ready to take precautions, and in many districts they are quite ready to abandon travelling to *huis* if there is a suspicion of influenza about. The Department's pamphlet on precautions with regards to influenza was translated into the Maori language and widely circulated.

Enteric Fever.—Epidemics broke out in the winter. The winter incidence of enteric is peculiar to the Maoris and has yet to be explained. Cases occurred at Te Araroa (East Coast), the Bay of Plenty district, Thames, Taupo, Hokianga, Whangaroa, Kaipara, Waikato, and Mokai. Camps were established at Te Araroa, Omarumutu, Whakatane, Ruatoki, Paroa, Ohinepanea, and Kakanui, whilst in other parts the patients were attended to in their homes by the nurses. It is on occasions of this nature that the work of the nursing staff cannot be too highly commended, whilst Sanitary Inspectors have a great deal to do in pitching camps and cleaning up the villages. The nurses' reports show that they nursed 123 cases.

Most of the epidemics amongst the Maoris are probably due to carriers. The only effective protection would be wholesale inoculation with anti-typhoid vaccine. As this is a very difficult matter, the inoculation of school-children, who furnish by far the majoirty of cases, was proceeded with, with as many of the adults as could be secured. The Native schools at Te Araroa, Horoera, and Hicks Bay, with the people up the Awatere Valley, were inoculated, as were also some of the schools in the Bay of Plenty district. By inoculating in the villages where outbreaks have occurred the number of cases should be reduced from year to year.

Phthisis.—Cases of phthisis are a serious menace in a Maori community. The nurses' reports for the year show twenty-five cases, but there are, of course, infinitely more. The Native Health nurses now have instructions to keep a register of cases in their districts and visit them regularly. The Department's pamphlet on consumption has been translated and printed in Maori. The nurses explain these pamphlets to patients, leave copies with them and their relatives, and endeavour as far as possible to see that the instructions are carried out. The Maoris' aversion to parting with their sick renders it very difficult to get their consent to sanatorium treatment. The whole question is a very difficult one with Europeans, but heart-breakingly more so in the case of Maoris.

The other infectious diseases, with the exception of an outbreak of diphtheria at Opotiki, were negligible.

Scabies.—Nurses report a good deal of scabies amongst many of the schools. This offers a more serious problem than at first sight appears. The children by scratching the ordinary scabies with dirty finger-nails cause a secondary infection which results in sores and ulcers. This is the condition commonly known as *hakihaki* to the Maoris. The children get run down, and what with constant scratching and the consequent distraction of mind, it is impossible for teachers to get the best results for their work, and the efficiency of the school must suffer. The Department can supply Native schools with sulphur-ointment, but this is useless without preliminary hot baths and the disinfection of the clothing and blankets. The seriousness of scabies as a factor in the loss of efficient man-power was recognized in the recent war by the establishment of scabies hospitals. The supply of bath-tubs to affected schools, with supervision of treatment by our Health nurses, would help matters.

General Sanitary Condition.

The general condition has greatly improved within the last few years. In many places, owing to individualization of land, villages have been reduced to a meeting-house, whilst the people are living apart in houses on their own share of the land. Buildings have improved, the instinct of rivalry which is such a marked characteristic of the Maori being largely helpful. On the East Coast the Maori sheep-farmers have in many cases fine homes with a water system established, with septic tanks and all the latest sanitary improvements. In the poorer districts, however, privies and latrines are still conspicuous by their absence. It is extraordinary the high percentage who evince a marked prejudice to the use of latrines. It is to be hoped, however, that the large proportion of the younger male population who carried out sanitary regulations in the field will give us better material to work on, and help to leaven the lump. With the model by-laws translated into Maori and gazetted for the various Council districts, steady progress should result. Considerable spade-work has been done in the past, and the race has now reached the stage of enlightenment and progress when the few who obstruct and retard must not be allowed to endanger the health and lives of the community.

In conclusion, I have to acknowledge the ready support and assistance of the District Health Officers and their staffs in any matters affecting the health of the Maoris.

I have, &c.,

Te Rangihiroa,

Medical Officer to the Maoris.

The Chief Health Officer, Wellington.

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