There is also evidence of a definite epidemic of influenza in 1844. The Rev. Taylor remarks :—

> " So generally did it prevail that scarcely an individual escaped, the poor Natives were affected so severely that many of them were cut off."

According to other authorities whooping-cough appeared in 1847, mumps in 1851, scarlet fever and measles in 1854.* Tuberculosis, the present-day scourge of the Maori race, began to rapidly increase among them in 1820. Sir Maui Pomare, in a paper read before the Australian Medical Congress at Melbourne in 1906, states :—

> " Though the theory has often been advanced that consumption was unknown to the ancient Maoris and that it was introduced by the pakehas, yet this is not so. The Maori had several names for the disease, the common one being *mate kohi* (the wasting malady)."

In 1855 compulsory registration of deaths was instituted, but it is only from 1872 that reliable numbers and rates of the principal causes of death are available. The European death-rate in 1855 was 13·48.

With the increasing European population it became evident that some form of sanitary government should be established to protect the health of the whole of the community from epidemic and endemic diseases. So it was in 1872 that the public-health system in New Zealand had its origin, when the first Public Health Act of the colony was placed on the statute-book. Prior to that date there does not appear to have been any real systematic public-health administration, although there was a crude form of negative sanitary government carried on by local bodies. However, on the passing of this 1872 measure preventive medicine received a new and established recognition, and a foundation was laid for future legislation. The Colonial Secretary, Hon. William Gisborne, in introducing the 1872 Bill, said :—

> " Health is one of the greatest blessings which any individual or community could enjoy. There was a time when questions affecting the health and physical comfort of the people were received in the legislative halls with covert sneers and careless indifference, but that time has happily passed away. In these days, if he might use the expression, the man who made two blades of health to grow where only one grew before, was recognized as in truth a public benefactor. Public health was the corner-stone of all sound legislation, and it was becoming more and more the pressing question of the day."

This Act was founded on English legislation with slight modifications to render it applicable to the special circumstances of the colony, and was amended in 1875 and replaced by a consolidating measure in 1876. During the operation of this Act it is doubtful if its administration was carried out with any great degree of energy or thoroughness. Serious outbreaks of infectious disease frequently occurred, while typhoid fever, which is generally regarded as an index of the sanitary intelligence of a community, was a menace to the community.

During the next twenty-five years conditions improved slowly, and we find the *New Zealand Medical Journal* advocating public health reform in these words :—

> " Surely the community cannot now fail to become aware of many gross defects in the administration of our public-health laws and the urgent need for vigorous reforms. The attitude of some of our Local Boards of Health, when brought face to face with epidemics of infectious disease is, to say the least of it, reprehensible in the extreme, and shows most appalling ignorance of the very laws these bodies are expected to administer. We have no hesitation in saying that there is not one town in New Zealand where there exists anything approaching an orderly system of sanitary control. Public-health affairs are at present chaotic to a degree."

However, the closing days of last century saw an awakening of the sanitary conscience of the people of New Zealand which had its outward and manifest expression in the passing of the Public Health Act, 1900. This measure, which placed public health in New Zealand on a sure foundation, provided for the creation of a State Department of Health under the control of a Minister of the Crown with a Chief Health Officer, District Health Officers, Sanitary Inspectors, &c. New Zealand in this way was nineteen years in advance of the Mother-country, where a Ministry of Health was not created until 1919. In introducing the 1900 health legislation to the House the Colonial Secretary, Mr. (later Sir Joseph) Ward, said :—

> " I think honourable members will agree with me when I say that the present condition of the health laws of this country is unsatisfactory. Under the law as it stands there is a Central Board of Health that is absolutely powerless for the purpose of carrying on the functions it was intended to discharge when the Board was created under the present Health Act. We have recently expression of that in more ways than one . . . Under the public-health law as it stands at the present time there is divided authority, and the division is between the Central Board of Health and the local Board of Health. The local Board of Health is invariably the Borough Council; and if the Health Officer considers it necessary for the material well-being of the people that something should be done he is at once confronted by the fact that the Local Board of Health, which is the municipal body, has pressure brought to bear upon its members from the ratepayers, with the result that undesirable and insanitary buildings cannot be removed or objectionable nuisances dealt with. Local pressure is brought to bear upon the municipal body, and a state of affairs is allowed to continue which is not conducive to the health or well-being of the people, and in some cases things are allowed to continue which are an absolute disgrace to the city or town in which they exist. In any reform of the health laws of the country it ought to be one of the first essentials that is should remove from the local public bodies the duty now devolving upon them, which is never, or hardly ever, carried out."

It is of interest to note that Sir Joseph Ward was the first Minister of Health, with Dr. J. M. Mason, Chief Health Officer. Dr. Mason retired in 1909, to be succeded by Dr. T. H. A. Valintine, who held office until 1930, when the present Director-General of Health was appointed.

---

* Dr. MacDonald Wilson : *N.Z.M.J.*, 1934.