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**Medical Department.**

(ANNUAL REPORT FOR 1944.)

**I.—ADMINISTRATION.**

**STAFF.**

Until the return of Dr. V. W. T. McGusty from discussions in London on the proposed regional co-ordination of the South-west Pacific Medical Services, the duties of Director of Medical Services continued to be carried out by Dr. H. Silvester Evans. Dr. McGusty returned to the Colony on 13th January.

During the year there was a further reduction in the number of medical officers by the transfer of Dr. J. S. Cramer to Trinidad in March, and by the retirement from ill-health of Dr. W. G. MacNaughton and Dr. E. V. Maxwell.

Seven native medical practitioners left Fiji on secondment to the British Solomon Islands as this territory became freed from enemy forces. These native practitioners were necessarily drawn from the younger and more recently qualified men.

The numbers of effective professional and sanitary staff at the end of the year were:—

(a) Medical Officers—	
Including Medical Officer of Health, Medical Superintendent, Leper Hospital, and Pathologist .. .. .	17
Part-time Ophthalmologist .. .. .	1
Dental Officer .. .. .	1
Indian and Native Medical Practitioners .. .. .	70
(b) Nursing Staff—	
Trained Nurses (Registered) .. .. .	50
Non-European Nurses (Local Certificate) .. .. .	127
Others—chiefly Nurses in Training .. .. .	117
Nursing Sisters, Makogai Leper Hospital .. .. .	16
(c) Sanitary Staff—	
Sanitary Inspectors (Registered) .. .. .	3
Sanitary Assistants .. .. .	18

**LEGISLATION.**

The following health legislation was enacted during the year:—

Ordinances—Nil.

Regulations—

- Labasa Hospital (Amendment) Regulations 1944.
- Native Medical Practitioners to practise only as Public Officers.
- Public Health (Amendment) Regulations 1943.
- Public Health (Bake House) Regulations 1943.
- Pure Food (Amendment) Regulations 1944—
  - No. 1: Standard for Bread, etc.
  - No. 2: Standard for Liquors.

**WORKS.**

Wartime restrictions in the supply of materials continued and the only major item of medical works was that of a 24-bed extension to the Lautoka Hospital at a cost of some £12,000. Although this extension was, in fact, an item of war expenditure rendered imperative by the need for emergency hospital accommodation, it provides a greatly needed permanent addition to the local hospital services. A further considerable programme of ancillary buildings for this hospital is planned.

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## VITAL STATISTICS.

Figures are given in Appendix A. Whooping cough, of which an epidemic occurs in the Colony at intervals of about ten years, was responsible for an increase in infant mortality in 1944. Figures for infant mortality, of probably sufficient accuracy to allow valid comparisons, are now available over some 20 years. Crude average figures for five-year periods are presented in the appendix; they indicate a large and steady fall in Fijian infant mortality; they indicate precisely the same rate of fall in Indian infant mortality—in each case the relation being approximately 100:57 between the average annual infant mortality in 1926-30 and that in the current quinquennium. And Fijian infant mortality, in spite of its large reduction, has remained constantly rather more than twice that of the Indian throughout the last 20 years. It is notable that the total numbers of Fijians and Indians arrived at virtually identical figures in 1944. The Indian sex-ratio is 100:82 as compared with 100:72 at the last census in 1936; for Fijians the ratio is 100:96.

## II.—PUBLIC HEALTH.

## ORGANIZATION.

The organization of the health offices in Suva and Lautoka remained unchanged, though the very valuable appointment of an Assistant Medical Officer of Health in Suva, largely as School Medical Officer, was again discontinued when the officer so posted left the Colony on transfer. The post is one for which there is great need, but is one that it has only proved possible to fill from time to time when a medical officer has been available.

Two out of the five qualified sanitary inspectors remained absent on war service. One European Sanitary Assistant qualified M.R. San. I. in New Zealand and awaits provision on the establishment for his appointment as sanitary inspector.

## QUARANTINE.

The increase of shipping entry from war causes fell greatly during the year in a return to the pre-war volume. Air transport remained more persistent, and both by sea and air there was a measure of direct contact with malarious areas to the west of Fiji. The prevention of the introduction of Anopheline mosquitoes thus remained the major quarantine problem of the Colony and is referred to below (V—Special Developments).

## COMMUNICABLE DISEASES.

*Whooping cough* was widespread throughout the Colony for the greater part of the year, and was the immediate cause of an increased infant and child mortality.

*Tuberculosis*.—Extended routine chest skiagraphy of all military personnel still further increased the known number of all types of tubercular pulmonary lesion. The limited emergency hospital accommodation remained at 70 beds, but preparations for taking over a large vacated military hospital reached an advanced stage, and this increased and better accommodation will be in use in the new year.

*Gonorrhoea*, of which very effective control had been established, showed some recrudescence towards the end of the year, with the return to the Colony of Fijian troops and with considerable "sulfa-resistance" of the infection.

Other diseases call for no special comment. Typhoid and dysentery exhibited their habitual low and scattered incidence.

## WATER.

The extension to the Suva water supply, commenced in 1943, was completed during the year with the installation of a new pumping station with a delivery up to 20,000 gallons an hour and a new nine-inch cast iron main.

## CHILD WELFARE.

An increase in the European nursing/direction of Child Welfare and Health Visiting work took place throughout the Colony and there are now seven trained nurses stationed at Suva, Lautoka, Rewa, Ba and Nadroga, on Viti Levu; at Labasa and Nasavusavu on Vanua Levu; while a Catholic mission nursing sister continued at Rotuma the close inspection of the children of that island which she has carried on for so many years.

