

Foods which are sometimes eaten, though the supply is irregular, are—

Beef, generally wild, and it is understood that the internal organs are not eaten. Cattle are not now kept by the Natives, owing to the inevitable loss by ragwort poisoning. A few cows are kept near the village, but milk is practically absent from the diet.

Butter is sometimes bought with the stores.

Eggs: A few fowls are kept, and also eggs are sometimes bought.

A few carrots are grown and are eaten both raw and cooked.

Sugar: Compared with less isolated districts and with towns, not very much sugar is consumed, but the Natives are quite fond of it when it is available.

Jam is sometimes eaten, and is made occasionally in the village.

A fern known as *pikopiko* or "water fern" (*Asplenium bulbiferum*), when the leaves are young, is cooked with meat as a relish.

Kumeras, or sweet potatoes, are absent from the diet as they will not grow in the district.

Fish: A few eels are caught locally, and dried eels or other fish are sometimes taken to the village.

Other old Maori foods are so rarely consumed that they are of no significance in the diet.

Drinks: A great quantity of sowthistle water is drunk. Another common drink is weak tea, freshly brewed, and usually milkless, but with sugar added in most cases. Not much water is drunk. The water-supply is obtained from wells, from the creek, and from rainwater collected in various receptacles. There are no tanks in the village. The surrounding country is not a limestone formation.

An idea of the regular stores ordered may be obtained from the following :—

One family of two adults and six children ordered for three month's supply six 50 lb. bags of flour. Another family of two adults and one child ordered for the same period one 50 lb. bag of flour and three 70 lb. bags of sugar. For one adult and one child was ordered two 50 lb. bags of flour. The total order on that occasion by the Maoris of the village included thirty 50 lb. bags of flour and seven 70 lb. bags of sugar. Ostensibly this amount was intended to last for a period of three months, but with stocks already in hand it is possible that more would be consumed. Mention might again be made of the fact that odd stores are often taken to the village by a man returning home for a period. The total order of all stores for the Maoris of the village is of an average value of about £30 per three-monthly period.

3. REMARKS.

It would appear that the physical condition of the diet does not compel such vigorous mastication as to result in efficient natural dental prophylaxis. The change from fern-root to white flour has deprived the Maori of a nutritious food which possessed valuable detergent properties.

The gingivitis observed was in all cases associated with the presence of soft-food debris in the dental crevices. In the older children salivary calculus also was present, particularly around the molar teeth. Apart from this, other local conditions that generally result in gingivitis were present,—namely, insufficient mechanical stimulus to the oral mucosa, and the lodging of finely divided particles of fermentable carbohydrate. While it appears unlikely that serious avitaminoses would occur, there are probably periods when the diet is deficient, and this must accentuate the oral conditions. The practice of eating the internal organs of small birds supplements the vitamin intake, and the assimilation of important constituents is further assured by the habit of drinking the water in which vegetables have been boiled.

One child displayed a tooth-brush of doubtful ownership. It would be absurd to suggest that this Native community should achieve dental hygiene by adopting the use of the tooth-brush. That any of them should be so aware of the tragedy of their dental condition as to make the attempt is truly pathetic. Very few people, even among the more enlightened members of our own race, are able to use a tooth-brush efficiently or to care for it in a manner beyond reproach. It seems evident, therefore, that the dental and oral health of these Maoris depends largely on the efficiency of natural prophylaxis through diet.

If the Maungapohatuans could be persuaded to give up the use of European white flour and revert to the use of fern-root, ample supplies of which are at their very door, it is probable that their dental and oral health and general bodily vigour would show a striking improvement. To bring about such a change in the present diet involves a psychological problem. Not only are pakeha foods easier to obtain, but they are also easier to prepare and to eat. Further, the adoption of pakeha ways increases the self respect of the modern Maori, who naturally desires to feel that in every way he is the equal of the European. Alternatively, the substitution of true wholemeal for white flour would be of great benefit, but the isolation of the village renders this change impracticable. Further, the popularity of white flour will remain secure until more people realize that the development of this product was one of the retrogressive steps of our civilization.

While the recent endeavours to encourage the Maori in the preservation of his arts and crafts are most laudable, it does not go far enough. The Maori should be shown that certain features of his ancestral culture are superior to the civilized equivalent, and every possible effort should be made to encourage him to blend the best features of that culture with only the best that the European can offer him.

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