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LEGISLATIVE COUNCIL,
FIJI.

COUNCIL PAPER, No. 15.

Medical Department.

(ANNUAL REPORT FOR 1941.)

I.—ADMINISTRATION.

The public health and general medical services continued to be administered by the Director of Medical Services.

The following statement shows the number of Government staff engaged in each of the main subdivisions:—

1—MEDICAL.	
(a) Medical Officers (inclusive of all full time qualified doctors)	21
(b) Native and Indian Medical Practitioners	76
2—SANITARY.	
(a) Sanitary Inspectors (qualified)	4
(b) Other Sanitary Staff	18
3—NURSING STAFF.	
(a) Trained Registered Nurses	55
(b) Certificated Non-European Nurses	137
(c) Others—chiefly Nurses in Training	75

II.—FINANCE.

The expenditure from public funds in the year 1941 on all the activities, medical and public health, of this Department amounted to £107,706. Medical revenue from all sources amounted to £17,694 or 16.43 per cent of the total expenditure. The revenue of the Colony for the year was £1,124,210 so that the proportion of the Colony's total earnings which was spent on medical and public health services was 9.58 per cent. The allocation in other recent years has been on a rather more generous scale, but this fact notwithstanding, it has to be said that the medical and health services of Fiji could not have attained their present state of relative efficiency if it were not for the generous donations that have been forthcoming from non-Governmental sources. To instance the help received in this way, mention must be made of the International Health Division of the Rockefeller Foundation which maintained for seventeen years a full time resident medical representative and contributed most generously towards the enlargement of the Medical School and the establishment of a new Laboratory, in addition to financing campaigns against infectious diseases; the Colonial Sugar Refining Company which donated buildings and equipment and contributes liberally and regularly to the public hospitals and to the Child Welfare Service; the Tavua Gold Mining Companies, certain of whose shareholders donated the full cost of building the Children's Ward at the Colonial War Memorial Hospital; Lord Trent who contributed substantially towards the cost of laboratory equipment; the generous spirited public of Fiji who contributed pound for pound towards the original cost of building the Colonial War Memorial Hospital; and finally, certain individual citizens instanced in Sir Maynard Hedstrom and the late Sir Henry Marks who have provided some of the most expensive items of hospital equipment. The aggregate of the sum so realized amounts to many thousands of pounds, but the value of the resultant services is inestimable for it can be counted only in terms of the suffering relieved and the many lives which have certainly been saved. The outbreak of war found the Colony with a large approved programme for expanding its hospital and public health services and with prospects favourable for the early financing of that programme from Governmental sources implemented by generous assistance from the Rockefeller Foundation. These schemes have been brought to a standstill, but if the Colony is to keep up with the times and to make necessary provision for the medical care of the people of Fiji and the neighbouring Pacific Islands, it will be necessary immediately after the war to find means to carry out this programme of expansion which will then be long overdue.

III.—VITAL STATISTICS.

The vital statistics are set out in the tables contained in Appendix A.

The Colony suffers a severe handicap through its having no officer trained in the duties of a Statistician, but it is none the less justifiable to draw certain conclusions from the raw data contained in its vital statistics figures. The principal concern of the Colonial Government has always been the preservation of the Fijian race from extinction, a tragedy with which it was once undoubtedly threatened, and over anxiety in the matter of the discharge of its responsibility has

given rise to a good deal of loose thinking and misunderstanding regarding the real progress of the Fijian race. Fallacious conclusions on this subject have been due almost in their entirety to the habit of judging the progress of the Fijian by that of the Indian. The standard set by the Indian is too high for normal comparison, but could be very useful if used solely as the ultimate goal to which the Fijians should attain.

Table I shows a nett increase in the total population of 6,524 or 2.96 per cent. The Fijian increase was 2,232; and the Indian increase was 3,728. The increase for the year in the Indian population, therefore, exceeded that of the Fijian population by 1,496, and on present showing it may be assumed that the Indian population will overtake the Fijian population within the next five years. Table II shows an all round increase in the number of births, and a crude birth rate for the year of 40.28. The crude birth rate for the Fijians was 36.78 as compared with that of the Indians which was 45.09. Table III shows a crude all round death rate of 11.90; the Fijian rate being 15.94 as compared with the Indian which was 7.94. Table IV shows the natural rates of increase for all races to have been 29.22 per thousand, that of the Fijians having been 21.28 as compared with 38.58 in the case of the Indians. Table V shows an all round infant mortality rate of 57.99 per thousand, that for the Fijians being 80.46 as compared with the Indian rate of 40.48. Taken together the tables indicate a healthy state of the population as a whole, but suggest, through unavoidable comparison with the Indians, that the Fijian race is unduly backward.

There are, however, definite and important reasons which should preclude the use of Indian vital statistics as the accepted standard for the measurement of the real progress of the Fijian race, and these reasons can be set out as follows:—

- (a) The Indian is an individualist whose interests are centred in his home. He is endowed with the faculty of taking advantage of everything that will benefit himself and his family, including the medical and public health services which are so freely available to him.

The Fijian, on the other hand, clings to his communal living habits and his mind is still centred in the tribe rather than the family, but under the protection of a strong central Government, the tribe has largely ceased to observe those practices by which its numbers were maintained at a satisfactory level in its primitive state.

- (b) It is within the law for Indian girls to marry at the early age of thirteen years, and most of them are married by sixteen with a consequential increase in the size of Indian families.

Fijian women seldom marry before they reach the age of twenty and Fijian families are correspondingly small. There is the further fact that the habit of late marriage in the Fijian often leads to promiscuity and encourages the practices of contraception and, more particularly, abortion which are liable to be continued into married life and to become additional causes for the smallness of Fijian families as compared with Indian families.

- (c) For countless ages the Indian has been in contact with the common infectious diseases and has acquired a resistance to those diseases similar to that which is found among the people of Europe.

On the other hand, hardly a century has passed since the first visitors from Europe and elsewhere introduced infectious diseases to the Fijian, who is only now beginning to show signs of acquiring some power of resistance. The Fijian is, therefore, more liable to be attacked by infectious diseases and more prone to contract them in their severer forms, a disadvantage which is at its greatest in the case of young children, forming one of the principal causes of the relatively high child mortality rate in the Fijian.

- (d) The Indian civilization has long since steeled itself against the impact of other civilizations.

It is less than a century ago since the Fijian was in a neolithic stage of culture, and he is still suffering from his too sudden contact with the highly specialized Western civilization. Many primitive races have succumbed to this clash of culture, and while the Fijian has now passed the most dangerous stage it will still be a long time before he can adapt himself fully to the new conditions of living that have been forced upon him. It is to this cause that the apathy of the Fijians to the welfare of their race and of Fijian mothers to the welfare of their children, is chiefly attributable.

