Incidence of Disease.

From the returns supplied by medical officers and two dispensers in the Auckland District for the year 1907 I have compiled the following, which will serve as a beginning in this district to the statistical study of the ailments which afflict the Maori :—

	Males.	Females.	Total.
Class I.—Specific febrile or zymotic diseases,—			
Order 1. Miasmatic diseases	91	78	169
,, 2. Diarrhœal diseases	70	61	131
,, 3. Venereal diseases	8	2	10
Class II.—Parasitic diseases	18	25	43
Class III.—Constitutional diseases	45	29	74
Class IV.—Local diseases,—			
Order 1. Diseases of nervous system ...	18	16	34
,, 2. ,, organs of special senses	42	33	75
,, 3. ,, circulatory system ...	13	1	14
,, 4. ,, respiratory system ...	165	114	279
,, 5. ,, digestive system ...	86	76	162
,, 6. ,, lymphatic system ...	7	3	10
,, 7. ,, urinary system ...	6	6	12
,, 8. ,, reproductive system ...	2	39	41
,, 9. ,, locomotive system ...	1	1	2
,, 10. ,, integumentary system	50	36	86
Class V.—Violence	78	23	101
Class VI. Ill-defined and not-specified cases ...	22	10	32
	722	553	1,275

Miasmatic Diseases formed 13·25 per cent. of the total cases seen. Of these, influenza, whooping-cough, and measles were the most prevalent, in the order named. Though there are still many deaths when epidemics prevail, I am confident that in many districts the death-rate is considerably lessened owing to the Maoris exercising more care in keeping the children warm. The old system of universal cold bathing as a panacea for all the ills that Maori flesh is heir to, is now, with the spread of education, happily becoming a matter of interest only to the ethonologist who studies the past. In some districts, as Otamatea, the mortality was increased by influenza and whooping-cough, following or being coincident with measles. Enteric fever cropped up in the Whakatane district, and great credit is due to the Native-school teacher at Te Teko for his untiring efforts in conjunction with the Medical Officer to the Maoris at Whakatane. With the improvement in sanitation in the Maori villages enteric is rapidly decreasing. At Rawene a mild outbreak occurred amongst the Europeans and spread to Maoris.

Diarrhœal Diseases contributed 10·274 per cent. of the cases seen, which were largely made up of two outbreaks of diarrhœa in the Whakatane district which Dr. Stapley attributed to dietetic error in eating bad fish. The others were principally in young children through errors in feeding.

Venereal Diseases, which have been such a scourge since their introduction into the country by the pakeha, are on the decline, making only 0·784 per cent. of the cases.

Parasitic Diseases are on the decrease. They form only 3·372 per cent. Scabies and thrush are the more common. Of hydatids, which would be a serious menace once the hosts of Maori dogs became inhabited by *Tænia echinococcus*, I have never seen a case in this district.

Constitutional Diseases form 5·803 per cent. Rheumatism supplies the largest number of cases. The joint-affections were amongst the few ills that the ancient Maori enumerated in his list of ailments. They probably consisted of rheumatism, arthritis deformans, and tubercular trouble.

Phthisis forms 22 cases out of 72, or 1·725 per cent. of the total cases seen. That the Maori had a form of wasting disease in ancient times, which he termed *kohi* in most of the dialects, is as certain as oral tradition can make it. The condition is old and the word for that condition is old, so that when he sees a definite case of consumption in these days he calls it *kohi* without waiting for the doctor's diagnosis. But it may be said that these wasting diseases were due to general debility, asthenia, or starvation. Starvation, however, is not hereditary, and again Maori oral tradition definitely states that the *kohi* disease ran in certain families. Hitiri te Paerata, an old tatooed veteran of Rewi Manga's famous defence of Orakau, when I had diagnosed his grand-daughter's illness as advanced consumption, sadly shook his head and said, "My son, the *mate kohi* has run through our family for generations—aye, from before the advent of the white man. *He momo matou no taua mate* (We inherit that disease)." This induced me to follow up this line of investigation, and the consensus of opinion gathered in the meeting-house and by the sick-bed leads me to believe that phthisis was known to the Maori in ancient times, and he recognised that certain families held a marked tendency towards it. In the North I heard of a *mate Maori* (Maori disease) named *toketoke* which attacked the leg or ankle, causing swelling, suppuration, and finally the discharge of pieces of bone. At a large gathering in the Mangonui County I was shown an actual authentic case in a boy of ten years which had been finally diagnosed by the old men with tohunga proclivities as an undoubted case of *toketoke*. There had been considerable swelling of the right leg, with suppuration and the discharge of particles of bone. The case exhibited all the cardinal signs. I looked and saw a typical case of tubercular disease of the tibia. I asked the old men in the meeting-house to give me a genealogical tree of people who had been attacked by *toketoke*—for the disease again runs in certain families—the tendency to it is hereditary. They complied, and took me beyond the advent of the pakeha canoes. The time at my disposal was too limited to allow of an examination, assisted by the Maori owners, of the bones