They were satisfied that most hospitals have been improved, and recommended that any national maternity service should be based, in the main on hospital attendance. Their extensive survey of existing hospital facilities, both public and private, satisfied them that already the present hospital system is developing on sound lines. They found also that the Department's policy in insisting on essential equipment and a uniform standard of maternity care was clearly evident in a high level of general efficiency and safety, even in small hospitals which were by no means elaborate in their accommodation. Among other things they considered that the district nursing service could be developed to provide ante-natal care in association with the medical practitioners and clinics.

The Committee made certain recommendations whereby building on the existing structure a complete and uniform system may be developed suited to the needs of country districts, large and small. Among other subjects chosen for special reference were relief of pain in labour, training of midwives and maternity nurses, training of medical students, possibilities of research into the special obstetric problems of the Dominion, problems of Maori maternity attendance, and social and economic considerations involved. Dr. Paget, in his report, outlines the progress made to put into operation the recommendations of this Committee and other work undertaken in the interest of maternal welfare.

Dental Hygiene.

The establishment of twenty-two school dental clinics has been carried out, and a further forty-nine centres have been approved which will raise the current number from 279 to 328 schools. 94,261 children are now under dental supervision, and 826,598 operations were performed during the year. The total number of student dental nurses in training is 138. Amongst special matters reviewed in Mr. J. Ll. Saunders' report are the progress of expansion programme and training of dental nurses.

Maori Hygiene.

The Maori population was 87,157. The death-rate for the year 24·31 (18·29 in 1937); the infant-mortality rate was 153·26 per thousand live births (92·17 in 1937); the Maori birth-rate was 42·37 per thousand population, as against 46·64 for 1937. Excess of births over deaths gives the Maori race the satisfactory natural increase of 1·81 per cent.

The death-rate from all forms of tuberculosis was 42·11 per ten thousand of population (pulmonary 33·39, other forms 8·72).

The measles epidemic was particularly severe among the Maori race there being 212 deaths registered equivalent to a rate of 24·32 per ten thousand of the Maori population as compared with a rate 1·07 per ten thousand for the European population. Of the 212 deaths 65 were of infants under one year of age.

The reports of medical officers working among the Maoris indicate that earnest and continuous endeavour is being made to improve the standard of their health. Dr. Gilberd, Medical Officer of Health, Whangarei, reports in this connection :—

> " There is encouraging evidence in most districts that our efforts in regard to Maori welfare are not entirely in vain. Many difficulties are encountered, and at times it is felt that many Maoris simply do not appreciate our point of view and cannot be made to realize the value of our efforts on their behalf. I have endeavoured, by attending Maori meetings, holding clinics at the office, calling together Maori Councillors, and visiting Maori homes, to study the Maori outlook and reaction to our teachings of hygiene, sanitation, and other health matters in order to solicit their whole-hearted co-operation. There is no doubt, as evidenced by the ready co-operation of many Maori people in following our teachings, that progress is being made, especially with the younger Maori adults. There is naturally the other side of the problem where ignorant and indifferent Maoris simply ignore and oppose our efforts. The same, however, applies to our pakeha population where the more gentle methods of education and persuasion are of no avail. The two essential factors for promoting satisfactory hygiene and sanitation are: (1) Adequate supply of wholesome water to Maori settlements; (2) an extension of the Maori housing scheme. When Maoris are properly housed and have plenty of wholesome water our teaching will mean something to them. It is pleasing to note the forward movement in these two schemes."

In the East Cape District Dr. Davis, Medical Officer of Health, reports as follows :—

> " Very much remains to be done for the Maori people, but I feel that we can faithfully report that a very great deal of service has been performed for the welfare of the Maori people by the staff of the district, and possibly almost as much as in the present state of development and education they are capable of absorbing. Further progress must go hand in hand with education, and in this connection I wish to comment on the very excellent service in the interest of their health performed by the teachers in the Native schools, whose efforts for the welfare of the Maori people are unceasing."

The scheme of segregating tuberculous cases in suitable hutments is proving of value and so provision has been made for an additional expenditure of £3,500 on this item. Furthermore, as regards the prevention of typhoid fever, it has been decided to install some 2,000 bore-hole latrine units. This type of latrine has already been tried in Maori areas with satisfactory results. In addition, a sum of £10,000 has been set aside for expenditure on water-supplies and general sanitation.

A quarterly conference for exchange of views on improving the organization generally is now being held at Wellington by Medical Officers directly concerned in Maori health problems.

The booklet " Maori Infant and Maternal Welfare " has been revised and is being printed for distribution.