Having eliminated Indian vital statistics, a yardstick much more favourable to the Fijians is to be found in analogous figures relating to the condition of communities elsewhere whose living conditions are similar. Instance the following figures, the latest available, which show the infantile mortality rates of the Fijians to much better advantage:—

INFANTILE MORTALITY RATE PER THOUSAND FOR YEAR 1938.

Fiji (Fijians only)	.. .. .	107.06
Fiji (average for whole population)	.. .. .	92.12
British Guiana	.. .. .	166.
Jamaica	.. .. .	129.
Uganda	.. .. .	147.18
Mauritius	.. .. .	162.5
Straits Settlement and Federated Malay States	.. from	111.
	to	233.
		in Kelantan
		in Singapore

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In the next table infant mortality rates and deaths under one year of the Fijians themselves are set out for comparison over a period of seventeen years:—

FIJIAN INFANT MORTALITY RATES BETWEEN 1925 (WHEN THEY WERE FIRST RECORDED) AND 1941.

Year.	No. of deaths under 1.	Rate per thousand.
1925	503	176.12
1926	471	155.19
1927	465	158.3
1928	445	146.5
1929	490	167.3
1930	625	186.12
1931	374	113.2
1932	326	100.00
1933	332	97.85
1934	467	126.35
1935	462	126.51
1936	522	140.51
1937	331	96.44
1938	408	107.06
1939	392	106.75
1940	263	69.65
1941	317	80.46

The steady decline, in spite of fluctuations due to the occurrence of epidemics, in the figures quoted above provides a satisfactory indication of progress which since 1927 has been accelerated by the intensification of Infant Welfare work. But quite the most striking evidence of the satisfactory progress that is being made by the Fijian race, is to be found in the following statement showing its population at quinquennial periods since 1919:—

1919	83,300*
1924	87,587
1929	91,711
1934	98,479
1939	102,750
1941	107,104

* The figure 83,300 is based on the 1921 census, as the *Blue Book* return for 1919, the year of the great influenza epidemic, is obviously incorrect.

It was in 1919 that the Fijian population fell to its lowest point and the fact that in the succeeding twenty-two years it has risen by 28.58 per cent may be regarded as a full justification for the conclusions in the first place that the race will now survive and, in the second, that the rate of its progress will be accelerated as existing methods for assisting it succeed in overcoming the special difficulties with which the Fijians are still confronted.

IV.—PUBLIC HEALTH.

A.—STAFF AND ORGANIZATION.

In the public health section there is one full time Medical Officer of Health whose specified duties lie within the port, town and rural area of Suva, but who correlates the Colony's public health statistics and exercises an important function as adviser to the Central Board of Health and to Government on matters affecting the public health. Another Medical Officer, the holder of the D.P.H., has been appointed to supervise public health in the industrial areas of Viti Levu. This officer also has charge of the medical district of Nadroga. In all other places the Government Medical Officers continued as heretofore to be *ex officio* Medical Officers of Health.

The Central Board of Health in addition to its executive powers, advises Government in public health, while under it the Local Authorities perform similar functions within their respective areas. The administration under the Native Regulations of public health in native areas was well co-ordinated through the Medical Officers, Native Medical Practitioners and others.

B.—GENERAL.

The state of the public health was satisfactory and there was an absence of any serious outbreak of epidemic disease. Although dysentery must still be regarded as a potential danger, there seems no doubt that the better education of the people in public health, and the improvements that have been carried out in the matter of soil sanitation, have brought about a satisfactory lowering of the incidence of all intestinal parasitic infections and a consequential rise in recent years in the general standard of public health.

In the altered circumstances of 1941, when the movements of armed forces added immensely to the arrivals by sea and air, the port health work would have been much more difficult, but for the very satisfactory way in which the Naval, Military and Air Authorities co-operated with the civil port health staff. The most serious concern of the port health officers continues to be the safeguarding of the ports against the introduction of the anopheles mosquito.

C.—HEALTH AND WELFARE SERVICES.

In the circumstances still existing in most of the country districts it is both convenient and economical to use hospitals and dispensaries for the dual purpose of cure and prevention. Child welfare, although it has its own full time staff, is hardly an exception to this general rule, and since this enterprise is still concerned chiefly with the Fijians, and Fijian vital statistics have been discussed at some length in Chapter III, it is worth while to record something of its history.

In the year 1926 a Committee of three, namely, the Secretary for Native Affairs, the Chief Medical Officer and myself then Medical Officer of the Rewa District, was appointed to advise Government on the question of adopting measures to reduce the high mortality rates of Fijian infants. The Committee recommended the appointment of trained Child Welfare Nurses, assisted by Fijian Nurses, to carry out child welfare work among the Fijians as extensively as the Colony's resources permitted. Pioneering work had already been done in the Suva area by Dr. Regina Roberts, wife of the United States Consul to Fiji, and the framework so carefully planned by that lady has been the basis of all subsequent work. In order that the Fijians should be made to realize that child welfare had behind it the full weight of the authority of the Native Department, the Committee unanimously recommended that the work should be administered in its earlier years by the Secretary for Native Affairs. It was not until the 1st January, 1938, that the executive control was handed over to the Medical Department; a step which was rendered necessary by the ever growing technical problems involved. At the same time steps were taken to make the change over as imperceptible as possible by encouraging the officers of District Administration to maintain the same interest in the work as heretofore. The valued co-operation of these officers is assured by their position as official Chairmen of the District Welfare Committees. There has been no change in the general form of the organization as it is described on page 2 of the Medical Report for the year 1940, and the same valuable service was rendered by those who are engaged in the carrying out of this vital work.

The progress made during the past twenty years gives ample proof that the Fijian race has successfully passed the turning point between extinction and survival, and that the work done to accomplish its preservation is being conducted along the correct lines. From the attempt that has been made to set out the main obstacles to progress in the analysis of the vital statistics in Chapter III it can be seen that these by their very nature are difficult to contend with and slow of remedy however earnestly applied. It is, therefore, all the more satisfactory to know that the intensification of present methods which is foreshadowed in the Central Medical and Central Nursing Schools will steadily if slowly continue to overcome the factors, psychological as well as physical, which are to-day causing too few Fijian babies to be born and too many Fijians to die in infancy and early childhood. If it were financially and otherwise possible, the measure which would assure the most rapid progress is to greatly increase the number of trained Child Welfare nurses whose influence is a factor of incalculable value.

In conclusion, a word of explanation and of warning must be uttered in case the citation in Chapter III of the communal habit of living as one of the deterrents to progress should be taken as suggestive of a need to force the Fijians into a state of individualism. On the contrary, any attempt too suddenly to change the form of their society might prove disastrous. The most that is to be done in this direction is to guide and assist the inevitable movement from village to industrial centre, while generally encouraging the continuance of the present loose framework of indirect rule which is the form of Government that is still the best suited to the majority of Fijians.

