

younger generation, with a modern education, is growing up, and naturally refuses to live under the conditions of the past. They are influencing and will form the public opinion of the near future.

*Water-supplies.*—Improved water-supplies continue to exercise the attention of the Councils. Owing to the breaking-up of the village community through individualization of land, it is difficult in some settlements to serve all the families. No matter how scattered the dwellinghouses may be, there is always a common rallying-place at the tribal meeting-house. It is here that the people congregate for tribal meetings and for the ceremonial pertaining to the dead. It is then that the contamination of a water-supply is most likely to be dangerous, and good water piped in from a safe source is a safeguard to health that needs every encouragement and financial assistance. The Maoris themselves are most anxious to have water-supplies installed in the various villages, and much benefit has accrued from the Department grant of a pound-for-pound subsidy having placed them within reach. The Maniapoto Council has been active during the past year in claiming three subsidies, whilst others are under consideration. The Arawa Trust Board is also considering ways and means of completing its scheme for installing a safe water-supply in each of the remaining villages in its district. A new water-supply was also installed by the Tauranga Council. A member of the staff of this Division has rendered invaluable service in personally supervising this branch of work. Much expense has been saved to the Councils by his obtaining material wholesale in Auckland. The completed work is examined and passed before final payments are authorized.

*Maori Health Councils.*—The Health Councils continue to function and to do good work. Besides carrying out their own routine, they are ever ready to assist the Medical Officers of Health and their Inspectors. Thus much valuable time and expense is saved, as pointed out in the case of the Tamatea Maori Council. A certain amount of opposition has crept up in some districts from the Ratana movement. Just as clerical attire and nurses uniforms have been adopted by untrained followers of this ambitious sect, so Ratana committees have been set up with their own by-laws. The appalling ignorance that exists amongst this section of the people is revealed by the fact that they believe that their committees can function in the place of the Village Komitis which were set up under the Maori Councils Act of 1900. The desire to set up a temporal as well as a spiritual kingdom has resulted in friction and disunion amongst some of the tribes. If opposition to the constituted authority of the Maori Health Councils becomes active, drastic measures will have to be taken to demonstrate to this misguided section of the Maori people that there can only be one law for the Dominion. Meanwhile the Councils continue to be a potential factor in the health uplift of the Maori race.

*Registration of Deaths.*—A large number of cases are referred to this Division from the Registrar-General's Office for inquiry to be made as to the cause of death where this detail has not been filled in on the forms supplied to Registrars. As the isolation of so many villages has now been removed by the opening-up of the country and closer settlement, it is worthy of consideration whether every death without a doctor's certificate should not lead to a coroner's inquest. Cases of neglect to seek medical or nursing advice that have ended fatally have been revealed by Coroner's inquest in the Kaipara and upper Wanganui districts. These cases were amongst followers of Ratana. Compulsory registration of deaths does not solve the problem. The cause of death should be ascertained before burial. Where no doctor or registered nurse has been in attendance a Coroner's inquest is the only means of ascertaining with accuracy the cause of death. If no Maori could be buried until a death-certificate was obtained, not only would valuable scientific data be obtained but the people would be safeguarded to a certain extent from so readily accepting the treatment of unqualified teachers and tohungas.

*Inspectors of Health.*—Valuable work continues to be done by the two Assistant Inspectors appointed for Maori work. Of the work done by the European Inspectors of Health in Maori districts I cannot speak too highly. Co-operation between them and the Maori Councils have saved much trouble, and mutual support has resulted in greater efficiency in dealing with various health problems that have arisen in Maori settlements.

*District Health Nurses to Maoris.*—The work of the district health nurses to Maoris continues to be of the very highest value. They should not be regarded as having to attend merely to individual cases of sickness. They are health instructors who teach practically as well as theoretically. Each case treated in the village is a practical demonstration of what should be done. All the Maoris in their district form their special charge, and time and again they act as health inspector and medical man as well as nurse. Herein lies their great value, and their devotion to a wider scope and a higher ideal places them in a category different from their sisters in the profession who are concerned primarily with the nursing of the individual. The nurses to Maoris are part and parcel of a great movement in the forward march of a people who have much ground to make up. I feel sure that it is the consciousness of being allied with such a movement that has animated them and led them to suffer the many inconveniences in remote Maori districts that townsfolk know not of. As one of the race, who understand what they have done, I have nothing but the highest praise and admiration for their work. It is to be hoped that when they are detached from the Department and come directly under the Hospital Boards their wider and greater duties as missionaries of health will not be overlooked, and that their activities will not be restricted and confined to the narrow conception of actual nursing.

*Conclusion.*—The parts played by various factors in the improvement of the health of the Maori has been reflected in a practical way by the last census returns. From the previous census, of 54,000-odd, the population in 1926 had risen to 62,781.

TE RANGI HIROA,  
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