

Drunkenness has in a very great measure disappeared, and now the Maoris may truly be termed a sober race. One great lesson he has to learn, however, ere his emancipation can be assured, is, that to live and be healthy he must acquire the habit of steady and continuous work. When he has freed his mind clearly from the past method of paying his debts, when he realises that land once sold belongs to the vendee, and that therefore it ceases to be an asset of the vendor, a great step in the forward direction will have been taken. Previous to the coming of the pakeha land was in no sense a negotiable instrument; only with the advent of the white man did it acquire a value outside what it was capable of producing in the way of foodstuffs. For an acre of land which he did not want the Maori could get the horse and trap that he had long envied his white neighbour the possession of; but not infrequently when that horse had turned out to be a bolter, and the harness had disappeared from off the trap, the vendor might be seen sitting on the doorstep of the house that had been built upon their equivalent in land, explaining to his "sib," "*Kapai te whare*—that my land." Steady work and a complete adoption of the pakeha customs and clothing is what is necessary, not the buying of a nicely enamelled bedstead and then the betaking of themselves to an outhouse to sleep, not the dressing in warm woollen clothing during the hot part of the day and then sitting in a thin cotton blouse and skirt in the evening. When he comes to a full realisation of the fact that for better or worse he must decide whether he will stick to the old customs *in toto*, or throw off the flax mat and don the pakeha substitute for that picturesque if airy garment; then only will his salvation be assured.

ENTERIC FEVER AND OYSTERS.

Early this year the various District Health Officers were requested to examine the oyster-beds especially with regard to their possible contamination with sewage, the methods employed in storing oysters, and the condition of the wholesale and retail shops where they were sold. That this examination was undertaken none too soon is clearly seen by the disclosures made in the reports. There have been at least two outbreaks of enteric fever traceable to pollution of the storage-beds or uncleanly handling of oysters. In Blenheim there were several cases of this disease which were traced to this source. Hitherto it has been the common practice for the oyster-sellers to store the oysters along the foreshore not only that the oysters might be handy, but in order that they might be fattened. It was found in several instances that the dealers were in the habit of placing them in baskets made of flax at the mouths of the sewers. This, I need hardly say, has been put a stop to. There were in all ten cases of enteric fever in Picton and Blenheim in which oysters were the only thing common to the patients, and, as a matter of fact, no other cases occurred after the above filthy procedure was abolished. Although the outbreak in Nelson could not be traced to the oysters, yet Dr. Roberts very wisely had the storage-beds shifted out to the Boulder Bank, where there is no possibility of their coming in contact with sewage. In Auckland the oysters undoubtedly, in the great majority of the cases, were wholesome at the time of collection, and were contaminated during their sojourn in the shops, as will be seen by Dr. Makgill's report on the Auckland District.

The Auckland District in June is, as a rule, fairly free from enteric fever, the District Hospital returns showing that the average of admissions in this month of enteric cases is only three or four. This year, however, proved to be an exception, as there was a distinct outbreak in the city and its neighbourhood during the first three weeks of June. As the system of notification has not yet come into full use, it is difficult to arrive at any exact idea of the extent of the epidemic. The numbers notified to the City Council were: In May, 1; June, 8; July, 1. The Parnell Borough Council received two notifications in June—the only cases this year; and the Newmarket Council had one in June, also the only case.

An examination of the Hospital records gives a better idea of the outbreak, thus: During May 3 cases admitted, 1 from country; in June 21 cases, of which 6 came from up country and 2 off intercolonial steamers. The Hospital returns for July are not yet complete, but the number of cases fell again in this month to five or six.

Of the six country cases I was able to interview three, all of whom might well have received infection from Auckland, as will presently appear. Taking all sources of information together, I have been able to collect twenty-three cases of enteric whose illness may well be associated with the Auckland outbreak in June, while six others must remain uncertain in the meantime.

It may fairly be presumed that some special source of infection was the cause of so unusual an epidemic, and this the more probable when we compare the histories of the patients, since of the twenty-three cases investigated eighteen occurred during the week 10th June to 17th June—that is to say, were admitted to Hospital or diagnosed by their medical attendants during that time, and almost all gave the same history of one to two weeks' vague illness. Of the five remaining cases, one occurred on the 2nd, two on the 18th, and two on the 21st June, and may be taken as being part of the same epidemic.

There is a very generally accepted theory in Auckland, originating, I believe, with certain medical men, that this outbreak was caused by oysters; indeed, so many people have taken up the idea that the oyster trade in the last two months has suffered seriously. Many of the dealers themselves hold the same view, and are anxious, in the interests of the trade, to have the matter settled. I have interviewed all the larger dealers on the subject, but it is scarcely necessary to report their opinions, although I was surprised to find how intelligent and accurate a grasp of the subject many of them had. All agree that oysters from the upper reaches of the creeks and harbours, where the water is often brackish, are inferior in quality, especially if the shore and bottom be muddy. They generally realise the dangers of those growing near sewage-outfalls. I could obtain no evidence that the oysters here are put to "fatten" or "ripen" after picking, as is done for the English market, during which process the greater part of the contamination was shown to occur.

The evidence which I have been able to collect associating the eating of oysters with the outbreak is sufficient to incline me to agree with the popular belief, which was chiefly founded on the case mentioned in the telegram from the Chief Health Officer of the 8th August, where three young men met for supper and partook of oysters from a bottle bought in a shop in town. In a fortnight or three weeks from this date all three were attacked by typhoid. As this was their only meeting after some months, and these oysters were the only eatables they had in common at all likely to carry infection, it was very natural to conclude that this was the source of the illness, and this supposition was strengthened by the fact that about the same date as the three took ill a lad who worked in the oyster-shop—son of the proprietor—also was attacked by enteric, so severely that after a short illness he died in the District Hospital.

At first sight this might be regarded as a localised outbreak arising in the shop, the lad who worked there, already suffering from enteric, having infected the particular bottle used by these young men. But a study of the other cases arising at the same time shows that many had no apparent connection with this shop, so that a more general source must be sought for. I propose giving as far as possible in tabular form the essential points in each case I have been able to examine. It should be mentioned that the cases have come from districts so widely separated that it is difficult to conceive any other point common to all.