Suva School and Child Welfare Services.—A very important and more general advance in the Child Welfare services was made in the month of April when a member of the medical staff, the holder of a D.P.H., was detailed for full time duty as School and Child Welfare Medical Officer for Suva town and its adjoining rural areas. By the use of suitable propaganda the work was organized in a manner which has caused all sections of the community to respond vigorously to it. In addition to the systematic inspection of schools, clinics were opened in rooms lent by public bodies for the purpose and these were appreciatively attended by the mothers of all races. The year 1942 will see this work extended into native villages, possibly with the assistance of a motor caravan, and furthermore, use will be made of it on an ever increasing scale to train medical and nursing students in what will be one of the most important of their duties. As the new service had to be instituted without an increase of medical staff, the decision to remove the Medical Officer concerned from one of the country districts was not taken without the most careful weighing of the interests of that district against those that would be served under this scheme.

D.—OBSTETRICS AND MATERNAL WELFARE.

It is a matter for considerable regret that nowhere in the Colony does there exist a proper Obstetric Hospital or a properly constructed and equipped Obstetric Department at any of the public hospitals. These facts notwithstanding, a great deal of valuable work is carried out at the Colonial War Memorial Hospital and to a lesser extent at other Government hospitals where it has been found impossible to stem the tide of obstetric work that has resulted from growing public confidence in hospital methods. The improvised Obstetric Department of the Colonial War Memorial Hospital includes ante-natal and post-natal clinics, and work of this nature is being extended as rapidly as possible to other places through the personnel trained at the native medical and nursing schools in Suva.

E.—NUTRITION.

This important subject is administered by a Committee whose members are all intimately concerned with its diverse problems. The Committee proper meets quarterly and appoints sub-committees to deal with individual subjects. One of the most important of the Committee's activities consisted in a series of radio talks which were delivered by its members. Since it is not possible for the time being to make a wholesale attack on the problem of nutrition in this and neighbouring Pacific groups, the Committee hopes that means may yet be found to provide some relatively inexpensive equipment which will enable it to undertake some of the necessary research work with existing Government staff.

F.—HOUSING.

Owing to shortage of labour and materials, there is nothing new to report under this heading.

V.—INFECTIOUS DISEASES.

Tuberculosis must be singled out from the table in Appendix B as the infectious disease which continues to give the greatest cause for anxiety. In spite of the valuable routine work that has long been carried out, it is unlikely that the problem of tuberculosis can be solved unless that disease is made a separate activity of the Medical Department. Although there are grounds for hoping that it may not be on the increase, tuberculosis is in the forefront of causes of death. Growing public confidence is leading to an increase in the demand for accommodation for tuberculous cases which, in the existing absence of isolation facilities of any kind, has to be met in the general wards of Government hospitals. The danger of infecting staff and patients is serious, but this is offset by the still greater risk to relations and friends if tuberculous patients have to be returned to their homes, and so the need for special provision is made more and more clear. So far as Suva is concerned the situation will be alleviated by the decision of Government to build an Isolation Hospital which will accommodate forty cases, and to use it principally for the isolation and treatment of tuberculosis cases. It is also the policy of Government insofar as conditions permit to allocate from time to time sums of money which will enable huts to be erected in country districts for the treatment in isolation of tuberculous patients. These steps will have an important effect in preparing the way for the more general attack on this disease which will undoubtedly be made when finance reverts to a more normal state.

VI.—PATHOLOGICAL DIVISION.

The Pathologist's report is unavoidably excluded. The laboratory continued to render the same valuable service which has made it so essential a unit in the Medical and Health Departments. Although one cannot measure Laboratory work by a mere quotation of figures, it must be recorded that the normal increase and the addition of the work of the New Zealand Army have raised the number of pathological examinations from 7,930 in 1940 to 19,971 in 1941. The construction of a proper cubicle for the preparation of vaccines, was the most important structural improvement carried out in Pathological Laboratory.

VII.—TRAINING OF MEDICAL PERSONNEL.

Central Medical School.—The outbreak of war caused another serious demand for the services of Native Medical Practitioners, who have proved invaluable in the Colony's Armed Forces, especially in connexion with the Fijian troops. This fact has further emphasized the need for the increase in the accommodation of the Central Medical School which would now be available if the war had not stopped the approved plan for building a new school. At this time of enforced retrenchment, it is at least satisfactory to be able to note that not only is the Native Medical Practitioner fulfilling the purpose for which he is intended, but he is doing so with ever growing co-operation from the people among whom he works. On the other hand, this appreciation of their services makes the present shortage of Native Medical Practitioners the more obvious and the more regrettable. It is hardly necessary to stress the importance of carrying out the plan to enlarge the Central Medical School and the Central Nursing School as soon as world conditions permit. The report by the Principal of this school for the year is printed as part of this publication.

Central Nursing School.—The training school for non-European Nurses received an additional four pupils from other Pacific Administrations during the year, and has now become a central nursing school in the sense that the Medical School is described as central for the islands of this part of the Pacific. The reconstituted school was given its official recognition and its formal opening when it was visited by His Excellency the Governor, Sir Harry Luke, K.C.M.G., on the 7th August, 1941, where, to mark the occasion, the Governor presented a cup to be awarded annually to the pupil with the best record as regards both conduct and efficiency during the period of her training. This nursing school is reacting most favourably to its reorganization which became effective from the 10th July, 1940, and there can be no doubt that the nurses trained under the present scheme will prove of immense value in the hospital as well as in the public health services. Although the number of pupils has been increased from twenty-six to fifty, the school is still far too small to meet the combined requirements of Fiji and the other Pacific Administrations. The building programme anticipated a total of seventy-five pupils, but it is now felt that when it comes up for reconsideration, as it most urgently must do in the near future, provision will have to be made for at least one hundred pupils.

A valuable article on the Central Nursing School which has been written by the Nursing Superintendent has been omitted from this report, but will be published in the Native Medical Practitioner Journal and one or other of the Nursing Journals.

VIII.—HOSPITALS AND INSTITUTIONS.

Colonial War Memorial Hospital.—Owing chiefly to financial causes the Colonial War Memorial Hospital in Suva is the only institution of its kind in the Colony where an attempt is made to maintain as regards buildings, staff and equipment the standards that are observed in first class general hospitals in other countries. Its total of 209 beds and cots is insufficient for the civil population in normal times, and it is all the more unfortunate that the Government's accepted plan to improve and expand this hospital has had to be postponed indefinitely. The work of this institution, both intern and extern, is increasing with great rapidity, and taxes the resources of the two Medical Officers, assisted by a House Surgeon, who make up its full time medical staff. The new appointment of House Surgeon, which dates from the 1st January, 1941, has enabled the work of the different departments in the Hospital to be reorganized with an all round advantage which is perhaps greatest in the very busy out-patient department, where the number treated in 1941 totalled 50,193. With the steady growth in the number of out-patients there has been considerable accentuation of the inconvenience and confusion which result from the fact that this important section was neither designed nor intended for more than a few casualties.

