TABLE 3.—LEGAL PROCEEDINGS FOR YEAR 1928.

				Number of			Amount.	
				Pr_0	secutions.	£	s.	d.
Milk below standard	• •	• •	• •	• •	65	376	7	6
Milk adulterated					14	74	16	4
Butter under standard					11	51	14	1
Ice-cream below standard					3	8	3.	0
Vinegar below standard				• • •	3	16	11	6
Sale of unsound fruit					2	22	12	0
Boracic in bacon					4	13	17	0
Breach of Regulation H. 125)				11	23	14	0
Adulterated spirits					3	35	14	6
Whisky (improper labelling)					4	99	10	7
Rebottling spirits					6	356	10	9
Beer below standard					1	8	13	6
Honey-labelling					1	5	14	9
Obstructing Inspector					2	7	4	0
NT!					2	8	12	0
Chinese in possession of opiu					6	237	13	Õ
Sections 210 and 233, Licens					10	291	11	6
Section 77, Health Act				• •	1	4	10	ŏ
Hospitals and Charitable Inst			• •	• •	$\dot{\tilde{2}}$	$\bar{7}$	4	ŏ
Nurses and Midwives Registr			• •	• •	$\bar{1}$	$\dot{2}$	î	6
TO 1 TO 1 1 A 1	auon Ac	70	• •	• •	1	3	8	0
Tiumbers Registration Act	• •	• •	• •	• •				
					153	£1,656	3	6

PARTICULARS OF WORK CARRIED OUT AT THE GOVERNMENT VACCINE-STATION, WELLINGTON, DURING THE YEAR ENDING 31ST MARCH, 1929.

Dr. Lynch, the Director, reports as follows:-

Calves inoculated, 14; calves rejected, nil; amount of lymph prepared, sufficient for 24,512 tubes; vaccine issued in tubes, 7,954; vaccine lymph in stock, equivalent to 18,000 tubes.

A quantity of active vaccine lymph very much in excess of average requirements is kept in stock to provide against emergencies. Should cases occur in New Zealand and a demand for wholesale vaccinations result, several weeks would be required to provide an adequate supply of vaccine lymph. To provide against such a happening it is considered wise to keep always on hand a large supply. This arrangement adds to the cost of upkeep of the vaccine-station, but it is justified when the need es. The new vaccine-station is very conveniently placed, and is proving ideal for the purpose. Mr. Dore and Mr. Rollet, of this staff, still give me every assistance, and the work of the station,

which, of course, in only done at intervals, proceeds smoothly and efficiently.

SECTION 6.—ADMINISTRATION.

Extracts from the reports of the various Medical Officers of Health, which appear in another part of this report, show a progressive improvement in the sanitary conditions generally throughout the Dominion.

The policy of most local authorities as regards the installation of sanitary works, such as watersupplies and drainage, continues active. The occasions upon which requisitions from the Board of Health were sought to enforce such installations were few.

There are now three Medical Officers of Health stationed at Auckland, three at Wellington, two at Christchurch, two at Dunedin, and both at New Plymouth and Gisborne one Medical Officer of Health combines the duties of Medical Officer of Health and School Medical Officer.

An important duty of a Medical Officer of Health anywhere is to advise local governing authorities in matters of health and sanitation. In New Zealand particularly, owing to the large number of independent local governing authorities and the fact that the revenue of many is too limited to permit the employment of skilled services, it is specially necessary, if difficult, to establish personal contact with them and advise them regarding major health and sanitary questions, such as townplanning, housing, and the economic installation of sanitary works.

The Department's Health Inspector appointment scheme for grouped local authorities is an endeavour to co-ordinate the health work of the smaller local authorities and provide skilled inspection at low cost under the direct supervision of the Medical Officer of Health. maintain compact Inspector districts with low mileage radius, and resultant economic working, it is essential that when small local authorities essay to appoint their own Sanitary Inspector the matter be carefully considered in relation to its effect upon neighbouring local authorities in existing groups. Senior Supervising Inspector appointments are for the purpose of aiding the Medical Officer of

Health in co-ordinating the work not only of Health Inspectors, but also the sanitary work of many local authorities which employ their own Sanitary Inspectors. In all major problems, however, of health or sanitation, and even in minor ones requiring comprehensive review, it is essential that the Medical Officer of Health should himself know the circumstances and see that the local authority is fully advised.