

this year is probably not an average one, in that the cold weather of last winter caused the death of a number of old standing cases which had contracted the disease some years previously. However, pulmonary tuberculosis will remain a disease to be considered until the Maori learns how easily it may be contracted by living and sleeping in the same room as the sufferer. The teaching in the schools of the elementary laws of health will no doubt have much effect in a few years' time in checking the spread of such a disease as this. With the completion of the alterations to the hospital it will be possible to treat a limited number of early cases on the wide veranda. Thus not only will the patient have a better chance, but also—and more important—those who would otherwise be living in the same house will not be exposed to the risk of infection.

Yaws.—Primary and secondary yaws are not now a serious problem. Tertiary yaws are still prevalent. In the past year—in Rarotonga, 114 injections of N.A.B. have been given to eighty-five cases of yaws; in Atiu, 77 injections to fifty-one cases; in Mauke, 113 injections to sixty-eight cases; in Mitiaro, 8 injections to eight cases. In Aitutaki and Mangaia the resident nurses have given injections to sporadic cases. In the past, using N.A.B., which costs about 6s. 6d. an injection, it has been necessary to concentrate on cases of primary and secondary and the worst of tertiary yaws, but by using "Bicreol," which costs about 3d. an injection, it will be possible during the coming year to treat all cases, even to those showing the most doubtful lesion of tertiary yaws.

Ankylostomiasis and Ascariasis.—Treatment of these diseases, using Dr. Lambert's method, has been commenced. All those who have asked for treatment have been given it. During the coming year it is hoped, by mass treatments of the whole population of these islands, to appreciably check this disease, which is such an important cause of ill health in the Maori.

Quarantine.—Vessels from overseas to the number of forty-one have been granted pratique.

Native Sanitation.—Visits of inspection from a public health point of view have recently been paid to the villages in Rarotonga and other islands. Their condition is very satisfactory.

Deaths (Maoris).—Percentage of deaths from different causes to total deaths, Rarotonga Island :—

Pulmonary tuberculosis (note remarks under "Tuberculosis")	39.5
Pneumonia (broncho and lobar)	9.3
Heart-failure (senile)	9.3
Cerebral hæmorrhage	4.7
Rheumatic fever	4.7
General septic infection (due to injury)	4.7
Prematurity of birth	4.7
Other causes	23.1

100.0

"Percentage of deaths at different ages to total deaths :—

Deaths.	Number.	Percentage of Total Deaths.
Under 1 week	4	2.14
From 1 week to 1 month	7	3.74
From 1 month to 3 months	7	3.74
From 3 months to 6 months	3	1.61
From 6 months to 12 months	21	11.23
Under 1 year	..	22.46
From 1 year to 2 years	3	1.60
From 2 years to 5 years	9	4.81
From 5 years to 10 years	12	6.42
From 1 year to 10 years	..	12.83
Over 10 years	121	64.71
	187	100.00

Cook Islands Hospital.—Alterations to the hospital are nearing completion, so that it will now be possible to accommodate twenty to twenty-four in-patients, with two single-bed wards for European patients.

The new system of keeping stock of medical stores, as recommended by the Auditor, has proved most satisfactory. The Matron has operated the system, thus saving much time to the Medical Officers, and furthermore increasing efficiency, as she is permanently stationed in Rarotonga, whereas the Medical Officers in turn are away in the outer islands. Through careful ordering and accounting for all stock, a considerable saving in expenditure has been effected.

"General attendance :—

Maoris—

Rarotonga—

Out-patient attendance	4,336
Out-patient dressings	3,230
N.A.B. injections	114
Visits	1,752
	9,432
Aitutaki (to 24th December, 1925)	4,824
Mangaia (to 30th November, 1925)	2,684
Europeans	697

In-patients: Maoris, 92; Europeans, 12."