Country Hospitals.—There are three hospitals which, though falling into a somewhat lower class than the Colonial War Memorial Hospital, are staffed and equipped to meet all but the most exceptional needs of the population which they serve. I refer to the hospitals at Lautoka, Labasa and Levuka. There is yet another class of Government hospital, namely, the Provincial Hospitals, which has survived from relatively early Colonial days still to serve a useful purpose in spite of their relative lack of equipment.

The Colony's greatest needs in the matter of hospital facilities are:—

- (a) at least one Isolation Hospital;
- (b) facilities attached to all hospitals for the separate treatment of tuberculosis;
- (c) one Obstetric and Gynaecological Hospital in Suva, with better facilities for obstetrics in other places;
- (d) extension of existing general hospital accommodation, both in new buildings and in improvements to old ones.

Central Leper Hospital.—The Central Leper Hospital which is built on the beautiful island of Makogai serves the Colony of Fiji as well as neighbouring Pacific Administrations, including the dependencies of New Zealand. A separate and very interesting report on this institution is to be found on page 8.

Mental Hospital, Suva.—The total number of patients treated during the year was 120, of which number 78 were patients remaining over from the previous year, while 42 were new admissions. During the year 19 patients were discharged unconditionally, and one on trial to the care of her parents. There were 20 deaths, all of which occurred in the Mental Hospital, and 80 patients remained at the end of 1941. The Principal of the Central Medical School has for several years past carried out the duties of Medical Superintendent of this institution.

IX.—GENERAL.

Adjustments to meet War Conditions.—The war has thrown a considerable additional strain both on the Medical Officers and the hospitals, and in an effort to meet some of the needs of the Fiji Defence Force two Medical Officers and three Native Medical Practitioners have been seconded or otherwise taken over by the Force on a full time basis for the duration of the war, and an emergency hospital of about ninety beds has been set up. With particular regard to the matter of hospitals, it is realized that between military and civilian casualties a great deal of improvisation would be called for in any serious emergency.

Return of Dr. S. M. Lambert.—Dr. Lambert, who had represented the International Health Division of the Rockefeller Foundation in the Southern Pacific for seventeen years before he retired in 1939, returned on a visit to Fiji in June. His long and valuable services in these parts were appropriately recognized in the Medical School, the Nursing School and in a special chiefly ceremony which was accorded him by the Chiefs and people of Fiji. Dr. Lambert was accompanied by Dr. William S. Porter, a distinguished retired surgeon of Oakland, California, who has given generous donations to the Medical and Nursing Schools.

APPENDIX A.

VITAL STATISTICS.

The estimated population at the end of 1940 and 1941 was:—

Race.	Males, 1941.	Females, 1941.	Total, 1941.	Total, 1940.	Increase.	Increase per cent.	Decrease.	Decrease per cent.
Europeans	2,425	2,069	4,494	4,287	207	4.83	.....	.....
P.M.E.N.D.* .. .	2,662	2,567	5,229	5,107	122	2.39	.....	.....
Fijians	54,435	52,669	107,104	104,872	2,232	2.13	.....	.....
Rotumans (all races) .. .	1,612	1,563	3,175	3,075	100	3.25	.....	.....
East Indians	56,530	45,311	101,841	98,113	3,728	3.80	.....	.....
Polynesians	1,114	656	1,770	1,801	.....	.....	31	1.72
Chinese	1,797	439	2,236	2,136	100	4.68	.....	.....
Others	737	694	1,431	1,396	35	2.51	.....	.....
Total	121,312	105,968	227,280	220,787	6,524	2.96	31	1.72

The number of births recorded during the last four years was:—

Race.	1938.	1939.	1940.	1941.	Crude birth-rate per 1,000, 1941.
Europeans	56	83	94	137	31.24
P.M.E.N.D.* .. .	158	139	173	153	29.25
Fijians	3,811	3,672	3,776	3,940	36.78
Rotumans	129	98	142	145	45.66
East Indians	3,648	3,678	4,019	4,595	45.09
Polynesians	21	54	71	53	29.31
Chinese	34	34	53	79	35.90
Others	122	84	75	54	37.52
Total	7,979	7,842	8,403	9,156	40.28

The general birth-rate in 1940 was 38.05.

* Persons of Mixed European and Native descent.

The number of deaths recorded during the past four years was:—

Race.	1938.	1939.	1940.	1941.	Crude death-rate per 1,000, 1941.
Europeans	38	31	25	39	8.89
P.M.E.N.D.*	35	50	34	31	5.92
Fijians	2,121	2,207	1,654	1,708	15.94
Rotumans	77	74	58	45	14.17
East Indians	1,034	1,192	799	810	7.94
Polynesians	49	62	34	46	25.44
Chinese	17	10	8	15	6.81
Others	17	7	31	11	7.64
Total ..	3,388	3,633	2,643	2,705	11.90

The General death-rate for 1940 was 11.97.

The marriages, births, deaths and natural increase for 1941 were:—

Race.	Marriages.	Births.	Deaths.	Increase.	Increase per thousand.	Decrease.
Europeans	43	137	39	98	22.86	....
P.M.E.N.D.*	46	153	31	122	23.88	....
Fijians	910	3,940	1,708	2,232	21.28	....
Rotumans	28	145	45	100	32.52	....
East Indians	876	4,595	810	3,785	38.58	....
Polynesians	14	53	46	7	3.88	....
Chinese	9	79	15	64	29.96	....
Others	9	54	11	43	30.80	....
Total ..	1,935	9,156	2,705	6,451	29.22	....

INFANTILE MORTALITY, 1941.

Race.	No. of deaths under 1 year.	Rate per 1,000 births.
Europeans	2	14.60
P.M.E.N.D.*	5	32.68
Fijians	317	80.46
East Indians	186	40.48
Polynesians	6	113.21
Others	8	60.15
Rotumans	7	48.27
Total ..	531	57.99

* Persons of Mixed European and Native descent.

APPENDIX B.

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1941 AT GENERAL AND PROVINCIAL HOSPITALS.

NOTE.—This classification is based on the International List of causes of death, 1929.

The year was noteworthy for the absence of any serious outbreaks of epidemic diseases.

