

REPORTS OF DR. POMARE, HEALTH OFFICER TO THE MAORIS, AND OF THE NATIVE
SANITARY INSPECTORS.

Tari Whakahaere Ora mo te Katoa (Department of Public Health),

SIR,—

Poneke, 11th June, 1907.

This year finds me sending you the usual *compte rendu*, the use of which you and I cannot discern, for nearly all the suggestions contained in previous ones are seldom acted upon. I suppose we must keep on aiming at the moon—we might hit a tree, though it often makes one feel like exclaiming, “He aha te pai o tenei mahi.” The plough-handles have been grasped, and there is no letting-go for us. We have burned our whares. “Kua kotia te taitapu ki Hawaiki” (We have passed the Rubicon)—so spoke an aged Maori at one of our meetings, consequently we must keep going. Bark till our masters tell us to stop. Reiterate till our reports become the same year after year. Enough!

The past year has been a very busy one for us, but the acquisition of Dr. Rangihiroa by the Department has helped us to attend more to the sick than heretofore. This has been a wise move, as I am confident Dr. Rangihiroa's transference to the Auckland District will not only relieve a great deal of pressure on our shoulders, but will result in great good by his being able to attend more to detail-work. Other things being equal, and with a sufficient and efficient staff of Sanitary Inspectors and nurses in all districts, much more cannot be expected for uplifting the Maori from his insanitary and unhygienic ways to those of health.

Several small outbreaks of typhoid have occurred during the year, details of which you already have, but, suffice to say, that owing to prompt attention, isolation, and proper treatment, the cases progressed favourably, and the epidemics were stamped out before they had time to spread as in former years. Polluted water-supplies and the pernicious custom of throwing dirty water and garbage out of the back door were generally the main cause of these outbreaks. I am glad, however, to state that the Maori is falling into line gradually but surely—in fact, he is so willing to go to some hospitals now, the difficulty is to gain admission.

DISEASES.

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|--------------------------|-----------------------|
| 1. Pulmonary affections. | 8. Rheumatism. |
| 2. Bronchitis. | 9. Bronchial catarrh. |
| 3. Constipation. | 10. Amenorrhœa. |
| 4. Influenza. | 11. Conjunctivitis. |
| 5. Dyspepsia. | 12. Abscess. |
| 6. Eczema. | 13. Stomatitis. |
| 7. Colds. | 14. Enteric fever. |

The above list of the common diseases affecting the race I obtained from the medical returns for the past year. They are placed in their order of frequency. The figures, however, are not sufficiently numerous to permit of accurate deductions being made. Space will not permit me to discuss this question extensively, but you can readily see that the pulmonic maladies are by far the most prevalent. This can be easily accounted for because of the prevalent carelessness in dress, exposure to wet and cold, &c. The same causes may be given for the female disorders. Dirt, lack of soap, and communism are the predisposing causes of eczema, scabies, and the usual skin-affections.

During the year our leper at Rangiriri, Waikato, died, thus leaving us with but two cases now.

HALF-CASTES, ETC., IN NEW ZEALAND.

	Census Years.				
	1906.	1901.	1896.	1891.	1886.
Half-castes and persons of mixed races living as Europeans	2,578	2,407	2,259	2,184	1,957
Half-castes and persons of mixed races living as members of Maori tribes	3,938	3,123	3,503	2,760	2,264
Total half-castes	6,516	5,530	5,762	4,944	4,221
Maori wives of Europeans	211	196	229	251	201

Years.	Total Maoris and Half-castes.	Total Decrease.	Total Increase.	Total Half-castes.
1867	38,540	...	...	...
1871	37,502	...	...	...
1874 (first census)	45,470	...	...	...
1878	43,595	1,875	...	...
1881	44,097	...	502	...
1886	41,969	2,128	...	4,221
1891	41,993	...	24	4,944
1896	39,854	2,139	...	5,762
1901	43,143	...	3,289	5,530
1906	47,731	...	4,588	6,516