Anti-typhoid inoculation and diphtheria immunization were encouraged and usually accepted freely.

Milk distribution was continued to schools in Suva; it is a service which only awaits more normal conditions for a large expansion.

## HOUSING AND TOWN PLANNING.

Concentration and overcrowding, particularly in Suva, persisted with little reduction. Building materials were more freely available and used, but a housing scheme for the humbler classes of tenant remains the requirement for effective permanent relief.

The preparation of such a scheme will be greatly facilitated with the completion of the plan for Suva town and peninsula under preparation by Mr. F. R. Charlton, O.B.E., on his retirement as Director of Lands, and the committee of which he is the chairman.

Lautoka, the Colony's second town, was raised in status from township to town at the beginning of the year; and there was an encouraging stirring of activity in their affairs of local government on the part of other township boards and local authorities.



### III.—HOSPITALS AND INSTITUTIONS.

The pressure on hospital accommodation remains as in 1943. The new wards for 24 beds at Lautoka were completed, and a large programme of building for ancillary services and staff accommodation yet to be carried out will greatly improve all the hospital services.

A steady increase in demand is the common experience of most of the services: some figures in illustration are:—

	1941.	1942.	1943.	1944.
Colonial War Memorial Hospital—				
In-patients .. .. .	4,472	3,834	4,661	4,668
Out-patients .. .. .	20,648	27,291	28,478	32,757
Obstetric, number of births .. .. .	335	262	409	455
Dental attendances .. .. .	588	859	2,042	3,011
X-ray films exposed .. .. .	3,313	3,033	4,469	8,000
Ophthalmic attendances .. .. .	...	3,730	5,320	7,786
Pathological Laboratory—				
Specimens reported on .. .. .	19,971	17,123	25,784	30,328
Government Pharmacy—				
Cases of drugs dispatched .. .. .	1,262	1,355	1,644	2,537
Mental Hospital—				
Admissions .. .. .	42	41	36	30
Central Medical School—				
Students qualified .. .. .	...	13	13	14
Central Nursing School—				
Students qualified .. .. .	10	7	6	17
Health Office—				
Children's Clinic, attendances .. .. .	...	...	3,057	12,321

### IV.—DISTRICT MEDICAL.

Beyond the "regional" hospitals at Lautoka, Levuka, Labasa and Waiyevo, are the 15 small "provincial" hospitals and the 35 dispensaries. Even with the withdrawal of all District Medical Officers these small hospitals and dispensaries, each with native medical practitioner and native nurse, form a not illiberal country service scattered over the islands of the group.

Extensive tours were made by the Ophthalmologist subsidized by Government; and a first tour made also by the Fijian, and only, Government Dental Officer, who qualified at Otago University and returned to the Colony in 1943. Much of the value of such tours lies in the instruction and encouragement given to the native practitioners.

### V.—SPECIAL DEVELOPMENTS.

The Anti-Malarial and Mosquito Control Scheme financed by a Colonial Development and Welfare grant, made large progress in drainage and routine survey and treatment of breeding places at the main ports of potential Anopheline entry.

An intensive campaign against filariasis and its vectors was inaugurated. The first of many small groups of native inspectors was trained in simple anti-mosquito measures; these groups will be distributed throughout the Fijian districts of the Colony to work through all the villages with a view to a great reduction, if not elimination, of one of the most widespread pests and of one of the largest single causes of native morbidity.

### VI.—SOUTH-WEST PACIFIC SERVICES.

The institutions in Fiji established and accepted over many years by all South-west Pacific island territories as common central medical services are the Makogai Leper Hospital and the Central Medical School. The annual reports of both are printed in the following pages. The training of native nurses from all territories at the Central Nursing School, which would have so obviously great a value, is an undertaking of greater difficulty; the departure from their homes, and absence for long periods, of girls from other island groups is still a revolutionary idea, and in the more primitive Melanesian groups where they are most needed there is not as yet any sufficient primary education basis to equip potential candidates.

H. S. EVANS,  
Acting Director of Medical Services.

## APPENDIX A.

### \* VITAL STATISTICS.

The estimated population at the end of 1943 and 1944 was:—

Race.	Males, 1944.	Females, 1944.	Total, 1944.	Total, 1943.	Increase.	Increase per cent.
Europeans .. .. .	3,252	2,002	5,254	5,245	9	-17
Euronesians .. .. .	2,971	2,810	5,781	5,605	176	3-14
Fijians .. .. .	57,513	55,696	113,179	111,346	1,833	1-64
Rotuma (all races) .. .. .	1,708	1,655	3,363	3,320	43	1-29
East Indians .. .. .	62,122	51,025	113,147	109,488	3,659	3-34
Polynesians .. .. .	1,166	748	1,914	1,847	67	3-62
Chinese .. .. .	1,893	513	2,406	2,351	55	2-34
Others .. .. .	740	701	1,441	1,439	2	-14
<b>Total .. .. .</b>	<b>131,365</b>	<b>115,120</b>	<b>246,485</b>	<b>240,641</b>	<b>5,844</b>	<b>2-42</b>

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

Race.	1941.	1942.	1943.	1944.	Crude birth-rate per 1,000, 1944.
Europeans .. .. .	137	60	73	84	15.98
Euronesians .. .. .	153	206	234	215	37.19
Fijians .. .. .	3,940	3,790	3,899	3,808	33.65
Rotumans .. .. .	145	143	130	123	36.57
East Indians .. .. .	4,595	4,514	4,755	4,699	41.53
Polynesians .. .. .	53	51	82	79	41.27
Chinese .. .. .	79	68	65	78	32.41
Others .. .. .	54	5	4	3	2.08
Total .. .. .	9,156	8,837	9,242	9,089	36.87

The crude birth rate in 1943 was 38.45.