Diseases.	Total.	Deaths.
I.—Infectious and Parasitic Diseases	2,850	167
II.—Cancer and Other Tumours	154	27
III.—Rheumatism, Diseases of Nutrition and of Endocrine Glands and Other General Diseases	274	14
IV.—Diseases of Blood and Blood-forming Organs	149	11
V.—Chronic Poisoning	13	1
VI.—Diseases of the Nervous System and Sense Organs	475	25
VII.—Diseases of the Circulatory System	261	48
VIII.—Diseases of the Respiratory System	863	113
IX.—Diseases of the Digestive System	917	39
X.—Diseases of the Genito-Urinary System (Non-Venereal)	619	23
XI.—Diseases of Pregnancy, Childbirth and the Puerperal State	1,185	22
XII.—Diseases of the Skin and Cellular Tissues	1,137	6
XIII.—Diseases of the Bones and Organs of Locomotion	172	8
XIV.—Congenital Malformations	31	5
XV.—Diseases of Early Infancy	106	47
XVI.—Conditions Associated with Old Age	18	2
XVII.—Affections Produced by External Causes	1,223	45
XVIII.—Ill-defined Conditions	1,308	39
Totals ..	11,755	642

CENTRAL LEPER HOSPITAL, MAKOGAI.

(ANNUAL REPORT FOR 1941.)

STAFF.

Sister Mary Theodore resigned during the year owing to ill health, after 16 years service at Makogai, mainly devoted to the care of children born on the island. She has been temporarily replaced by Sister Mary Joseph of Australia.

Sister Mary Berchmans was granted sick leave to New Zealand from 3rd March to 11th November.

The highest praises and thanks are once again due to all members of Nursing Staff for the enthusiastic and unremitting devotion to duty which rouses the admiration of all who know them. No personal anxieties or striving loyalties during these troubled times have been allowed to interfere in the slightest degree with daily tasks, or, perhaps more important, with the spirit in which these have been carried out. This constancy of attitude has called forth the sympathetic and grateful co-operation of the patients, without which so much of the work would be unavailing.

ADMISSIONS.

The fifty-nine admissions during the year consisted of 17 Fijians, 38 Indians, 2 Solomon Islanders, 1 Gilbert Islander and 1 Euronesian from the Gilbert Islands. Eleven of these admissions were Neural-1 in type, 24 Neural-2, 5 Lepromatous-1 and 19 Lepromatous-2. Of the 19 fairly advanced Lepromatous cases, 13 were Indians, showing once again the need for improved and earlier detection among these people. Improved training of medical practitioners—native and Indian—in the detection of early cases; regular examinations of all school children and all contacts of known cases; coupled with a regular follow-up of discharged patients, should eventually greatly improve the existing situation, which cannot be regarded as satisfactory. Discharged patients provide excellent propaganda but move in a limited circle, and no opportunity should be missed by medical men, teachers, and others, of stressing the value—to the individual and to the general public—of the early treatment of leprosy, and of the folly in allowing it to progress to the intractable later stages.

CLASSIFICATION.

In the following analysis, 36 patients admitted during the latter half of the year have been omitted. The balance of 616 inmates were carefully examined at the end of the year and their condition compared with that at the end of 1940 (or on admission during the first half of 1941). To give a fuller idea of events during the year, 47 discharges and 39 deaths were added, giving a total of 702 cases for classification and report on progress. Percentages in the various stages of leprosy were as follows:—

Neural-1	16.1 per cent.	Lepromatous-1	6.3 per cent
Neural-2	29.5 ..	Lepromatous-2	41.3 ..
Neural-3	2 ..	Lepromatous-3	4.8 ..

That is to say that well over 50 per cent are definitely infective and 46.1 per cent are of the moderately or very advanced Lepromatous stages.

From the racial point of view, the only sections having sufficient numbers for statistical investigation are the Indians with a total of 250, Fijians (158), Cook Islanders (90), and Gilbert Islanders (75).

Indians are found to have 64.8 per cent of the Lepromatous type as compared with 43.7 per cent among the Fijians and 26.6 per cent among the Cook Islanders. Gilbert Islanders also show a high percentage—64 per cent—of Lepromatous cases, but this is more readily understood owing to their previous neglect, and the fact that these patients have been sent here only recently. From a study of their cases, however, it appears probable that a thorough survey of the Gilbert Islands would reveal a number of cases in less advanced stages.

The high proportion of more advanced cases among Indians—commented on every year—is in strong contrast with figures given from India itself, and is difficult of explanation. The suggestion of Oberdoerffer, that it is due to the change over in diet from rice in India to taro in Fiji ("where rice is unobtainable") cannot be accepted, for rice is still the basic diet of the Indian immigrant to Fiji. On the whole, moreover, his diet and general living conditions are superior in Fiji to those obtaining in most parts of India. It may be that figures from India are rather too optimistic owing to the fact that under a free system it will be mainly early cases that are sufficiently hopeful to present themselves for treatment, and that our own figures are too pessimistic, so that, when the measures advocated above for the earlier detection of cases in Fiji are thoroughly carried out, our figures will more closely approximate to the true position in India. From the Public Health point of view, there is some satisfaction to be derived from the fact that any undiscovered cases in Fiji are likely to be the less obvious and less infective earlier stages of the disease. The danger lies in the fact that being less obvious they have more opportunity for close contact, both with their relatives and the general public.

PROGRESS.

A total of one hundred and eleven cases (15.8 %) are recorded as Arrested (having shown no clinical or bacteriological evidence of leprotic activity over a period of two years). Forty-seven of these cases were discharged during the year, and a further forty-five awaiting a Discharge Board at the end of the year. The balance of 19 cases were Neural-2 or -3 cases suffering from persistent trophic sores. Thirty-six (31.9 per cent) Neural-1 cases were Arrested; forty-five (21.3 per cent) Neural-2 and nine (64.3 per cent) Neural-3. Four (9 per cent) Lepromatous-1 and seven (2.4

per cent) Lepromatous-2 patients complete the number, and indicate the poor ultimate prognosis in such cases. In the latter connexion it may be pointed out that 28 of the 144 "Quiescent" cases (inactive for six months or more) and 129 of the 226 cases classified as "Improved" were Lepromatous-2. Looked at from a different point of view, a total of 154 (53.1 per cent) of the 290 Lepromatous-2 cases showed improvement during the year, having been classified as "Arrested" "Quiescent" or "Improved". This compares with 88 (70.8 per cent) of the 113 Neural-1 and 160 (77.3 per cent) of 207 Neural-2 cases. The following table shows the proportion of cases in each type regarded as Inactive, Improved, Stationary and Worse.

