

Organization.

Responsibility for the welfare of the Maori people is shared amongst the following officers of the Department :—

- (1) Medical Officers of Health.
- (2) School Medical Officers.
- (3) District Nurses to Natives.
- (4) Subsidized Medical Officers to Maoris.

In the North Auckland, Taranaki, and East Cape Health Districts the system whereby the Medical Officer of Health is also the School Medical Officer has been in operation for some years, and has proved very successful. The extension of this system to the South Auckland Health District, which is to come into effect as from August of this year, means a closer control and a concentration of effort in the last of the areas which are predominantly Maori. In the South Island, where the Maori population is approximately 3,000 as compared with 70,000 in the North Island, and where the Maori race is practically living as European, the problem of the health of the Maori race is not acute.

There are at the present time thirty-seven medical practitioners subsidized by the Department both from its own vote and from other sources to provide a domiciliary service for indigent Maoris. The Department pays a mileage allowance to certain other doctors for the same purpose.

In addition, the Maoris are showing a growing confidence in the public hospitals and are entering these institutions for treatment in ever increasing numbers.

Maori Councils.

A number of Maori Councils are still functioning actively, and in those districts where there is a large Maori population are proving of great assistance to the Medical Officers of Health. A new Maori Council area has been established in the Taumarunui area, with headquarters at Taumarunui. The Department has been successful in arranging subsidies through some of the Maori Councils for the provision of water-supplies, and at the present time is negotiating for subsidies for other schemes.

The Future.

During the past few years the services for the prevention and cure of disease amongst the Maoris have been definitely strengthened. To-day Maoris freely enter public hospitals for treatment, while improved organization in areas predominantly Maori has brought an ever-increasing number under the regular routine supervision of District Nurses and Medical Officers of Health. Nevertheless it is still true that there is all too much neglect of hygienic principles and all too much sickness. The problem is economic as well as medico-hygienic, and until the Maori is better housed and becomes self-supporting educative measures are largely doomed to failure. For this reason alone those who are interested in the physical welfare of the Maori race must view with appreciation the attempts under Native-land development schemes to turn the Maori into a self-dependent farmer. Improved housing on these farm settlements, by the reduction in overcrowding, will have marked effect in lessening the incidence of respiratory infections, and particularly of pulmonary tuberculosis, which is the present-day scourge of the Maori race.

Housing, then, is the key to better Maori health. The Department has given some consideration to this subject, and has advocated the erection of Maori homes in *Pisé de Terre*. This material has the dual advantages of durability and comfort, and the further advantage of economy due to the fact that labour, which represents a large fraction of the cost of building, is readily obtainable.

Much importance must continue to be attached to health education. It has been found that the most satisfactory method is to teach by demonstration, and it is along these lines that the District Nurses are now working. The Maori Women's Institutes have proved a most valuable medium for this form of education, and are rendering an excellent service in instructing young women in all branches of homecraft—cooking, sewing, &c. The influence of such teaching reaches far afield and is a potent force in bettering Maori home life. An extension of the Maori Women's Institute movement is greatly to be desired.

GENERAL.

National Health Insurance.—New Zealand in common with many other countries is displaying a growing interest in national health insurance. In December, 1933, the executives of the Hospital Boards Association and of the New Zealand Branch of the British Medical Association set up a joint committee to prepare a report on the subject. The summary of the recommendations of the joint committee is as follows :—

- “(1) That a national health insurance scheme was desirable.
- “(2) That such a scheme should be compulsory.
- “(3) That it should apply to all in receipt of salary and wages below the present income-tax limits.
- “(4) That it should apply to all persons in receipt of salaries or wages within the limit prescribed between the ages of sixteen to sixty-five.
- “(5) That it should provide a complete medical service and should include a general practitioner service, hospital benefit, consultant and specialist services, maternity benefit, dental benefit, home nursing, and such other types of medical care as seemed desirable.
- “(6) That it should include the dependants of the insured.
- “(7) That the scheme should be a contributory one, and that the contributions should be at a rate which was regarded as suitable from an actuarial point of view.