G.—5.

Case 3.—Te Iho, a Native boy, twelve years of age, brother to the last case, and living in the same whare with him, got his first symptoms of ngerengere three years ago. Pale serpentine patches are well marked all over the back, which are at present decidedly hyperæsthetic. His left hand and arm are quite powerless, and the muscles wasted; the fingers are drawn forcibly backwards from contraction of the extensors; there is loss of sensation as far as the elbow. The left great toe is swollen, flexed, and anæsthetic. The limbs on the right side are normal. At present

there is no gangrene or ulceration. His general health is fairly good.

Case 4.—Maata, a Native woman, aged thirty-five, got her first symptoms of the disease in 1880, and died of it on the 8th October, 1888. She was sister to the two last cases, and lived in the same where. She had no discoloured skin-patches, but began with a swelling outside the right thigh. This is said to have been cured by a tohunga in the Waikato, but in two months after her return home her face became red and swollen, the redness and swelling extending to the neck and shoulders. Shortly, numerous tubercular swellings appeared on the body, which ulcerated. This was followed by the usual gangrene of the toes and fingers, several joints falling off. This case is described by those who saw it as even more severe and revolting than that of her brother Hiri, described under No. 2.

Case 5.—Amiria, a female Native, aged twenty-one, living at Maaroa, a settlement between Taupo and Atiamuri. She is the daughter of Hori Tehina, a Ngatituwharetoa, who died of ngerengere in 1874. He married a half-caste woman after the disease had manifested itself, by whom he had two daughters. The younger, a deformed idiot, died some time ago. The half-caste married again, and has several healthy children by the second husband. She herself is in perfect health, and appears much attached to her leprous daughter. The disease first manifested itself in this girl when she was three years old, by the appearance of pale patches on her thighs. These patches are usually the initial symptom, and are regarded by the Maoris as absolutely pathognomonic. The digits of both hands have all lost one or more phalanges, and it is singular that on all, even where only one joint remains, a nail has been developed at the extremity. She has lost every toe on both feet down to the heads of the metatarsal bones. The stumps on both hands and feet are soundly healed. No other part of the body is affected. Hands, arms, feet, and legs are anæsthetic, completely so up to the knees and elbows, and thence graduating upwards to slight numbness. She is able to walk a little, appears well nourished, and her general health is good. Her mother gives a singular reason for her favourable condition: in her own words, "She is such a good girlsays her prayers, and goes to church regularly, and does not run after the men.'

Case 6.—This case is interesting from the fact that the patient was a brother of Hiri, Maata, and Te Iho (cases 2, 3, and 4), and lived in the same where with them. His name was Te Rangi, and about the month of June, 1888, he was brought by a European to the Maori hospital at Rotorua, suffering from a wound of the palm of a very severe character. He was twenty-four years old, a fine tall fellow, noted as an athlete and wrestler. His health was apparently perfect. He was under my care for a fortnight. The wound did remarkably well, but the healing was not quite complete when he returned home. In some six or eight weeks after his return he was taken ill. His face became swollen and covered with black blotches, which ulcerated; abscesses formed in both groins and axillæ; there was discharge from the ears; he had difficulty in swallowing, with pain in the larynx, and husky voice. Both he and his friends believed he was suffering from ngerengere, and he was with difficulty restrained from committing suicide. He died on the 27th October, 1888, after an illness of less than three months. This case can only be regarded as one of acute blood-poisoning, but, taken in conjunction with his sister's case, whose symptoms at first were

those of erysipelatous inflammation, it is highly suggestive.

Statement of Rakeiwairua, aged sixty-five, the father of cases 2, 3, 4, and 6: "I never had any symptoms of ngerengere. My wife Huia, the mother of these children, when she was young, had a white patch on her right side; it was not anæsthetic. The tohungas told me it was caused by her gathering fern on a spot where a ngerengere had once lived. This was cured by a tohunga, and she never had any other symptoms of the disease. Ngerengere was much more prevalent in the Taupo district when I was a boy than it is now. It was first brought into the district three generations ago, by a man whose name was Te Oro. He belonged to the Ngatipaki Hapu of the Ngatituwharetoa Tribe, and lived at Oruanui. His grandson is still living. His genealogy is thus: Te Oro begat Tamati Pahiroa, who begat Hame Pahiroa, now about forty years of age. Te Oro wished to be avenged on certain members of his tribe who had offended him, and, hearing of the terrible ravages of this disease among the Ngatimaru, at Hauraki, he went there and learnt the art of communicating the disease (wero-ngerengere). On his return the disease broke out, and we have never been free from it since. I do not think ngerengere is contagious. With regard to my son Te Rangi, I believe his disease was the same as that his brothers are suffering from, but I never knew or heard of a case so rapidly fatal. Our food here is chiefly pork, potatoes, sow-thistles, and watercress. In times of scarcity we eat the fish of the lake, kokapu and inanga. The former are all more or less diseased. Their flesh and entrails are infested by a red thread-worm. They have also a kind of fungoid disease of the skin. Numbers of the kokaku are sometimes thrown up dead on the beach, and we eat them if we have nothing better; but this does not often happen."

The chief Paurini Karamu, of Tokaanu, is decidedly of opinion that ngerengere was far more

prevalent in former times than it is now.

Wi Mahi, aged eighty, a chief of the Ngatirangiwewehi, living at Awhahou, on Lake Rotorua, says, "There is no ngerengere now as compared with what it was when I was a boy. I have know it carry off whole hapus. I attribute our immunity to the fact that all the old men who knew how to communicate the disease have died out. My father was one of the worst of them. He destroyed numbers by giving them ngerengere. His plan was to make his enemy a present of a mat or some other article of clothing that had been worn by a ngerengere, and the disease was sure to follow.'