	<i>Inactive.</i>	<i>Improved.</i>	<i>Stationary.</i>	<i>Worse.</i>
Neural-1	78.7 per cent	8 per cent	11.5 per cent	1.8 per cent
Neural-2	51.7 ..	25.6 ..	13.5 ..	9.2 ..
Neural-3	71.4 ..	14.3 ..	7.1 ..	7.2 ..
Lepromatous-1 ..	31.8 ..	36.4 ..	20.5 ..	11.3 ..
Lepromatous-2 ..	12.1 ..	44.5 ..	26.9 ..	16.5 ..
Lepromatous-3 ..	.....	50 ..	38.2 ..	11.8 ..
Total ..	36.3 per cent	32.2 per cent	20.2 per cent	11.3 per cent

Looked at racially, there is no marked difference in the improvement rates of the various sections of the community.

	<i>Arrested.</i>	<i>Quiescent.</i>	<i>Improved.</i>
Fijians	12.6 per cent	29.1 per cent	24.6 per cent
Indians	12.4 ..	22 ..	38 ..
Cook Islanders ..	34.4 ..	22.2 ..	22.2 ..
Gilbert Islanders ..	13.3 ..	12 ..	37 ..

The high Cook Island figure for cases Arrested represents the balance of very early cases sent here by a Cook Island Medical Practitioner who had received special training at Makogai in the detection of early leprosy. This should serve as an object lesson for Fiji as well as the other administrations concerned.

DEATHS.

The 39 deaths recorded during the year show no striking racial discrimination. Certified causes of death may be classified as follows:—

Leprosy (including sepsis and gangrene from trophic sores) ..	24
Pulmonary Tuberculosis	5
Central Nervous System—	
Cerebral Haemorrhage	1
Cerebral Embolism	1
Paralysis Agitans	1
Senile Dementia	1
	4
Nephritis (including Uraemia)	4
Anaemias	2
	—
Total	39

The highest proportion of deaths was naturally among the—

Lepromatous-3 cases with	8.8 per cent
Lepromatous-2	7.9 ..
Neural-3	7.2 ..
Lepromatous-1	6.8 ..
Neural-2	3.8 ..
Neural-1	0.9 ..

Twenty-three of the 39 deaths were Lepromatous-2 cases, and 29 were of the Lepromatous type.

In the case of those certified as dying from Leprosy, the average duration of their stay at Makogai was 10.8 years: in the case of those dying from other causes 5.7 years.

TREATMENT.

Little change can be reported for treatment during the year. The fundamental value of an abundant mixed diet, cleanliness, treatment of intercurrent diseases, moderate exercise in the open air and general activities of sufficient interest to withdraw the attention of patients from the contemplation of their own suffering have been fully recognized and so far as possible utilized.

Intramuscular injection of Iodised Chaulmoogra Oil has been continued here as the standard treatment, supplemented in some cases by intradermal injections of ethyl esters of Chaulmoogra. Other patients have benefited from intra-nodular injection of one of the dyes, especially Methylene Blue.

For the acute pains of nerve reaction, crystalline Vitamin-B1 has provided temporary relief in most cases, while the local product—"Dilester"—the ethyl esters from the oil of Calophyllum inophyllum—has in numerous cases given more permanent results.

Diphtheria Toxoid has been tried in 15 patients who were given a full course of five injections as recommended by Collier. It has been followed by definite amelioration in six cases and slight improvement in four more. Five cases are as definitely worse after the course. Improvement, where it has occurred, has consisted in complete relief or marked diminution of pain, in flattening of nodules, shrinking of infiltration, or cessation of reaction. It is still too early to say whether these results will persist and there are as yet insufficient cases to decide whether they are indeed

consequent on and not merely subsequent to, the treatment. That the effect is not purely psychological is suggested by the fact that nerve pain has ceased after the injection of toxoid when Vitamin B-1 has previously been unsuccessful. The reverse has also occurred in a few cases. Two of the 15 cases have required nerve decapsulation after both Toxoid and Vitamin have been tried as well as more routine anodynes.

On the whole it is evident that our results up to date, while suggesting the need for further tests, do not support the enthusiastic claims at first put forward for the effects of Diphtheria Toxoid on leprosy. In such a chronic disease, with continual fluctuations, it is necessary to scrutinize all results:—

“ With one auspicious and one drooping eye,
In equal scale weighing delight and dole ”

rather than to emulate the pseudo-scientists of whom it has been written—

“ Each states the law and fact and face of the thing
Just as he'd have them, finds what he thinks fit,
Is blind to what mis-suits him, just records
What makes his case out; quite ignores the rest.”

PUBLIC WORKS.

Maintenance work on buildings, roads, etc., has been steadily carried out during the year by gangs of patients trained on the island. They receive average rates of pay, so there is keen competition for the comparatively limited number of employees.

The construction of a new concrete tank on the hill to which water is pumped from a recently dug well, has greatly improved the Hospital water supply.

MAKOGAI PRODUCE.

The hurricane in February caused a good deal of damage in the gardens, but once it was over patients took no time in setting them again in order. Surplus produce bought for Hospital use amounted to over 314 tons of root vegetables, bananas, pineapples, etc., during the year.

The Hospital fowl-run produced over 6,600 eggs for use in the Hospital kitchen, and nearly 400 fowls were eaten. Beef cattle were imported from Taveuni and over 11 tons of meat were supplied to patients, in addition to about 300 goats for Indians.

The Nasau Shorthorn Dairy herd produced about 80,000 pints of milk for Hospital use, and owing to shortage of fodder this appears to be about the limit of possibility, so that it has to be supplemented by importation of dried milk. The Bakery at Nasau produced nearly 69,000 lb of bread of which more than 56,500 were issued to patients, the balance being sold to patients and staff.

The Chaulmoogra plantations were badly damaged by the February hurricane. Many of the trees were in full production at the time and have probably been put back at least two or three years. In spite of this set-back, we were able to produce more than five gallons of Chaulmoogra Oil during the year, with which to supplement imported stocks.

VISITORS.

Visitors during the year included His Excellency Sir Harry Luke, K.C.M.G.; Sir J. M. Hedstrom; the late Right Rev. Mgr. C. J. Nicolas, C.B.E.; Hon. Dr. V. W. T. McGusty, O.B.E. (Director of Medical Services); Hon. W. Wise, O.B.E. (Director of Public Works); Drs. D. C. M. Macpherson (Assistant Director of Medical Services), S. M. Lambert (late of the Rockefeller Foundation), W. Porter (U.S.A.), W. G. Macnaughton (Levuka); K. R. Steenson (Gilbert and Ellice Islands Group); Major Talbot and Captain Barrowclough of the N.Z.A.M.C.; and Messrs. H. Cooper (Secretariat), P. H. Nightingale (District Commissioner Eastern), H. E. Maude, M.B.E. (Gilbert and Ellice Islands Colony), and D. C. C. Trench (British Solomon Islands Protectorate), in addition to many others.

