

1878.

NEW ZEALAND.

# SANITARY REPORT ON NATIVES OF TAUPO DISTRICT.

*Presented to both Houses of the General Assembly by Command of His Excellency.*

Dr. WALKER to the Hon. the NATIVE MINISTER.

SIR,—

Taupo District, 4th September, 1878.

In the absence of the Officer Commanding this district, I have the honor to enclose for your information a sanitary report of the Natives of this district.

I have, &c.,

The Hon. John Sheehan,  
Native Minister, Wellington.

SAMUEL WALKER,  
Surgeon A. C., Medical Attendant to Natives.

SIR,—

Taupo, 4th September, 1878.

For the information of Government, I have the honor to make the following sanitary report on the condition of the Natives of this district.

I will premise by saying that a great number of Natives have sought and received medical treatment, from a dose of salts up to months of consecutive medication, besides many injuries, such as fractures, dislocations, &c. They manage to come a long distance when medical aid is required; but I have visited many at their settlements, and a practice among them of many years confirms my early impression that not many die from disease *per se*, but that the majority of deaths occur through insufficient and improper alimentation—in other words, the want of proper food, a process of slow starvation, is the chief cause in this district, at any rate, of this mortality.

The Maori economy is very amenable to medical treatment, far more so than the European. Drugs which fail to affect the white man to any extent produce the most sensible results on the Native, and often exert a wonderfully curative effect. Fractures, cuts, and other solutions of continuity, heal rapidly, without leaving any unpleasant sequelæ; and had my patients more substantial food than the potato, I should be better able to congratulate myself on their treatment.

The sick Maori often craves for what he calls pakeha food, but, if he is supplied with it, the cook and cooking utensils must be given him as well. With the use of his own food, the Native suffers from a persistent anorexia, which cannot be matter for surprise when it is considered what that food is.

A great number of cases result fatally by slow asthenia from inanition, their food being deficient in the nitrogenized particles forming tissue, and badly cooked. Their dirty whares without chimneys, insufficient clothing, conjugal consanguinity—in fact, a total disregard of the most essential laws of sanitation—have succeeded, in spite of this very healthy climate, in establishing scrofulous diathesis, which manifests itself in many forms of disease.

The Taupo Natives may be said to enjoy an immunity from skin diseases, when compared with the Coast Natives. There is, however, a strange form of skin disease which affects the face and extremities, called by the Natives “*ngerengere*,” considered by Dr. A. Thompson a species of elephantiasis gracorum, or leprosy of the Greeks, &c., and which he proposes calling “*lepra gangrænosa*.” I have treated three cases of this very singular disease. I find among the Maoris it is contagious; but they affirm that we are proof against it. This is not correct, as I have seen one white man with which the disease was so far developed as to be unmistakable. The history of the case pointed to infection by direct contagion. I found (if I may be allowed to

mention treatment) in this instance the case yielded to ergot exhibited internally, with opium and aconite externally, and this treatment served well in the Native cases also.

I am glad to be able to report that syphilis, congenital or otherwise, is not to be found among the Taupo Natives. I have not seen a case during the past twelve months.

Of intoxicating liquors, the moderation in the use of such is remarkable. Whether this is owing to want of means, or from the good example shown by their chiefs, this indulgence practically excludes any evil effect on their health which would arise from excess.

I remark that the Natives of Taupo (as elsewhere) have not the slightest knowledge how to supply their bodily wants or to ameliorate their worldly condition. It is worthy of notice the number of horses they possess, and what few cattle. A person might ride all through this district, calling at each settlement, without being able to procure a draught of milk. To show of what value this life-sustaining fluid might be to the Maori, the following case will prove: I was sent for to attend a Native woman who was dangerously ill in child-bed (which is rare). She gave birth to a strong healthy child. The mother had no milk. Four days afterwards I heard the child was dead. They had nothing, they said, to give it instead of Nature's food; they had no cow. The importance to be attached to this one animal in the economy of food cannot be over-estimated, and it is to be regretted the Natives of this country are not aware of the fact. The management of cattle and the use of dairy food has enabled nomadic and semi-barbarian tribes to exist as distinct races, and to the free use of milk is due the vitality which stamps the African. This savage counts his wealth by the number of his cattle. Sir S. Baker, in the heart of Africa, could always procure a supply of milk and often butter, and this from tribes who never saw a white man before. I am of opinion so long as the African cares for his cattle, so long will he maintain himself in undiminished numbers; and the same might be said of the Maori.

Half-castes are rapidly increasing in number throughout the district, and one cannot help being struck with their superiority in physique over either of the parent races. As yet they do not equal the white man in intellect, but in after generations mental strength will be the outcome of physical strength; so it is within the bounds of reason to suppose that those "pakeha waifs," who are deemed social pariahs in consequence of having formed matrimonial alliances with Maoridom, may be yet an advantage to posterity.

The Hon. John Sheehan,  
Wellington.

I have, &c.,  
SAMUEL WALKER,  
Surgeon, A.C., Medical Attendant to Natives.

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