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

Race.	1941.	1942.	1943.	1944.	Crude death-rate per 1,000, 1944.
Europeans .. .. .	39	32	23	22	4.18
Euronesians .. .. .	31	24	40	37	6.40
Fijians .. .. .	1,708	1,674	1,773	1,929	17.04
Rotumans .. .. .	45	68	60	80	23.78
East Indians .. .. .	810	768	826	1,029	9.09
Polynesians .. .. .	46	54	33	41	21.42
Chinese .. .. .	15	12	12	15	6.23
Others .. .. .	11	0	1	1	0.69
Total .. .. .	2,705	2,632	2,768	3,154	12.39

The crude death rate in 1943 was 11.5.

The marriages, births, deaths and natural increase for 1944 were:—

Race.	Marriages.	Births.	Deaths.	Increase.	Increase per 1,000	Decrease.
Europeans .. .. .	51	84	22	62	11.82	.....
Euronesians .. .. .	54	215	37	178	31.76	.....
Fijians .. .. .	1,146	3,808	1,929	1,879	16.87	.....
Rotumans .. .. .	28	79	41	38	11.44	.....
East Indians .. .. .	1,046	4,699	1,029	3,670	33.52	.....
Polynesians .. .. .	27	123	80	43	23.28	.....
Chinese .. .. .	28	78	15	63	26.79	.....
Others .. .. .	.....	3	1	2	1.39	.....
Total .. .. .	2,380	9,089	3,154	5,935	24.66	.....

TABLE OF INFANT AND CHILD DEATHS 1944.

Race.	Years					Total.
	Under 1 year.	1 and under 2.	2 and under 3.	3 and under 4.	4 and under 5.	
Fijians .. .. .	453	214	89	26	19	801
Indians .. .. .	269	40	18	6	6	339
Europeans .. .. .	2	.....	.....	.....	.....	2
Euronesians .. .. .	7	4	.....	1	.....	12
Polynesians .. .. .	6	2	.....	.....	.....	8
Rotumans .. .. .	28	4	1	.....	.....	33
Chinese .. .. .	.....	.....	.....	.....	1	1
Others .. .. .	.....	.....	.....	.....	.....	.....
Total .. .. .	765	264	108	33	26	1,196

## INFANTILE MORTALITY.

AVERAGE PER ANNUM.

Race.	1926-30.	1931-35.	1936-40.	1941.	1942.	1943.	1944.
Europeans .. .. .	..(a) 4.02 (b) 45.96	1.4 20.66	1.8 29.33	2 14.6	1 16.66	1 13.69	2 23.81
Euronesians .. .. .	..(a) 9.02 (b) 73.82	6.2 46.4	7.4 47.53	5 32.68	10 48.54	13 55.55	7 32.55
Fijians .. .. .	..(a) 499.02 (b) 162.44	392.2 112.78	383.2 104.8	317 80.46	320 84.43	355 91.05	453 116.33
Indians .. .. .	..(a) 176.4 (b) 74.48	207.4 69.09	243.4 67.16	186 40.48	198 43.86	200 42.06	269 57.24
Polynesians .. .. .	..(a) 6 (b) 138.42	6.8 163.47	4.2 109.3	6 113.21	8 156.88	1 45.45	6 75.95
Others .. .. .	..(a) 2.25* (b) 211.58	4.6 79.75	6.8 69.01	8 60.15	3 41.09	8 62.01	.....
Rotumans .. .. .	..(a) 21.66† (b) 183.5	13.2 163.44	12.6 107.44	7 48.27	13 90.91	17 130.77	28 227.64
All Races .. .. .	..(a) 710.37 (b) 122.1	631.6 91.38	659.6 84.58	531 57.99	553 62.56	595 64.49	765 84.17

(a) Number of deaths under 1 year.

(b) Rate per 1,000 live births.

\* 4 years only.

† 3 years only.

## APPENDIX B.

## RETURN OF DISEASES AND DEATHS FOR THE YEAR 1944 AT GENERAL AND PROVINCIAL HOSPITALS.

NOTE.—This classification is based on the International List of Causes of Death, 1929.

Diseases.	Total.	Deaths.
I—Infectious and Parasitic Diseases .. .. .	3,299	175
II—Cancer and Other Tumours .. .. .	115	9
III—Rheumatism, Diseases of Nutrition and of Endocrine Glands and Other General Diseases .. .. .	270	13
IV—Diseases of Blood and Blood-forming Organs .. .. .	273	19
V—Chronic Poisoning .. .. .	74	...
VI—Diseases of Nervous System and Sense Organs .. .. .	619	29
VII—Diseases of the Circulatory System .. .. .	401	93
VIII—Diseases of the Respiratory System .. .. .	1,258	129
IX—Diseases of the Digestive System .. .. .	1,199	40
X—Diseases of the Genito-Urinary System (Non-Venereal) .. .. .	804	23
XI—Diseases of Pregnancy, Childbirth and Puerperal State .. .. .	997	28
XII—Diseases of the Skin and Cellular Tissues .. .. .	1,401	7
XIII—Diseases of the Bones and Organs of Locomotion .. .. .	216	...
XIV—Congenital Malformation .. .. .	27	2
XV—Diseases of Early Infancy .. .. .	47	23
XVI—Conditions Associated with Old Age .. .. .	31	3
XVII—Affections produced by External Causes .. .. .	785	20
XVIII—Ill-defined Conditions .. .. .	1,728	34
Totals .. .. .	13,544	647

## THE CENTRAL MEDICAL SCHOOL, SUVA.

(ANNUAL REPORT, 1944.)

