

has been placed upon the list of those required by law to be notified. The dog is the main disseminator of the disease, and much could be done to check its spread if a few simple precautions were taken. It is proposed to issue a leaflet on the subject.

The disease known as hydatids really represents one stage in the life-history of a special kind of tapeworm, which only reaches its maturity in the dog. All tapeworms in the course of their development have to pass through an intermediate host before they reach maturity. Man, unfortunately for him, forms a suitable environment for this particular worm. The ova or eggs are spread about by means of the excrement of the dog. They get carried into the water-supply or blown upon such vegetables as watercress, and in this manner reach the stomach of man. They soon take on the characteristic bladder-like shape. They may attack the liver, kidney, lung, brain, or other part. Occasionally they may remain quiet, but more frequently they cause great injury to health, and often death.

Bearing in mind that it is mainly through the dog that harm comes to man, there are certain simple precautions which if taken would go far to check this disease. Many of the lower animals suffer from tapeworm, and therefore no unboiled offal or meat should be given to dogs. They should not be allowed to wander about killing-places. Great care should be taken to destroy—preferably by burning—the fæces of the dog. They should not be allowed, as so often is the case, to lie upon the surface of the ground, because as they dry the tapeworm eggs may get blown into the drinking-water or upon vegetables growing near by. Dogs should not be allowed to lick children, and every care should be taken to see that dishes used by dogs are properly scalded and cleaned. Dogs should not be allowed in the vicinity of a water-supply or tank. All vegetables, more especially those to be eaten uncooked, should be most carefully washed.

MEDICAL ATTENDANCE ON MAORIS.

The transference of the control of the medical attendance upon the Maoris to this Department has, I feel certain, resulted in greater efficiency and economy. This statement must not be taken to imply censure on those gentlemen who previously controlled this Department of the State. There are many difficulties in the way of a layman assessing the value and nature of the work of a medical man, and it is not difficult to see that there is a likelihood of a better standard being set up when the service is controlled by the Chief Health Officer.

There are thirty-eight medical men throughout the colony who are paid set sums from £25 to £100 per annum for attending to indigent Maoris. While the men in no instance can be said to be overpaid, there is need of rearrangement and adjustment. The Natives in some cases have altered their location, and in consequence the work in one district has become less while in another it has become greater. When the arrangement was come to between you and the Hon. the Native Minister it was estimated that £3,000 would largely cover the cost of salaries to medical men, medicines supplied to Natives, medicines supplied to Native-school teachers, special disbursements in order to check epidemic disease, and Dr. Te Rangi Hiroa's salary. Only by the strictest economy have I been able to keep near this figure. The medical attendants now report quarterly as to the work done, and much valuable data with respect to the ailments of the Maoris are being obtained. The Native-school teachers, who in many districts act as medical advisers, are now required to requisition ahead for the drugs, &c., which they consider they will need. A large amount of good work is and has undoubtedly been done by these teachers on behalf of their scholars, and no reflection is intended to be cast upon them in requiring all demands for drugs to be submitted to either Dr. Pomare or Dr. Te Rangi Hiroa.

Some dissatisfaction has been occasioned amongst the Natives at the decision that only those who are unable to pay should receive free medical attendance and medicine. Unless there be some special agreement which here and there is vaguely hinted at by the demagogue of the pa, I see no reason why any one, be he Maori or pakeha, should receive free attendance and medicine from the State if he is able to pay. The Maori is not entirely to blame for this propensity to lean against the pillar of the State. He sees his paler brother do it, and naturally asks why should not he. I am glad to say, however, that after explanation most of them have come to see that it is unworthy of a chief to accept help which in the case of the pakeha is only given to the poor. Effort has also been made towards getting those sick Natives who cannot be looked after in their own homes admitted into the general hospitals. There are two factors which operate against this. First, the Maori has an idea that all such institutions are only suitable for the treatment of *pakeha mate*—that is, the white man's ailment: This idea is gradually breaking down. The second factor is the disinclination on the part of some Hospital Boards to accept Maori patients. This, as every one conversant with New Zealand knows, is due to no racial dislike; it has its basis on purely monetary grounds. The Maori in many districts does not pay rates, and naturally those who do offer some objection to providing for Natives in the rate-supported hospitals.