Special Investigations.—Dr. H. B. Turbott, Medical Officer of Health, Gisborne, was recently awarded a Dorothy Temple Cross Research Fellowship by the Medical Research Council of Great Britain, and conducted an investigation into the health and living-conditions of the 323 households and 2,022 persons who comprise the entire Maori population of the Waiapu County in the East Coast district of the North Island. His main findings were—

(i) Just over 25 per cent. of the total illness or disability of the people was receiving no medical treatment of any sort whatever :

(ii) The incidence of tuberculosis was 56·5 per 1,000, while the death-rate was 4·94 per 1,000. Of the tuberculosis cases which came under his notice 60·86 per cent. had not previously received any medical treatment whatever :

(iii) The economic condition of the people was far from satisfactory. As a standard for economic sufficiency or otherwise, Dr. Turbott fixed a weekly income of 10s. in cash or stores per household irrespective of the size of the family. He found that 13·6 per cent. of the families did not reach even this low standard :

(iv) The housing was of a very poor standard. The houses visited varied greatly in size and sanitary condition. More than half were European type, the remainder varying down to the typical Maori hut with raupo or iron roof, slab walls, and earthen floor. A disconcerting feature of the housing was that no less than 33 per cent. were without privy of any description whatever.

In addition to the survey given above, Dr. Turbott has made other special studies, the results of which were published in the annual reports of the Department of Health for the years ended 31st March, 1929, 1930, and 1931.

Dr. Duncan Cook, Medical Officer of Health, Whangarei, in a report on the health of the Maori in the North Auckland Health District states,—

> " The Maori is actually living a hand-to-mouth existence ; the quality of food available, though more than bounteous at certain seasons, for a large part of the year is at the subsistence level only ; monotonous and non-appetizing in type, and probably deficient in minerals and vitamins.
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> " The houses in very many instances are hovels only ; overcrowded, in disrepair, and without any of those conveniences and amenities which render life really comfortable and healthy.
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> " Clothing also, in the great majority of cases, is unsuitable in type, and deficient in quantity. Associated with these material defects of food, clothes, and houses, is the personal one of *non-awareness* of the insanitary and unhygienic conditions so well apparent to the average pakeha.
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> " In conjunction with the foregoing insanitary and unhygienic conditions, is an amount of ill-health and human misery which would be intolerable to the average pakeha. One thus finds at almost any age group, but particularly up to fifteen years of age, that the amount of sickness amongst Maoris is unquestionably greater than amongst Europeans.
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> " Rectification, as we all find, is not just a question of charity, because the *non-awareness* of the Maori to his spiritual and material degradation has been the main factor at work in producing the state of affairs as now found.
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> " Maori thought and action must have been considerably modified by pakeha education, but this education has been restricted to children and adolescents only. Most of these on leaving school to take their place in the world have been unable to make any change in the emotions or actions of their parents, and, consequently, living-conditions. The result is that, in popular language, they have all ' gone back to the mat '—not an unexpected happening when one reflects on the conditions.
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> " It is thus apparent that some form of adult education is necessary before any great changes can ensue. For many years departmental officers (nurses in particular) have been attempting to achieve this necessary task, their efforts naturally being concentrated on the immediate causes of ill-health. However, it is increasingly apparent that instruction must be provided which will give the Maori *an awareness or insight* into his present conditions, and at the same time will provide practical forms of expression which will ultimately lead to a building-up of better conditions. Any of us who have attempted to speak to Natives soon learn the futility of verbal instruction ; the abstract qualities which we associate with most of our words are not intelligible, so that finally, if we are to make our meaning comprehensible, we must resort to instruction by example.
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> " Any form of practical instruction with a cultural basis and directly or indirectly associated with hygiene or sanitation has been encouraged and put into operation in various localities throughout New Zealand."

Reports of School Medical Officers : School-children.—The report of the Director, Division of School Hygiene, gives the results of routine school medical examination of 2,803 Maori school-children. The Maori children are superior to the European children in some respects, but definitely inferior in others. The two main conditions in which the Maori child compares unfavourably with the European child are tuberculosis and skin diseases, including pediculosis and uncleanliness. The percentage of Maori children with subnormal nutrition, however, is lower than that of the European children, and the percentage of Maori children with perfect sets of teeth is over six times greater.

Reports of District Nurses to Natives.—The report of the Director, Division of Nursing, gives details of the work performed by District Nurses during the year ended 31st December, 1934.