1. *Students*.—During the year 1944 there were 46 students in residence at the three dormitories, and the following table shows the races of the different students in each year:—

	1st Year.	2nd Year.	3rd Year.	4th Year.	Post- Graduates.	Totals.
Western Samoa .. ..	2	1	.	3	.	6
Eastern Samoa .. ..	.	1	.	.	.	1
Tonga .. ..	1	1	.	2	1	5
Cook Islands .. ..	.	1	.	.	.	1
Niue Island .. ..	.	.	.	.	.	0
Gilbert and Ellice Islands	1	1	.	2	.	4
British Solomon Islands	2	3	.	1	.	6
New Hebrides .. ..	1	1	.	1	.	3
Nauru .. ..	.	.	.	1	1	2
Fiji—Fijians .. ..	6	6	.	5	4	21
Rotumans .. ..	.	.	.	.	.	.
Indians .. ..	2	1	.	.	2	5
	15	16	.	15	8	54

The eight post-graduates in the above list were qualified native medical practitioners, and only two of them resided in the students' dormitories during 1944. Lectures were recommenced on 17th January, 1944, with a total of 46 students, of whom two left during the year. The fourth-year Samoan student, Sili Perelini, left on 15th March, 1944, for health reasons, and the first-year Solomon Islands student, Lionel Kaiusu, left on 15th July, 1944, owing to lack of progress in studies.

The absence of any students in the third year has already been explained in previous annual reports. It is a direct result of the change in 1931 from a three years' course of studies to one of four years, so that in 1934, 1938 and 1942 there was no new class admitted. The postponement of the erection of the new combined medical school and hostel, owing to the war, has prevented the increase of the number of students up to 64, with 16 students in each of the four years of medical training.

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 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 a mandate by the Commonwealth Government of Australia, but at present in Japanese possession; and (10) the territory of Eastern Samoa under the Navy Department of the United States of America. For various reasons no students have yet been received from Pitcairn Island, Guam, Papua, New Guinea, or the Marshall and Caroline Islands.

2. *Staff*.—During 1944 the teaching staff consisted of only one full-time officer who acted as principal (Dr. D. W. Hoodless), together with 12 honorary part-time lecturers whose names are given in paragraph 9 of this report. Dr. Hoodless nominally retired on pension on 31st May, 1942, but owing to the war he has continued to act as temporary principal since that date. The need for the early appointment of a principal and an assistant principal to the medical school has been emphasized on several previous occasions.

3. *Health*.—The health of the medical students continued to be very satisfactory during 1944. The only serious case of illness was one of pulmonary tuberculosis left over from 1943, and this Samoan student was sent back to Apia in March, 1944. During the year there was a continuation of the epidemic of dengue fever and about half the number of medical students was off duty for periods of about one week due to this illness.

During my visits to four other tropical medical schools (Uganda, Ceylon, Singapore and Batavia) in 1939 I made careful inquiries into the health records of medical students, and it can be definitely stated that the health of the medical students in Fiji compares very favourably with that of other tropical medical schools. This may be partly attributed to the absence of malaria in Fiji, but in addition the regular hours of study, a good ration scale, and ample opportunities for games and sports are the chief factors in maintaining a good health record among the students. As in former years, all students were inoculated against typhoid fever, vaccinated against small-pox (if not already protected), and given anti-yaws injections at regular intervals.

4. *Discipline*.—There were no serious breaches of discipline during 1944, and the general discipline of the students was good throughout the year. There were occasional minor breaches of discipline, but these were quickly dealt with, and frequently the two head students were able to deal with any minor complaints without reference to the European staff. The usual punishment was to "gate" the student for one or more weeks.

In spite of the disturbed conditions caused by the war, and the presence of numerous armed forces, the general management and control of the students have not changed to any appreciable extent. The cancellation of the black-out regulations has made evening study much more satisfactory. Fortunately the annual supplies from England of text-books, stationery, clothing and medical equipment such as stethoscopes, all duly arrived on time with the exception of the text-books in "Medicine" (Wheeler & Jack). Lectures and clinical demonstrations have continued without any serious interruptions throughout the year.

As mentioned in previous reports for 1942 and 1943 there has been no provision made for a recreation-room for the students. Late in 1944, however, provision was made for the erection early in 1945 of two U.S. Army huts near to No. 1 dormitory, and these will serve as temporary recreation-rooms.

5. *Dormitory accommodation.*—This was the same as in the previous four years. There were three dormitories containing 28, 10 and 8 students. These arrangements were temporary only pending the erection of the new medical school and hostel. If, however, these temporary arrangements are to continue for two or three years more it is essential that a new kitchen and dining-room should be built as recommended in the Watt-Lambie Report.

