SMOKING.

The prohibition of under-aged children from smoking will do a world of good among Maori communities. I am only sorry that it has been limited to the children. All child-bearing women ought to be prohibited from smoking also, for I am sure this is one of the great causes not only of sterility among Maori women, but also of the death of Maori children.

When a child is shut in a room with half a dozen people smoking tobacco, its own mother half-poisoned with nicotine, the room with every possible avenue of ventilation closed, and, added to this, a fire in the middle of the whare, no wonder the infant mortality is great.

Again, I am glad to state that in some districts smoking is prohibited in the meeting-houses.

DISEASES.

Chief among the diseases I have encountered stands the dread white plague, phthisis, the exact ratio of which to other diseases cannot be correctly estimated till death-certificates are required by law. One is not surprised when we behold the abuse the poor bodies are subjected to through ignorance of sanitary and hygienic laws; the wonder is that there are not more who die of this disease. The Maori is generally looked down upon as an individual with weak lungs, but I am sure if pakehas were exposed in the same way as Maoris they would disappear just as fast, and perhaps a little faster. Put the Maori in good healthy surroundings and he will thrive.

Bronchitis is very common. Pneumonia carries off not a few. Typhoid is responsible for many deaths, due principally to bad shallow wells, low positions of kaingas, and lack of drains, and the non-isolation of cases. Menstrual cases are not uncommon. I have come across one case of leprosy, three cases of cancer, three exophthalmic goitres, and two simple goitres, many specific affections, several epileptics (mostly young girls), numerous skin-affections, principally *hakihaki*, common itch, and eczema, ichthyosis, and herpes zoster (a case of each); but the most common diseases of all are the lung and skin diseases.

Number of pas visited and inspected in the North, South, and Chatham Islands, 124; number of health lectures given, 106; number of indigent persons examined and prescribed for in the North, South, and Chatham Islands, including Rotorua Camp, 356; number of operations performed, 10; number of patients sent to hospitals, 9.

In conclusion, I may state that there has been a thorough awakening. Many comfortable homes have been erected within the past year. Whole villages have been cleaned. In view of the plague, circulars were sent to all the Councils urging the necessity of burning up all rubbish and destroying the plague-carrying rodents. A hearty response has been met with everywhere, even among the most conservative; but with these Councils in motion, with the eagerness to advance, the Native work has increased till I feel that one man cannot do justice to himself or to the whole Maori population, and so I urge that several competent Inspectors—say, four in number—with salaries of £150 each, be appointed to carry on the inspection of Maori kaingas, in conjunction with the Village Committees, these men to be entirely under the control of the Department; and, further, that all matters touching the health of the Maori be under the control of the Public Health Department, so that there should not be any friction, and that the gradual introduction of the public-health laws can be made, till we shall have one law for the pakehas and the Maoris. And so we may hope that these reforms will soon be the commencement of that most desired condition of which Gibbon dreamed, Macaulay prophesied, and the Grand Old Man (Sir George Grey) hoped, longed, and worked for: when Maori and pakeha will stand side by side in the commercial, social, and political realms, firmly united—when

"Our Maori blood shall still flow on
In a new-coming race,
That when the old is dead and gone
We may yet find its trace
In nobler types of humankind,
With traits wherein there blend
The white man's more prosaic mind,
The poet Maori trend."

APPENDIX C.

REPORT OF PATHOLOGIST.

SIR,—

I have the honour to report on the work conducted by me for the Department during the past year. Four hundred and thirty-one different specimens have been forwarded to the laboratory for pathological and bacteriological examination.

SPUTA.

Of these, ninety-eight have been specimens of sputa for the detection of the presence of tubercle bacilli. The great majority being in all probability from cases which presented doubtful clinical symptoms, it is not surprising that in fifty-seven of these, after the most careful examination of numbers of slides prepared from each sample, no tubercle bacilli could be demonstrated. In several instances experiments on guinea-pigs were conducted when deemed advisable, but in each case the previous microscopical examination was confirmed. As is well known, when tubercle bacilli are present in sputum the examination necessitates commonly much less trouble for the conscientious microscopist than in cases where, after a great expenditure of time and care, the conclusion is ultimately reached that the sputum is free. The record of these examinations speaks itself of the amount of labour entailed.

DIPHTHERIA.

Swabs from the throats of thirty-five suspicious cases have been submitted for examination. In each case the microscopical examination has been supplemented by the inoculation of gela-