The average infant-mortality rate amongst the Maori for the decennium was 101·06 per 1,000 live births, an exceptionally high figure when compared with the European infant-mortality rate for the same period—*i.e.*, 35·19 per 1,000 live births. The greatest mortality in Maori infants is after the first month, but more particularly in the age-group "3 months and under 12 months." Over 40 per cent. of the deaths in the age-period "1 month and under 12 months" are caused by some form of respiratory disease, a factor that is largely influenced by lack of adequate clothing and poor housing.

In the earlier age-group—that is, in infants under 1 month—the Maori has a slight though distinct advantage over the European. For the ten-year period above quoted the death-rates per 1,000 live births of infants under 1 month were—Maori, 22·45; European, 24·08. The death-rates for infants of "1 month and under 12 months" for the same period were—Maori, 78·61; European, 11·11.

Any reduction in the infantile death-rate can only be effected by the education of the Maori people in the proper care of infants. District Nurses to Natives and others have been doing their best, but, owing to the large districts they have to cover, find it difficult to reach the great majority of the Maori people.

During the year under review the Department revised and brought up to date the pamphlet issued in 1916 by the late Sir Maui Pomare. The pamphlet gives instructions in English and Maori for the feeding, clothing, and proper care of both the infant and the mother, and is widely sought after by the Maori people. The adoption of the advice given in this pamphlet should in time make a material reduction in the very high Maori infantile mortality-rate.

Maternal Mortality.—Dr. Paget, in his section of this report, has some comment on the problem of the high maternal mortality-rate amongst the Maoris.

Tuberculosis.—At all ages the Maori shows undue susceptibility to infection with the tubercle bacillus. The following table shows a comparison between the Maori and the European death-rates per 10,000 of the respective populations for the five years 1930–34 for pulmonary tuberculosis, other forms of tuberculosis, and all forms of tuberculosis:—

Tuberculosis Death-rate per 10,000 of Respective Populations.

Year.	Pulmonary.		Other Forms.		All Forms.	
	Maori.	European.	Maori.	European.	Maori.	European.
1930 ..	28·38	3·71	5·65	0·84	34·03	4·55
1931 ..	32·40	3·47	4·23	0·80	36·63	4·27
1932 ..	34·35	3·35	7·30	0·87	41·65	4·22
1933 ..	28·51	3·24	7·69	0·92	36·20	4·16
1934 ..	32·88	3·32	7·37	0·88	40·25	4·20

Here again the solution of the problem lies in the provision of better housing and the prevention of the gross overcrowding of Maori homes which is now all too common.

Typhoid Fever.—Typhoid fever, like tuberculosis, is another disease to which the Maori is over prone. The following table gives the Maori and European death-rates from typhoid fever per 10,000 of the respective populations.

Year.	Typhoid Fever.	
	Maori.	European.
1930	1·78	0·05
1931	2·04	0·06
1932	1·43	0·05
1933	1·54	0·04
1934	1·36	0·01

The extensive inoculation campaign carried out during the past five years has undoubtedly effected a marked improvement in the Maori death-rate from this disease, which in 1924 was 5·56 per 10,000 of the Maori population. The provision of safe water-supplies and improved sanitation have also played their part.

Cancer.—Cancer is one of the few diseases in which the Maori appears to be definitely superior to the European. This relatively favourable showing, however, may be due to lack of accuracy in diagnosis. The death-rate from cancer amongst the Maoris in 1934 was 2·87 per 10,000 of population as against 11·50 amongst the Europeans.

Reports of Departmental Officers.

So far, then, the facts disclosed by a study of the death returns show the Maori race in an unenviable light. Confirmatory evidence that there is an undue amount of sickness amongst the Maoris and that their living-conditions are unsatisfactory is supplied by special investigation carried out by certain departmental officers, by reports of School Medical Officers based on routine medical examinations of school-children, and by reports of District Nurses embodying the results of their everyday work.