6. *Courses of study.*—In 1931 the course of study was extended from three years to four years. This four years' course is divided into a junior period of 1½ years followed by a senior period of 2½ years. The junior students receive instruction in Physics, Chemistry, Biology, Anatomy and Physiology, and attend the medical school every morning and afternoon. The senior students are on duty in the hospital from 8 a.m. to 12.30 p.m. each day, and attend lectures in the afternoon by members of the honorary staff which includes 12 or more lecturers, eight of whom are medical officers. The senior students act as dressers and clinical assistants in the hospital, and form an integral part of the staff of the hospital under the direction of the medical officer in charge. Strictly speaking the junior students are not required to do any hospital duty, but in actual practice one or more of them may volunteer in the afternoons for relieving duty in the hospital while the senior students are at lectures; and again during the Christmas and mid-year holidays all the junior students put in four weeks of relieving duty in the hospital so that the senior students may take their own holidays.

A "duty roster" is prepared every three months by the two head students so that each student takes duty in the various wards or departments in rotation. With the progressive growth of the medical activities at the hospital a gradually increasing number of sections has now to be covered; including dental clinics, eye clinics, laboratory technique, child hygiene, maternity hospital, isolation hospital, meat inspection and practical sanitation demonstrations, etc.

Prior to 1929, under the former Fiji Medical School, there were only 14 Fijian students in residence, and only six lectures were given each week, and these lectures were mostly in the Fijian language by three European lecturers. After the Central Medical School was opened in 1929 the number of students was increased to 40 or more, and full courses of lectures have been given in all medical subjects. The staff now includes one full-time officer and a large honorary staff which varies from 12 to 15 in number. A printed syllabus of studies was prepared in 1929, but it became quickly out of date. In practice it has been found satisfactory to arrange that the lectures cover the selected text-books which include:—Wheeler & Jack's *Handbook of Medicine*, Illingworth's *Short Textbook of Surgery*, Balfour Kirk's *Manual of Practical Tropical Sanitation*, Gibberd's *Short Textbook of Midwifery*, and Hale White's *Materia Medica*. Copies of these text-books are given to each student, and the books become his personal property if he qualifies. Many of the students have bought their own copies of the larger standard text-books, e.g. Beaumont's *Medicine*, Rose & Carless' *Surgery*, Buchanan's *Anatomy*, Manson Bahr's *Tropical Medicine*, etc. The general opinion of the members of the honorary staff is that the students can learn better from their own lecture notes and the more elementary text-books which are supplied to them.

#### EXAMINATIONS DURING 1944.

7. *Fourth-Year students.*—Of the 15 students in this year one left in March, 1944, and the remaining 14 successfully completed their medical training by 16th December, 1944, and qualified as native medical practitioners. As in previous years the final examinations in Public Health, Obstetrics, Surgery and Medicine were spread over the second half of the year instead of crowding them into the hot months of November and December. A pleasing feature was the success of the New Hebridean student, Kaltabu Kaluat, who is the third New Hebridean to qualify, and the Solomon Islands student, Francis Kikolo, who is the eighth Solomons student to qualify. It may be stated that the standard of proficiency at the final written, oral and clinical examinations was not quite so high as in the previous two years, although it must be mentioned that one of the two Tongan students, N.M.P. Jione Siosiomalohi, attained the highest record of percentage marks at all his final examinations.

*Second-Year students.*—Of the 16 students in this class two failed in Anatomy only at the first professional examinations in June, 1944. Both students were successful at a repeat examination in July, and the whole class entered the hospital for clinical training. At the September quarterly examinations all 16 students passed in Medicine, Surgery and Anæsthetics, but two failed in Bacteriology and five in *Materia Medica*. At the December quarterly examinations all passed in Surgery, five failed in Medicine, three failed in Bacteriology, and three in *Materia Medica*. As a result of these quarterly class examinations student Faasuaga Maiuu (W. Samoa) was dismissed. All the students now understand that, under normal circumstances, failure in two subjects at the quarterly examinations, if repeated at the next set of examinations, will lead to a recommendation for dismissal.

*First-Year Students.*—Of the 15 students in this class one failed in Chemistry and Physics at both the March and June quarterly examinations and this student (Lionel Kaiusu) was dismissed. The remaining 14 students commenced their studies in Anatomy and Physiology in July, 1944, and again one student (Maua Seiuli) failed to satisfy the examiners. He also was dismissed.

During 1944 complete lists of marks for each quarterly examination 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 for individual students have been regularly sent out during 1944 to each of the participating administrations.



## GOLD MEDALS AND PRIZES FOR 1944.

## GOLD MEDAL WINNERS FOR 1944.

B.M.A. (Fiji Branch) medal in Surgery .. ..	Jione Siosiomalohi (Tonga).
Mr. Alport Barker's medal in Medicine .. ..	Jione Siosiomalohi (Tonga).
Dr. A. H. B. Pearce's medal in Obstetrics .. ..	Asaeli Tovehi (Fiji).
Sir Maynard Hedstrom's medal in Public Health .. ..	Seniloli Komaisavai (Fiji).
N.M.P. Ielu's (Samoa) medal in Diseases of Children .. ..	Seniloli Komaisavai (Fiji).
Sir Henry Scott's medal in Anatomy . . . . .	Inoke Buadromo (Fiji).

