Years.					Reco	orded Death-rate.	Corrected Death-rate.
1851-55		•••	•••			22.66	22.75
1856-60		•••	•••	•••		21.80	21.77
1861-65		•••				22.58	22.46
1866-70	•••	•••	•••	•••		22.42	$22 \cdot 25$
1871-75		• • • •	•••			21.96	21.87
1876-80		•••	•••	•••	•••	20.82	20.71
1881						18.88	18.88
1882		•••	•••		•••	19.56	19.57
1883		•••	• • • •			19.54	19.54
1885						19.00	19.00

The corrections are an allowance made for deaths of persons not belonging to the district, and for persons belonging to the district which occur outside it. But this death-rate, which is not in itself alarming, becomes so when we consider the smallness of the birth-rate. The question now arises, How is it that phthisis, a disease known to exist for a very long time, has only in recent times reached the Pacific and commenced its ravages? for there is no doubt that phthisis is a recent importation to the Pacific Islands. We have said, when speaking of syphilis, that we considered it as having been introduced by the early explorers to the South Sea Islands. There is a doubt, and many think good reasons for doubt, as to the introduction of phthisis in this manner. Be this as it may, I think there is no reason why we should not attribute the introduction of consumption to the influence of civilisation, which has wrought so many changes in the natives, and to the direct importation of tubercular virus. "In the light of recent knowledge," to quote from Dr. Alfred H. Carter, "tuberculosis must be regarded as a specific infective disease which only arises on the introduction within the body of a specific bacterial organism which alone constitutes the tubercular virus"; and, again, Dr. Bristowe\* says, . . . "Careful inquiries, guided by our newer knowledge, are every day rendering it more and more certain that the disease is contagious, and that its

spread is due to contagion."

It was not till the process of civilisation had well commenced that the decrease in population began. It is not in Rarotonga or the adjacent islands alone that the introduction of civilisation has brought about this dire calamity, but it is almost in every island in the Pacific, whether you take such far distant places as the Solomon Islands and New Hebrides, or Fiji, Samoa, and the Society Group it is the same in all; though tuberculosis is not blamed in all cases (notably Fiji), yet I think if the matter were thoroughly investigated they would find it to be far and away the most important In the Island of Aneityum the Reverend Lawrie informed Lieutenantfactor in the case. Commander Bain that in three years the population of that island had decreased from 750 to 710; and at Tangoa, an island off the coast of Espiritu Santo, in the New Hebrides, the population in five years had decreased from 103 to 68. During our stay in Rarotonga there were six deaths in Avarua alone, two of which were due to phthisis, the first being that of Puananga, who died on the 30th July, 1893, from tubercular enteritis, the second that of Toupako Vania, who died eight days later, on the 7th August, from acute pulmonary phthisis. I saw a great many cases in various stages, the majority being of the chronic type; the few that were of the acute type were far advanced. I think there is a greater number of people on the island suffering from consumption, taking into consideration its population and size, than I have ever seen anywhere else. To sum up, I consider the marked increase of the death-rate of late years is owing to the introduction by Europeans of the tubercular virus, which has found a most favourable nidus in a people debilitated by syphilis and excessive venery, who are clean in their persons, though dirty in many of their habits (such as expectorating on the floor or walls of their houses), who have been given clothes but not taught how to use them. Tobacco-smoking is commenced at too early an age, and the practice of inhaling a large number of cigarettes every day by the women and even young girls cannot but be detrimental to their health. Drink may have in the earlier days aided in the work of the destroyer, but I think that the number of its devotees was from necessity small, and could only have exerted a slight influence. It is by no means an uncommon thing to hear men and women who have given some thought to the subject say that most of the evils wrought by civilisation are the work of the missionaries. This is no doubt, like many a similar sweeping assertion, to a certain extent true. The missionary has no doubt, like many another European has, brought his quota of the bacillus tuberculosis, but this is not chargeable against his sacred vocation as an introducer of the blessings of Christianity. What I would venture to blame them for is the introduction of radical alterations in dress and mode of life. Many of the missionaries, and generally those whose work has been attended with the greatest amount of success, have endeavoured to alter the dress and habits of their converts as little as is compatible with their change of faith; but by far the greater number have completely changed the whole system of native living with one exception, and that an important one—viz., the introduction of hygienic reforms into their houses and villages. Of the evils I would say, connected with clothing I have already spoken, so nothing more need be said of that. then, let he that would introduce important changes in the life of any race think carefully before he does so, for to introduce some of the changes which have been made is to incur a responsibility the vastness of which only those familiar with the result can appreciate.

## Diseases of the Digestive Organs.

Quinsy is not so common as it is among Europeans.

Dyspepsia is very common amongst the middle-aged, especially the female portion of the population. This is in part owing to the large quantity of preserved meats consumed by them whenever their funds will admit of it (not to defective teeth, so fruitful a source of dyspepsia with