In discussing the underlying causes, the Committee, after taking evidence from witnesses representing all sections of the community, has formed the conclusion that the main causes for this resort to abortion are—(1) Economic and domestic hardship; (2) changes in social and moral outlook; (3) pregnancy among the unmarried; (4) in a small proportion of cases, fear of childbirth. These causes are fully discussed in the report.

The same Committee, with two additional members—namely, Mrs. D. M. Hutchinson (Society for Protection of Women and Children) and Mrs. Kent-Johnston (Friends of St. Helens Hospital Society)—was appointed by the Government to inquire into the maternity services of New Zealand. This Committee is at present taking evidence.

Dental Hygiene.—The Director reports a year of exceptional activity. This service is being extended as rapidly as conditions permit. The total number of operations performed by the staff was 725,069, an increase of 50,673 on the previous year. The number of children who received systematic treatment was 89,803 (87,738 in 1935). A feature of the report is an account of the dental condition and diet of the Maoris of Maungapohatu, which appears in the appendix. Among other matters mentioned in the report are the training of dental nurses, the provision of a hostel for student dental nurses, prophylactic filling, and the operation of the school dental clinic contribution system.

Maori Hygiene.—The Maori vital statistics compare unfavourably with the European. In some diseases the Maori death-rate is ten times that of the European—*i.e.*, tuberculosis and enteric fever. There is however, one figure which compares more than favourably with the European, that is the birthrate. In 1936 the European birth-rate was 16·64 per 1,000, while the Maori rate was 43·79.

The Maori population at the 1936 Census was 82,326. The death-rate was 19·32 (19·29 in 1935). The infant-mortality rate was 109·92 per 1,000 live births (103·35 in 1935). The Maori birth-rate was 43·79 per 1,000 population, as against 43·34 for 1935. The excess of births over deaths gives the Maori race the satisfactory natural increase of 2·43 per cent. The death-rate for all forms of tuberculosis was 39·69 per 10,000 of population (pulmonary, 29·32; other forms, 10·37). The typhoid fever death-rate of 3·26 per 10,000 showed an increase on the previous year's rate of 2·53. The maternal-mortality rate was 5·51, which represents a decrease over the figure for 1935, which was 7·38 per 1,000 live births.

During the year a conference on the Health and Economic Position of the Maori Race and Post Primary Education was held at Wellington, there being an attendance of about sixty delegates, including representatives from the Education, Native, and Health Departments. Among the resolutions passed were the following:—

(1) That this conference is in general agreement with the scheme for the provision of medical services for Maoris as outlined by the Director-General of Health and other officers of the Department, and represents to the Government that an extension of these is required to deal successfully with the diseases to which the race is susceptible under present conditions.

(2) Realizing that the health and physical welfare of the Maori race is inextricably bound up with the question of housing, this conference agrees with the Government on the necessity of adopting a housing policy for the Maori people, and recommends that any organization set up to deal with the matter should co-opt the services of the Departments most closely associated with the Maori people—namely, the Health, Education, and Native Affairs Departments.

(3) That in adapting the curriculum to the needs of the individual and society, the following objectives be considered necessary:—

(*a*) Knowledge of health and hygiene, including practical hygiene and first aid.

(*b*) Knowledge of an adequate and comfortable domestic life.

(*c*) Knowledge of the resources and opportunities, particularly in agriculture, of the local physical environment from which a community must obtain its living.

(*d*) Knowledge, in a broad sense, of the art of recreation, in order to develop a personality self-controlled and poised.

(*e*) Knowledge of social and civic responsibilities.

To carry out the spirit of these resolutions so far as they relate to this Department, seven additional district nurses have been appointed (making a total of thirty-six) to work amongst the Maori people. In the appointment of six additional Health Inspectors the aim has been to select men with a good knowledge of Maori mentality.

The reports of medical officers working in this field show the difficulties with which they are confronted.

In the South Auckland District, Dr. Turbott, Medical Officer of Health, has found the Maoris very backward, and he is endeavouring to stimulate among them an interest in health education. In the East Coast Health District the same officer reports a more satisfactory state of the Maori health due largely to preventive measures, such as routine inoculation of Native school-children against typhoid fever, the immediate inoculation of typhoid-fever contacts, special tuberculosis follow-up work, and the greatly improved condition in regard to crude sanitation. A report by Dr. Turbott showing how tuberculosis morbidity and mortality can be reduced by the correct educational attack appears in the appendix to this report.

General.

Milk-in-schools Scheme.—A scheme to provide milk for school-children was inaugurated in the beginning of 1937. The object of the scheme is to provide a daily ration of one half-pint of milk free of cost to parents. This ration is available to all children attending kindergartens and primary schools, both public and private, and also to children attending post-primary schools if they desire to participate in the scheme. It was not possible to have all districts catered for at the commencement