage Home	Ноше	:	:	98 0 0	-	
Auckland	:	Auckland	:	:	:	Costley Home	:	:	:	0	ന	
Hawke's Bay	:	Napier	:	:		Refuge, Park Island	:	:	:	000000000000000000000000000000000000000	csi	
Waitato	:	Hemilton	:	:	:	na men s nome	:	:	:		:	
Taranaki "	: :	New Plymouth	: :	: :	: :	ld Paonla's Home	: :	: :	: :	0	: 07	
Wanganui	:	Wanganui	:	: :	: :	Jubilee Home	: :	::	:	0	63	
Westland . "	:		:	:	:	Hospital	:	:	:	30 0 0	-	
Otago	:	Dunedin	:	:	:	Otago Benevolent	:	:	:	0	1	
						In hospitals	:	:	:	453 0 0 77 6 5	13	
						•						
						1						

Table X.--Showing Estimated Expenditure of Hospital and Charitable Aid Boards for 1913-14, and the Amount of such Expenditure 10 be raised by Levies on Local Authorities and by Government Subsidy.

			Net Amount			Expenditure other tha	4	Capital Expenditure					Conito Denonditure		
Hospital and Charitable Aid Board.	Population.	Population. Capital Value.		Estimated Expenditure.	Estimated Receipts.	Net Estimated Expenditure.	ı <u>1</u>	Amount to be levied on Local c	Amount to be claimed as Subsidy.	Rate of Subsidy in Accordance with Fourth Schedule of Act.	Estimated Expenditure.	Estimated Receipts.	Net Estimated Expenditure.	Amount to be levied on Local Authorities.	Amount to be claimed as Subsidy at 20s. in the £.
		44		8. d.	φ. -	- C#	2	2		9		3			
Bay of Islands			78°	0 30	695 0	34	7		6 0 266		760 0 5	ċ	760 A. G.	- i c	
Whangarei		_	9	17	1.927	4.236	00	ıc	12		090	:	-	2000	
Kaipara			9	Ö	420	3,250	0	01	.654 18	6 0 1		1 350 0 0		375	
Auckland		37,840,876	6 34	2	22,366	48.867	1 24	24,281 16 4	9		200	•	•	0,00	>
Coromandel		372,345	m	17	1,173	519	0 0	0	· C		0 0 00%	:	:006	: 001	
Thames	16,379	2,035,023		16	2,412	4.775	7	4) 3 0	5 6 6	040	3.038 5 5			
Waihi	5,475	395,695	12 9 4	4,700 0 0			0 0		٠.		ı	•	900		900
Bay of Plenty*	14,400	3,279,925		:	:						> :	:	•	>	>
Waikato	58,872	18,383,155	2 114	15,608 0 0	6,940 0	899.8	0 4.	416 16 4	4.251 3 8		_	•		.⊆	4 087 10 0
Waiapu	4,815	2,467,237		2,500 0 0	700		•		_	0 12 3		•	450 0 0	99.	, 200, 1 99,60
Cook	21,745	9,893,077	6 5	9,820 0 0	64	6,984	0 0		12		,	:	>	>	>
Wairoa	5,886	3,141,111		9			-	2	353 0	16	767 0 0	: :	0 0 292		
Hawke's Bay	30,117			0			8	505 9	998 12	12	_	: :	, 4	2 -	708 17
Waipawa	21,536	=		0		5,764	9,3	224 12	2,539 7 10	0 15 9	700	: :	2007	350 0	350 11
Taranaki	26,855			0		6,572	10 3,	206 1	366 7	_		: :	· C	· c	•
Stratford	10,953		2 113	2,950 0 0			4	813 4	<u>r</u>		0	188 16 0	889	345	•
Hawera	16,243			6,037 0 0	 0,	4,000	0,	119 4	1,880 15 10	17	:		٠.	٠.	•
Patea	5,296	_	4 113		685 0	1,315	0	12	_	16	:	:	:	: :	: :
Wanganui	44,291	13, 772, 495		2		8,690	11 4	က		19	.473	:	1,473 0 0	736 10 0	736 10 0
Falmerston North	37,329	13,608,120	\$;	7,750 13 3			<u>,</u>	61	7	18	13	12	,305 1	13	_
Wellington	20,017	15 194 905		00,440 0	_	36,809	_ >	- -	,562 17	8	0 (0	,602 0	,602 0
Wallalaba Pieton	3,820	<u> </u>	# 1. 2.	> =	4,090 0	7,184		3,991 2 2	1 71 281,	0 16 0	1,470 0 0	0 0 022	0 0 002		
Wairan	11,828			`=		3 700	- 6	2	_		700.0	2 610 16	, ee	0 000	000
Nelson	24,771	4,162,339		0	8	6,680	-	-	9	0 17 1	3,000	01 010,	9 000 0	0,558 18 0	0,558 18 0
Buller	12,595	_		5,310 0 0		4,000	0		128 13		000,	:	9	0 000	
Inangahua	4,956			3,079 10 9	_	9 1,485	0	19	908	1 3 9	1.400 0 0	: :	1.400 0 0	_	٠
Grey	14,764	<u>-</u>		0			0	17	2		0 0 009	:		300 0 0	300
Westland	8,427	664,393	#II 6	0			•	61	114 0		:	:	:		,
North Canterbury	136,784	40,152,910	#** 20 *	0	15,333	<u>-</u> -	0 0 20,5		957 3	6 61 0		6,874 0 0	0	0	0
Ashburton	10,992	8,198,907		> <	1 298.	3,394	<u>د</u>		_		450 0	:		225 0 0	225 0 0
South Canterbury	38,931	<u>-</u> ـ	40.00	13,219 0 0		8,873	0 0	-	o ;			:	1,160 0 0	0	
Waltaki	10,172	4 ,		- 1	<u>-</u>	1.472	-	x	=	0	;	:	:	:	:
Maniototo	3,277	911,930					∃, —	× 2	<u>ه</u> ,		:	:	:	:	:
Vincent	0,343	090,380		2,486 0 0	_	_	<u>.</u> ده	N 9	772 10		:	:		:	:
Ottago	113,001	121,120,555	o :	45,308 0 0	0 808.cr	29,500	- -	7 :	,452 7		0	:		0	
Wellson ond Pickel	020,000	9 095 791	3 C	3,470				4,147 11 8	904,		•	0 0 009	2,000 0 0	1,000 0 0	•
Walibee aliu Fioru	11,326	2,999,141	0	>	1,210 3	607,2	ا در	<u> </u>	1,136 18 6	1 0 3		:			
Totals	1,143,990	1,143,990 317,199,637	5 10 §	443,798 19 8	148,471 17	7 295,327	2 1 149,544	15 2	145,782 6 11	0 19 54	143,834 0 7	31,548 10 1	112,285 10 6	56,142 15 3	56,142 15 3
								-						-	

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* Not yet supplied.