C. J. AUSTIN,
Medical Superintendent, Makogai.

THE CENTRAL MEDICAL SCHOOL, SUVA.

(ANNUAL REPORT FOR 1941.)

1. *Students*.—During the year 1941 there were 46 students in residence at the three dormitories, and the following table shows the race of the different students in each year:—

	1st Year.	2nd Year.	3rd Year.	4th Year.	Post- graduates.	Total.
Western Samoa	3	5	1	.	.	9
Eastern Samoa .. .. .	.	.	1	.	.	1
Tonga	2	1	1	.	.	4
Cook Islands .. .. .	.	.	2	.	.	2
Niue Island .. .. .	.	1	.	.	.	1
Gilbert and Ellice Islands ..	2	1	1	.	2	6
British Solomon Islands ..	1	1	1	.	.	3
New Hebrides	1	2	.	.	.	3
Nauru	1	.	1	.	.	2
Fiji—Fijians	5	4	5	.	3	17
Rotumans .. .. .	.	.	.	.	.	.
Indians	1	1	1	.	1	4
	16	16	14	.	6	52

The six post-graduates in the above list were qualified Native Medical Practitioners, and only one of them resided in the students' dormitories during 1941. Lectures recommenced on January 13th, 1941, with a new class of sixteen first year students.

In the above table it is seen that there were no students in the fourth year; the reason is that there was no entry class in 1938. Owing to the change from a three years' course to one of four years in 1931 there was no qualifying class in 1933 and therefore no new class in January 1934. This was repeated in 1938 and again in January 1942. Arrangements have been made so that the total number of students will be increased to 55 when the new combined Medical School and Hostel is erected, and at the same time a new year of students will be enrolled to coincide with the "empty" year.

Ten different Administrations are now sending students for medical training in Fiji. These are:—(1) Fiji Crown Colony; (2) Gilbert and Ellice Crown Colony; (3) British Solomon Islands Protectorate; (4) the native Kingdom of Tonga; (5) the condominium of New Hebrides; (6) the New Zealand mandated territory of Western Samoa; (7) the Cook Islands, and (8) Niue Island also under the administration of New Zealand; (9) Nauru Island under mandate by the Commonwealth Government of Australia; and (10) the territory of Eastern Samoa under the Navy Department of the United States of America. Enquiries for the admission of new students have been received from Guam (U.S.A.) and Pitcairn (British) but owing to various difficulties no students have yet arrived from these distant groups.

2. *Health*.—During 1941 three students were seriously ill with pulmonary tuberculosis, but two of them made a complete recovery and were able to continue their studies, while the third student remains a patient in hospital. Except for these three cases the general health of the students has been excellent. Each of the new first year students was given a thorough medical examination on admission. As in former years, all the students, if not already protected, were vaccinated against small-pox, and inoculated against typhoid fever. The majority of the students have already received anti-yaws injections prior to admission, and any who after arrival in Fiji were found to give a positive Kahn test were given additional treatment.

3. *Discipline*.—This has continued to be good throughout the year 1941. In spite of the disturbed conditions caused by the War, and the adverse conditions for evening study due to "black-out" regulations the students have continued to make satisfactory progress in their studies and medical training. The late arrival of complete sets of text-books in medicine, surgery and materia medica for the second year students caused great inconvenience among these students, and this was shown by the lower standard in the examination marks for the third and fourth quarter 1942.

4. *Dormitory accommodation*.—This was the same as during 1940, and the remarks in my annual report for 1940 apply equally for 1941. As the present arrangements are temporary only, pending the building of a new Hostel, it is unnecessary to add any further comments, except to state that dormitory No. 2 and No. 3 are urgently in need of re-painting.

5. *Courses of study*.—No alteration in the normal courses of study have been made during 1941 except for the additional facilities for training in dental surgery for the senior students.

EXAMINATIONS DURING 1941.

6. *Fourth year students*.—There were no fourth year students in 1941 so that no final qualifying examinations were held in December 1941, and no graduation ceremony could take place.

Third year students.—All the students in this class completed a year of medical training with clinical work in the hospital from 8 a.m. to 12.30 p.m. and lectures at the Medical School in the afternoons. Routine lectures in Medicine and Surgery continued during the year. All these students passed in Bacteriology and Materia Medica in March, and in Anæsthetics in June 1941. The final examination in Public Health was given in September and eleven students passed, and the remaining two students who failed in the oral examination were given further practical instruction and both were successful at a later examination. One student who failed at the final examination in Forensic Medicine in September will be required to take the next course of lectures in this subject in 1942.

Second year students.—The sixteen students in this year completed the Anatomy and Physiology courses in June 1941, and there were no failures at the qualifying examinations in these two subjects. During the second half of the year these students were given elementary lectures in medicine, surgery, bacteriology and materia medica. Owing to the late arrival of text-books in these subjects caused by shipping difficulties the quarterly examinations in these four subjects were much below average, and considerable patience and tact were required to prevent some of the students, especially the Melanesians, becoming discouraged by their apparent lack of progress in these subjects.

First year subjects.—During the first half of the year the sixteen new students in this class were given the usual elementary courses of lectures and demonstrations in Chemistry, Physics and Biology. All the students, except one, duly qualified in all three subjects in June 1941. Routine courses in Anatomy and Physiology were then given during the second half of the year, and all students, except one Melanesian again, successfully passed the quarterly examinations in September and December. The average standard of work for this new class was definitely higher than that of previous years.

During the year complete lists of marks at each quarterly examinations have been distributed to each member of the Central Medical School Advisory Board, and these marks have been given appropriate consideration at the Board meetings. In addition, quarterly reports on printed forms for all classes, showing the conduct, progress in studies, and examination results, have been regularly sent out during 1941 to each of the participating Administrations.

7. *Class prizes.*—

First year students.

Teleke Kofe (Ellice Is.)	.. .. Chemistry	.. .. 95 per cent.
Teleke Kofe (Ellice Is.)	.. .. Physics ..	.. .. 94 ..
Jione Siosiomalohi (Tonga)	.. .. Biology	.. .. 96 ..

Second year students.

Peni S. Vuiyale (Fiji)	.. .. Anatomy	.. .. 90 ..
Mahesh Prasad (Indian)	.. .. Physiology	.. .. 91 ..
Iakopo Esera (W. Samoa)	.. .. Medicine	.. .. 78 ..
Peni S. Vuiyale (Fiji)	.. .. Surgery	.. .. 77 ..
Filipi B. Vulaono (Fiji)	.. .. Bacteriology	.. .. 95 ..
Mahesh Prasad (Indian)	.. .. Materia Medica	.. .. 86 ..

Third year students.