## CLASS PRIZES.

*Fourth-Year Students—*

Medicine .. .. .	Jione Siosiomalohi (Tonga) ..	89 per cent.
Surgery .. .. .	Jione Siosiomalohi (Tonga) ..	95 ..
Obstetrics .. .. .	Jione Siosiomalohi (Tonga) ..	89 ..
Public Health .. .. .	Seniloli Komaisavai (Fiji) ..	85 ..

*Second-Year Students—*

Anatomy .. .. .	Inoke Buadromo (Fiji) . . . . .	90 per cent.
Physiology .. .. .	Jona Mataika (Fiji) .. .. .	87 ..
Medicine .. .. .	Tevita Buloka (Tonga) .. .. .	91 ..
Surgery .. .. .	Jona Mataika (Fiji) .. .. .	89 ..
Anæsthetics .. .. .	Jone B. Nasoma (Fiji) .. .. .	90 ..
Bacteriology .. .. .	Tevita Buloka (Tonga) .. .. .	88 ..
Materia Medica .. .. .	Inoke Buadromo (Fiji) . . . . .	73 ..

*First-Year Students—*

Chemistry .. .. .	Ram Singh (Indian) . . . . .	89 per cent.
Physics .. .. .	Penisimani Latusele (Tonga) ..	92 ..
Biology .. .. .	M. V. Tuitokova (Fiji) . . . . .	93 ..
Anatomy .. .. .	S. G. Seruvatu (Fiji) .. .. .	89 ..
Physiology .. .. .	Penisimani Latusele (Tonga) ..	93 ..

An analysis of the lists of class prize winners for the last 14 years gives the following percentages:—Fiji, 87 prizes out of a total of 230 prizes or 37·8 per cent; Western Samoa, 40 prizes or 17·4 per cent; Tonga, 46 prizes or 20 per cent; Cook Islands, 28 prizes or 12·1 per cent; and all others, 29 prizes or 12·6 per cent. It must be remembered, however, that out of an average number of say 44 students each year about 18 were Fijians, six were Samoans, four were Tongans, three were Cook Islanders, and 13 were included in the words "all others." It is evident, therefore, that the Tongans have received the greatest number of prizes in proportion to their numerical strength, and this is due to their better knowledge of English on admission. At the present time two of the six gold medals are restricted to Fijians in accordance with the wishes of the donors of these two particular medals; and it may be reasonable to reserve one or two class prizes in future to Melanesian students provided a proper standard is obtained.

9. *Lectures during 1944.*—The following list gives the names of the lecturers and the subject taken during 1944:—

Medicine .. .. .	Dr. G. T. Barnes.
Surgery . . . . .	Dr. R. J. Snodgrass and Dr. K. W. Black.
Obstetrics .. .. .	Dr. I. H. Beattie.
Public Health . . . . .	Dr. G. R. Baxter.
Diseases of Children .. .. .	Dr. W. M. Ramsay.
Anæsthetics .. .. .	Dr. G. R. Hemming.
Forensic Medicine .. .. .	Dr. G. T. Barnes.
Diseases of the Eye .. .. .	Dr. F. J. Williams.
Dentistry .. .. .	Ratu I. L. Vosailagi.
Bacteriology .. .. .	Mr. J. E. Pery-Johnston.
Materia Medica. . . . .	Mr. E. J. C. Seager.
Anatomy .. .. .	Dr. D. W. Hoodless.
Physiology. . . . .	Dr. D. W. Hoodless.
Office Accountancy .. .. .	Mr. A. S. Martin.

During the first half of 1944 lectures and demonstrations in Chemistry, Physics and Biology were given by Dr. D. W. Hoodless, and during the last three months of the year a final revision course in Medicine and Surgery was given to the fourth-year students.

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 1944 by Mr. W. C. Cockell at the abattoir. In addition numerous demonstrations in practical and clinical work were given by the members of the European nursing staff of the Colonial War Memorial Hospital, and a short course in hospital dietetics was given by the Nursing Superintendent, Miss L. M. Lea.

As in 1943, several of the senior students were allowed to visit neighbouring U.S. Army hospitals during 1944 by courtesy of the United States Medical Corps, and were able to see methods of treating war wounds, and the use of penicillin, etc.

10. *Games.*—As in previous years ample facilities for sports and games have been provided for all the medical students during 1944. The presence of numerous military forces has completely changed the conditions for rugby and cricket locally, so that the C.M.S. team has now been out-classed. The medical school loses four or five of its best rugby players each year when the students

qualify and are sent out to various country stations. Nevertheless, for pure enjoyment of the games and as a means of healthy recreation, the medical students have continued to play the game in both senses of that phrase. St. Luke's playground was maintained in good order and condition during 1944, and was regularly used by the medical students, native nurses, the Labour Corps, and the Rugby Union B teams.

A sports fund has been kept since 1932, and Mr. A. S. Martin has continued as treasurer to the fund. Each participating administration contributes 30s. per annum for each of its own students, and the students themselves pay 6s. per annum. This fund is sufficient to pay for all necessary equipment such as footballs, jerseys, boxing-gloves, etc. The students have appreciated the generosity of Mr. H. H. Vaskess and Mr. L. Noerr for permission to play tennis on their private courts during 1944.

11. *Terms and Vacations.*—The school year is divided into four quarters. The students are given a period of two weeks at Christmas and again at the end of June. Half the number of students are "off duty" for two weeks, and then the other half have a 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 so-called holidays by going home to their own villages, but permission is readily given to any Samoan or other student who has friends in Fiji to visit these friends during the holiday periods.

