

ENTERIC FEVER.

Owing to the non-registration of Maori deaths we are in the dark concerning correct figures, but from my experience I am convinced that this terrible disease is much more prevalent than we imagine. I have known of actual cases where enteric was treated as simple diarrhoea, and I have seen the patient walking about and the rest of his family sleeping with him at night. Of course, we are bound to have a high death-rate where Hygeia's laws are so openly disregarded; but it is hard to absolutely isolate any Maori case, unless one is there to constantly watch it.

Enteric is mostly due to the lack of a proper system of drains, closets, and water-supplies, and the too close proximity of the *poakas*. The *pun-a*, or shallow well, which generally receives all the surface drainings, must of necessity be a constant source of danger; but I am glad to say that the Maoris are now commencing to see the evils of shallow wells, and are resorting to the use of tanks, and in instances they have been aided by the Department in getting pipes to bring in pure water from some adjacent creek.

I know that many cases are lost through ignorance and the want of proper care and nourishment. This could be greatly relieved if an ample provision were made by the Government for the education of our girls as nurses, so that they could be called upon at any time to nurse needy cases throughout the country. I have often seen patients die because we were unable to get English nurses to care for them, and the patients being unwilling to go to the hospital has made these cases most difficult to deal with. I am sure that if we had competent Native nurses in our European hospitals to draw upon, we should be able to save many lives. The urgency of this matter compels me to suggest that we ought to have a larger number of Maori girls admitted to the hospitals throughout the colony at once. At present I think there are only three Native girls in training. There should be more, and the competent ones should be so ruled that where necessity demanded we could get them without delay or hindrance to do work for their own people. I am sure that if this state could be brought about it would mean the salvation of the Maori race. Sanitation is good, but people must and do get ill, and, even if it is only a cold, that cold may lead to disastrous results, especially where Maoris are concerned. So these nurses are needed to nurse and advise the sick, to teach the well, and to be leaders in the van of progress and health. The Maoris are dying by hundreds for the need of them, the children are pining away for lack of their attention, the babies never mature because of the ignorance of their mothers, who could be easily taught how to look after their children. I firmly believe that if we had an efficient and reliable lot of Native nurses, who could be called upon in cases of sickness to go out and help their brothers and sisters, it would reduce the Maori death-rate by half. I would respectfully suggest that one or two Native nurses be admitted to each of the local hospitals throughout the country, and be in readiness to be called upon for any needy case that may arise in that district. If this be done, and the knowledge of sanitation propagated throughout the homes, I feel certain that within a few years the census would show a marked increase in the Maori population.

TUBERCULOSIS.

Much is stated and written about tuberculosis in these days. Undoubtedly, the great white plague has had a great sway in Maoriland. If we were to ask any practitioner who has had experience with Maori cases as to the termination of ordinary diseases, I am sure the answer would invariably be, "Consumption." I have seen consumption in all its forms amongst the Maoris. The death-rate from consumption is far more than we ever dream of. This is due, as in nearly all the other cases, to ignorance and neglect.

The matter of isolating Native cases is a particularly hard one to deal with. One is not confronted with a family, as in European cases, but a whole tribe has to be consulted, pleaded with, and argued with before one can effectually isolate any patient suffering from an infectious disease; and even then the trouble does not end, for it is most difficult to keep any Maori for any length of time by himself, for the superstitions of his ancestors concerning the night have still a great hold upon his mind. The only way I can see where much good might be accomplished is for the Government to add a special ward to the Cambridge Sanatorium for Native consumptives; or, failing this, to have a small hospital erected at some central location exclusively for Maoris. This would be valuable from many standpoints: we should be able to isolate cases completely; the Natives could be treated with the latest lines of treatment, and they could get better care and good nourishment; having Maori nurses would do away with feelings of strangeness amongst pakehas; there would be more likelihood of having cases sent to the hospital; hospital prejudice would be greatly obviated; it would be a great factor in moulding and changing Maori life and ideas.

The spread of tuberculosis amongst the Maoris is undoubtedly due to the non-isolation of cases, the huddling together in small, ill-ventilated places, infrequent bathing, exposure, lack of proper clothing, overheating one day and exposing to cold the next, expectorating about the *maraes* and homes, and the lack of proper food. I may state, in conjunction with this, that much good has been accomplished by the few pamphlets that we have been able to put into Maori and circulate throughout the country concerning some of these diseases and the way to treat the sick; but through the constant demands of the work, and the lack of a clerk to do our correspondence, we have been prevented from doing more of this much-needed work.

SMALL-POX.

It has long been recognised that if an epidemic of small-pox were to visit New Zealand the Maoris would be quite helpless to meet it. Knowing this deplorable state of affairs, we wrote a pamphlet in Maori pointing out the dangers of non-vaccination, the advisability of being vaccinated, the effects of the vaccine lymph, &c. The pamphlet was circulated throughout the colony, and as a result a deep desire to be vaccinated was created. Consequently, a large correspondence ensued, and a demand for public vaccinators in the outlying districts had to be met, and, though