Closets.

There are very few closets in the Islands: the majority of the Natives go to the edge of the lagoons. I am certain this is not a bad practice, as the crabs and other scavengers together with the sea soon clear all refuse away. At Penrhyn the Europeans have their closets right over the water. The system of pit-closets would be dangerous and unsuitable, and of course water-closets would be out of the question.

The Hospital and Medical Officer.

The so-called Hospital is a very old store of five rooms, built nearly thirty years ago, and is altogether unsuitable for the purpose—in fact, it would be fatal to do any major abdominal operation in it, as the building is musty and old. The Hospital needs a number of surgical instruments. A new Hospital should be erected immediately behind the Whare Manuhiri, which would be most convenient not only to the public but likewise to the resident physician. The new building should consist of two small wards, a small operating-room, and a dispensary, all built of concrete. I would have one or two Native women trained as nurses so that they could be used in the different islands. The resident physician in addition to having hours at Awarua should also have hours at Ngatangia, Titikaweka, and Arorangi at least once or twice a week. The physician should be stationed at Aitutaki for three or four months to clear up all specific and other cases. With a little extra remuneration he should make a regular annual or biannual visit to each of the other islands for the sake of not only examining the supposed lepers, but also to attend the sick and afflicted. The anæsthetist should get a remuneration for services rendered; and a record of all cases attended to at the Hospital must be kept.

In conclusion I beg leave to state that with an annual visit from us to follow up the good work that has been started, with a few regulations to keep the kaiangas healthy, a rigid quarantine instituted against the introduction of venereal diseases, a strict watch kept on all suspicious cases of leprosy, good water-supplies obtained in all the islands, a few girls properly taught how to nurse and sent out amongst their people, the perpetuation of this branch of the Polynesian race will be assured.

Maui Pomare,
Health Officer to the Maoris.

Dr. Pomare.

I have the honour to submit a report on the work done since my appointment at the end of October, 1905, in the Maori Councils Districts of Raukawa, Kurahaupo, Wanganui, and Taranaki, with parts of the Maniapoto and Taupo Districts. Many parts of these districts have been visited several times in response to urgent entreaties for medical aid.

Maori Councils.

I have always endeavoured to work in conjunction with the Maori Councils, but it is very difficult in many cases to get as much assistance from them as one would desire owing to their not fully realising the amount of power conferred upon them by the Act. In my lectures I have made them realise their duties as local governing bodies, and that the Council and Marae Committees are responsible to the Sanitary Inspector and myself for the carrying-out of our instructions *re* sanitary reform. The Maoris are at last beginning to learn that they have been intrusted with no mere toy with which to play at home-rule, but with something real in helping towards improving the condition of the people. I regret that the registration of births and deaths has not received the attention it should have had, thus preventing me from making an accurate return of the vital statistics. The Councils themselves say that they have for the past few years been trying to wield a new weapon, and are only now learning the grasp of it and the way it should be used. The routine method of procedure at meetings, strict attention to business, and the value of time and quick action are too far advanced for the ceremonial verbose style of many of the middle-aged Councillors, who are still only a generation removed from the New Stone Age. I would suggest that Health Officers be made members of the Council whose districts they visit.

Sanitation.

Taking the condition of the villages of the Wanganui Council District as being more immediately under notice, I am able to report considerable improvement as a result of the work of the Maori Council. In this the credit has been largely due to Inspector Pukehika, who has combined in himself the energy of all the Marae Committees. We have been educating these Committees in their duties, and they are now beginning to share the burden of sanitary improvement. Many houses have been destroyed, others improved, and new ones erected. Water-closets are ceasing to be objects of aversion. Their use had been forgotten since peace drew the Maori down from the fighting-pas where the *paepae* was never absent; and very little argument suffices to prove that they are no startling innovation of the white man, but an old friend under a new guise. Fencing off the various houses to keep pigs and poultry at a reasonable distance seems, till pointed out, to demand as little attention as amongst many Europeans, even in this country.

The Council districts to the south show the same advance, and Maori insanitary buildings are rare. However, even with floored wooden buildings the Maoris have too much a tendency to crowd together in one room, and to neglect the use of ventilation. This tendency will vanish with the breaking-up of communism and the spread of education. In Taranaki we have the hardest district to deal with in New Zealand. As long as Te Whiti and Tohu are alive the majority of the people will maintain their isolation and reserve, which any attempt at force will fan into active opposition as it has done in the past. Here are a people cherishing a delusion which many force themselves to accept, because their fathers have died believing it and handed it on as a sacred cause. With the death of their leaders, their illu-