In December, 1944, there were nine final-year graduates belonging to distant administrations and it was difficult to arrange transport facilities for sending them back to their native islands. Two Samoans returned home by aeroplane, and similarly the newly-qualified Solomon and New Hebridean N.M.P.s returned to Melanesia by air. It need hardly be added that this novel experience was highly appreciated by the graduates. The two Tongan graduates returned to Nukualofa by ordinary steamer, but the two Gilbert and Ellice graduates sailed home in a naval vessel. The ninth N.M.P. was from Nauru and his island home is still in Japanese occupation. Both he (N.M.P. Calis Cain) and N.M.P. Dainirob (from 1943) must remain in Fiji for temporary employment here, although both of them have asked for permission to be dropped by parachute on their island home at Nauru!

12. *Board Meetings.*—There were four meetings of the Central Medical School Advisory Board during 1944. Board meetings during the last six years have been held at regular 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 in order to avoid long intervals between board meetings.

It has not been found possible to obtain a definite estimate of the number of native medical practitioners required for each administration. Official estimates have been stated only for Western Samoa, 34; Cook Islands, 10; and Niue Island, 1 only. Unofficial estimates for the Gilbert and Ellice Islands and Tonga were given as 24 and 20. The small island of Nauru will require probably not more than four N.M.P.s and this quota has already been completed. When the system of training dental students in Suva has been further advanced it is proposed to invite the neighbouring administrations to co-operate in the dental training scheme on a similar basis to that of the medical training.

The visit to the Central Medical School by a senior medical naval U.S. officer in December, 1944, has brought about a new development in the selection of medical students. Formerly American (Eastern) Samoa was entitled to send only two students for training, but now it has been agreed to accept an additional six American Samoan students in January, 1945, for medical training so that when qualified these Samoan N.M.P.s may be sent to Guam and the Marshall and Caroline Islands.

13. *Finance.*—The annual cost per student has varied between £67 and £82. The figure for 1944 has been estimated at £82 approximately. This annual expenditure covers board and lodgings, tuition fees, maintenance expenses, clothing, servants' wages, and a pocket-money allowance of 10s. per month per student. It is seen that each student costs about £80 per annum so that the four years' course of training costs about £320 per head, to which must be added any extra expenditure for transport to and from Fiji. The original capital expenditure for buildings and equipment was about £170 per student, and a proportion of this capital expenditure must be added if the total cost of training an N.M.P. is to be estimated. This proportion is different for each administration and varies in accordance with the maximum number of trained men required; and may be approximately stated as Tonga, £34; Gilbert and Ellice, £28; and Western Samoa, £20.

14. *Conclusion.*—The Central Medical School has now completed its first 16 years of service, having trained 144 native medical practitioners during that period; so that an average of nine native medical assistants has been sent out each year. It is interesting to note that the former Fiji Medical School granted certificates to only 125 Fijian N.M.P.s during the period of 40 years from 1888 to 1928, while the present Central Medical School has granted 144 certificates in 16 years. Of the 80 Fijian N.M.P.s now in practice either in Fiji or "somewhere in Melanesia," 51 of them have received their medical training at the Central Medical School, and a continuous endeavour has been made to maintain the good name and high reputation of the native medical practitioner service, and to extend its social benefits to all the neighbouring island groups.

Acknowledgment is hereby gratefully given to the very friendly and cordial co-operation during 1944 of all the 12 members of the honorary staff. I know of few things more tiresome than marking a large number of examination papers, and considerable credit is due to the members of the honorary staff for continuing during the war period to co-operate fully at the Central Medical School.

Suva, 31st March, 1945.

D. W. HOODLESS,  
Principal.

## CENTRAL LEPROSY HOSPITAL MAKOGAI.

(ANNUAL REPORT FOR 1944.)

I have the honour to forward the following brief report on the work of the Central Leprosy Hospital Makogai for the year 1944.

## STAFF.

Three sisters of the same society as our nursing sisters, evacuees from the Solomon Islands, have continued to familiarize themselves with leprosy and its treatment at Makogai. This experience should be extremely valuable on their return to the Solomons, especially in view of the Government's scheme for leprosy work in that area. Closer contact with the work here has resulted from their temporary incorporation into our nursing staff owing to loss by sickness of three of our nursing sisters.

The transfer of the clerk to Suva and the difficulty of replacing him left the Medical Superintendent without clerical assistance for two months. In August, Mr. C. A. Wright, a retired schoolmaster, was appointed to the post.

In late November the Medical Superintendent was asked to combine with his duties those of Medical Officer Levuka.

## STATISTICS.

The number of patients fell during the year from 631 to 626. There were 85 admissions and 55 discharges, of which eight were unconditional. Thirty-six deaths occurred and one birth.

The daily average number of patients was 623, of which Fiji was responsible for 443, admission from beyond the Colony accounting for 180. Two hundred and forty-four of the Fiji patients were Indians and 148 Fijians. The "external" patients included 74 Cook Islanders, 56 Gilbert Islanders and 36 Samoans.

## ADMISSIONS.

Of the 85 admissions, 36 were from beyond the Colony, including 18 from Samoa, 17 from Tonga, and one from Niue. Nineteen of these 36 "external" admissions were fairly or very advanced lepromatous cases, but this can probably be explained by the difficulty of transport for some years, so that these patients, though probably isolated, have for some time been without adequate treatment.

