The access to the Plunket Colony has been much improved. Some small buildings have been erected, including bedrooms for some of the staff, and additions to the engine-shed, enabling engine-power to be used for various operations previously done by hand.

The consumption of fuel has been very considerably reduced by the abolition of the wasteful and inefficient furnace formerly used for heating the hot-water system in the main building, and the substitution therefor of boilers in the kitchen-range, as well as in other ways.

Much-needed improvements have been made in the laundry.

It was found necessary to remove the milking-shed to a more suitable position, and to make some improvements in connection with it. Four new cows and two horses have been purchased, and three horses and many pigs have been sold. All the cows have been tested with tuberculin during the last six months by Mr. Lyons, M.R.C.V.S., but in no case was a reaction obtained.

REPORT OF DR. POMARE, HEALTH OFFICER TO THE MAORIS.

Department of Public Health, Wellington, 2nd August, 1906.

Dr. Mason, Chief Health Officer.

WE have lived long in hopes, and at last I see a glimmering of realisation in the reconstruction of the Native Department. Not that we did nothing in the past years—far from it—but we laboured under great disadvantages and difficulties. The field was too great for one man—the task too herculean for one body—the distances that had to be travelled were too great—the roads in parts were often impassable, but yet never a call came that we did not respond, a cry that we did not heed. The foundation for future work has been truly laid. When by the death-bed of many a Maori brother we have watched the flickering spark of life go out to the darkness, we have longed to see the time come when we could have proper places to take patients to, nurses of our own race to soothe the fevered brow, our own doctors to heal the sick and advise the living how to live.

The recent changes in the Native Department give promise of having this done, and, further, we can expect more systematic work being carried out in the sanitary inspecting of kaingas, medical attendance to the Maoris, and the proper care of the old men and indigent Natives.

We have looked into the question of the decline of the Maori, and have found that the causes of this were legion. Bad housing, feeding, clothing, nursing, unventilated rooms, unwholesome pas, were all opposed to the perpetuation of the race; but a deeper knowledge of the Maori reveals to us the fact that these are not the only potent factors in the causation of his decay—like an imprisoned bird of the forest, he pines for the liberty and freedom of his alpine woods. This was a warrior race used to fighting for liberty or to death. All this is gone, fighting is no more. There is no alternative but to become a pakeha. Was not this saying uttered by the mouth of a dying chief many generations ago: "Kei muri i te awe kapara he tangata ke mana te ao he ma" ("Shadowed behind the tattooed face a stranger stands, he who owns the earth, and he is white")? There is no hope for the Maori but in ultimate absorption by the pakeha. This is his only hope, if hope it be—to find his descendants merged in the future sons of the Briton of the Southern Hemisphere. Sons who will not forget that in them runs the warrior blood of unconquered chieftains of centuries, and who, on the other hand, will be imbued with loyalty and imperialism, proud of being members of the Empire to which belongs their fathers. While, however, this is taking place we must recognise the fact that these people must live under hygienic conditions not only because it would be to their own advantage, but also that the public at large demands it; and that is why the crusade must be carried on—the war waged with increased vigour and untiring effort.

I am glad to report a steady progress in the sanitary condition of the pas within the past year. Much has been done, much remains.

The scheme of having a Native Health Officer in each district, with Inspectors and nurses, aided by subsidised medical men, will facilitate matters greatly. The King-country, east coast, and Waikato are still without Sanitary Inspectors, but I have no doubt that when the new scheme becomes operative proper Inspectors will be appointed immediately and set to work.

The "good Samaritan" has not yet appeared, evidently he has not heard the stifled cry of Maori infants; perhaps he is waiting for the Government to give him a salary before giving instructions to ignorant mothers on infant-management and the prevention of disease, or the call from the foreign lands, whose inhabitants we love so much in New Zealand, drowns the feeble cry of the Maori infant whose father fought against his own kith and kin in order to establish the supremacy of the British ruler.

Speaking generally, drunkenness is on the decrease. It would be well if Chairmen of the different Councils took example from the Chairman of the Arawa Council, and had prohibition orders taken out against chronic inebriates in their districts.

A course of lectures on first aid and sanitation should be given in such schools as Te Aute, Hukarere, and St. Stephen's. I think practical good would result if such a course were pursued. A course of instruction on farming is still wanted, and a practical system of finding graduates from the schools work to do should be inaugurated. Better not to teach them anything at all than teach them to be dissatisfied with their lot and not find employment for them. If this is not done the inevitable must follow—don the blanket.

I am sorry to say there have been six small outbreaks of typhoid fever at Waiokura, Ahipara, Mangonui, Pariroa, Waotu, and Ngatiki, resulting in six deaths. Prompt action in these outbreaks no doubt prevented the disease from spreading. I am pleased, however, to state that no recurrence of typhoid took place in localities mentioned in last year's report, and, further, that there were only six places attacked this year, compared with ten last year.