Ngaeikura Tou (Cook Is.)	.. .. Medicine	.. .. 79 ..
Josefa Delana (Fiji)	.. .. Surgery	.. .. 85 ..
Ganga Ram (Indian)	.. .. Public Health ..	.. .. 88 ..
Ngaeikura Tou (Cook Is.)	.. .. Anaesthetics	.. .. 92 ..
Josefa Delana (Fiji)	.. .. Forensic Medicine	.. .. 85 ..
Ganga Ram (Indian)	.. .. Ophthalmology	.. .. 95 ..
Jale W. Masi (Fiji)	.. .. Diseases of Children	.. .. 97 ..

Owing to the absence of any fourth year students in 1941 the usual five gold medals in the final subjects were not awarded. The only gold medal awarded was that of Sir Henry Scott in Anatomy, and this was won by Mahesh Prasad (Indian) in the second year class.

An analysis of the lists of class prize winners for the last eleven years gives the following percentages:—Fiji, 68 prizes out of a total of 183 or 37.1 per cent; Western Samoa, 34 prizes or 18.6 per cent; Tonga, 27 prizes or 14.7 per cent; Cook Islands, 25 prizes or 13.7 per cent; all others, 29 prizes or 15.8 per cent. It must be noted however that out of an average number of 42 students each year about 17 have been Fijians, 6 were Samoans, 4 were Tongans, 3 were Cook Islanders, and 12 were included in the words "all others." It is evident therefore that the Cook Island students have received the greatest number of prizes in proportion to their numerical strength. This is due to their preliminary education at Te Aute College in New Zealand. In future years it may be considered advisable to restrict at least one prize to Melanesian or Micronesian students only, provided a reasonable standard is obtained. At the present time two of the gold medals for senior students are restricted to Fijian students in accordance with the wishes of the donors of these two particular medals.

8. *Lecturers.*—The following list gives the names of the lecturers and the subject taken during 1941:—

Surgery	.. ..	Dr. R. J. Snodgrass.
Medicine	.. ..	Dr. E. V. Maxwell.
Public Health	.. ..	Dr. G. R. Baxter.
Diseases of Children	.. ..	Dr. W. M. Ramsay.
Obstetrics	.. ..	Dr. G. R. Hemming.
Bacteriology	.. ..	Mr. J. E. Pery-Johnston.
Anaesthetics	.. ..	Dr. G. R. Hemming.
Dentistry	.. ..	Mr. H. S. Mount.
Forensic Medicine	.. ..	Dr. W. Worger.
Materia Medica	.. ..	Mr. E. J. C. Seager.
Anatomy and Physiology	.. ..	Dr. D. W. Hoodless.
Chemistry	.. ..	Mr. W. J. Blackie.
Biology	.. ..	Mrs. G. R. Hemming.
Physics	.. ..	Dr. D. W. Hoodless.
Office Accountancy	.. ..	Mr. A. S. Martin.

This list is very similar to that for the previous year, the chief difference being that Mr. R. J. Lever (Biology) and Mr. R. L. Charlton (Physics) were unable to serve as lecturers in 1941 owing to their military duties.

In addition, numerous demonstrations in practical and clinical work were given by the members of the European nursing staff and the qualified Native Medical Practitioners on the staff of the Colonial War Memorial Hospital. Training in practical bacteriological work was given by Mr. J. E. Pery-Johnston at the Laboratory, and a special course in practical work in meat inspection was repeated during 1941 by Mr. W. C. Cockell at the abattoir.

9. *Games.*—As in previous years, ample facilities for sports and games have been provided for all the medical students during 1941. Cricket, rugby, boxing and table-tennis are all regularly practised by the students. For the first time the Medical School was unable to form a rugby team in the A grade. The C.M.S. rugby B team again put up a good record for 1941, but the C.M.S. cricket team was below average. In previous years about four serious fractures occurred annually among the medical students at rugby, but none occurred during 1941.

10. *Terms and vacations.*—The school year is divided into four quarters, commencing January 13th and ending on December 13th. The students are given a period of two weeks at Christmas and again at the end of June. Half the number of students are away for two weeks, and then the other half have two weeks' holiday. There are therefore two periods of four weeks in each year when no lectures are given. It is obvious that only a few students can enjoy these "holidays" by going home to their own villages, but permission is readily given to any Samoan or Tongan student who has friends in other parts of Fiji to visit these friends during the holiday periods.

In December 1941 there were no final year students belonging to distant Administrations so that the difficulty of sending such students back to their island homes did not arise. This was a very fortunate coincidence, for transport arrangements at that time in the South Pacific were extremely difficult.

11. *Board Meetings.*—There were three meetings of the Central Medical School Advisory Board during 1941. Board meetings during the last three years have been held at intervals not exceeding four months. As soon as a new set of quarterly examination marks has been completed a meeting of the Advisory Board is convened, so that in future no long intervals without a Board meeting should occur.

Owing to war conditions it is unlikely that new students from the Gilbert Islands will be available for the next year. The Advisory Board discussed this problem of unfilled studentships at the meeting held in April 1941, and submitted recommendations accordingly.

No application was received during 1941 for the admission of students from any new Administration. The following territories in the South Pacific are still outside the co-operative scheme of medical training in Fiji:—Papua, New Guinea, New Caledonia, Guam and Tahiti. It is clear that only English-speaking students from any of the French colonies in the Pacific would be able or rather suitable to enter as medical students in Fiji.

12. *Visitors.*—The number of visitors to the Central Medical School during 1941 was only 25. During peace-time conditions the average number of visitors is about 120. Among the distinguished visitors in 1941 was the High Commissioner of France for the Pacific. In June 1941 the medical students were delighted to welcome back amongst them for a short visit their former lecturer in Public Health Dr. S. M. Lambert who was accompanied by Dr. W. S. Porter of San Francisco. Dr. Porter has since proved to be a very generous donor of valuable text-books and equipment both to the Central Medical School and to the Native Nurses' Training School.

13. *Finance.*—The annual cost per student for 1941 has increased from £75 to nearly £80 owing to the general rise in the cost of living. My annual report for 1940 contains a fairly complete account of the financial side of the Medical School, and the same facts hold good for this report. It is obvious that during war conditions a rigid adherence to the original scheme of co-operation of 1929 cannot be expected, but as the Medical School is entirely under Government control there has been no difficulty in the collection of tuition fees or maintenance expenses.

14. *Conclusion.*—The Central Medical School has now completed its first thirteen years of service, having trained 104 Native Medical Practitioners during that period, so that an average of eight native medical assistants have been sent out each year.

Acknowledgement is hereby gratefully given to the general direction and control exercised by the Director of Medical Services, Dr. V. W. T. McGusty, and to the friendly and cordial co-operation of all the twelve members of the honorary staff throughout the year.

Suva, 31st March, 1942.

D. W. HOODLESS,
Principal.