On the other hand it is disappointing to find that of the 49 patients admitted from Fiji itself, 15 were moderately advanced lepromatous cases, four of the 18 Fijians and 10 of the 29 Indians admitted being in that stage. This discouraging finding probably results from shortage of medical officers and native medical practitioners throughout the Colony, consequent upon war conditions and needs elsewhere. The necessity in this connexion for the close follow-up of all discharged cases and all contacts of known cases of leprosy, together with the regular inspection of all school children, cannot be overstressed.

## TABLE OF ADMISSIONS.

	N-1.	N-2.	N-3.	L-1.	L-2.	L-3.	N-L.	Totals.
Fijian .. ..	5	8	..	..	4	..	1	18
Indian .. ..	4	13	..	2	10	..	..	29
Chinese .. ..	..	..	..	..	1	..	..	1
Solomon Islander .. ..	..	1	..	..	..	..	..	1
Tongan .. ..	1	9	1	1	4	1	..	17
Samoan .. ..	1	3	..	1	12	1	..	18
Niue .. ..	..	..	..	..	1	..	..	1
Totals .. ..	11	34	1	4	32	2	1	85

## DEATHS.

The following is a summary of the certified causes of the 36 deaths:—

Leprosy .. ..	13
Nephritis .. ..	7
Senile conditions .. ..	9
Tuberculosis—Pulmonary .. ..	2
Peritonitis .. ..	1
Asthma and Heart failure .. ..	1
Facial cellulitis and Asthma .. ..	1
Exfoliative/dermatitis .. ..	1
Filariasis .. ..	1

36

The deaths directly attributed to leprosy were all, as might be expected, in advanced stages of the disease, as were also six of the seven nephritis cases. Those attributed to "senile conditions" were all comparatively early neural cases, so leprosy can have played little part in the causation of their deaths.

Twenty-one of the deaths occurred in fairly advanced stages of lepromatous disease, 11 in moderate neural and four in early neural cases.

## DISCHARGES.

Eight cases were unconditionally discharged during the year as non-lepers, including seven Cook Islanders and one Fijian. The latter—a case of Neurofibromatosis—was an interesting case from the point of view of diagnosis, though ultimately, of course, the negative bacteriological findings were conclusive.

Among the 47 conditional discharges the Indians were again surprising in that eight of their 17 cases had been either early or moderately advanced lepromatous cases. One Fijian and one Gilbert Islander had also been cases of early lepromatous leprosy, in which the prognosis is less favourable than in the neural type.

TABLE OF DISCHARGES.

	N-1.	N-2.	L-1.	L-2.	Totals.
Fijian .. .. .	5	12	1	0	18
Indian .. .. .	3	6	4	4	17
Cook Islander .. .. .	3	0	0	0	3
Niue .. .. .	1	0	0	0	1
Gilbert .. .. .	1	2	1	0	4
Tongan .. .. .	0	1	0	0	1
Rotuman .. .. .	1	1	0	0	2
Samoan .. .. .	0	1	0	0	1
Totals .. .. .	14	23	6	4	47

*Unconditional Discharges.*—Fijian, 1; Cook Islander, 7; Total, 8.

## PUBLIC WORKS.

The only major work carried out during the year was the erection of an X-ray block consisting of a developing room, a store room, and an office, in addition to the screening room. This building, which is of concrete blocks, with an open verandah on three sides, sets a new architectural standard for Makogai, and thanks are due to the Government Architect for the attractive and useful design.

Both building and plant were financed by the Lepers Trust Board of New Zealand, to which we owe deep gratitude for this and many other benefactions.

A minimum of general maintenance and external painting of buildings has been possible, but has been efficiently carried out by patients throughout the year.

## LOCAL PRODUCE.

The Chaulmoogra plantations have continued to give good results, 572 lb of nuts having given nearly 14 gallons of oil. This has sufficed for injections for seven months, imported oil having been used for the other five months.

The Agricultural Department has assisted by an appeal to planters and others throughout the Colony and by supplying them with seeds for planting in spare areas. It should be pointed out, however, that we attribute the apparent superiority of the Makogai product, shown by comparative freedom from pain and local reaction on injection, to the prompt collection of nuts and their early crushing, and that nuts left lying on the ground for any length of time have much less value.

The patients' gardens have also continued to flourish, and, including vegetables bought for the main hospital kitchen as well as those used by patients as part of their issued rations, their produce was valued at £1,550, which was paid to the patients responsible.

The hospital fowl run has produced about 200 table birds and 7,400 eggs for use in the hospital kitchen, which has also benefited from a number of fowls, ducks and fish bought from patients.

## NASAU FARM AND BAKERY.

The daily herd at Nasau has supplied more than 8,300 gallons of milk for hospital use. Beef cattle are imported monthly from Taveuni, and more than 14 tons of beef have been issued to patients.

The Nasau bakery has provided the hospital with 51,610 loaves of bread.

## VISITORS.

Visitors to Makogai during the year include His Excellency Sir Cyril Newall, Governor-General of New Zealand, and Lady Newall; the Hon. Dr. V. W. T. McGusty, C.M.G., O.B.E., Director of Medical Services; Sir Henry Scott, K.C.; Mr. W. E. Donovan, of the Treasury; Mr. H. Cooper, Information Department; Their Lordships the Bishops V. Foley, T. J. Wade, E. Bresson and J. Darnand.

C. J. AUSTIN,  
Medical Superintendent, Makogai.

**The Royal Sanitary Institute.**  
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