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Colony of Fiji

COUNCIL PAPER No. 36.

ANNUAL REPORT
OF THE
MEDICAL DEPARTMENT
FOR THE YEAR
1956

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1957

LEGISLATIVE COUNCIL
FIJI

COUNCIL PAPER No. 36.

MEDICAL DEPARTMENT

(ANNUAL REPORT FOR 1956)

I—ADMINISTRATION

ESTABLISHMENT AND STAFF

MEDICAL DIRECTORATE

THE Departmental Establishment is shown at Appendix I to this Report.

Dr. J. M. Cruikshank, C.M.G., O.B.E., Director of Medical Services, Fiji and Inspector-General, South Pacific Health Service, proceeded on leave in March prior to retirement. Dr. P. W. Dill-Russell, C.B.E., assumed duty as Director of Medical Services, Fiji and Inspector-General, South Pacific Health Service in October.

Dr. R. W. D. Maxwell, O.B.E., Deputy Director of Medical Services, on his return from leave, acted as Director of Medical Services, Fiji, and Inspector-General, South Pacific Health Service from March to October, then proceeded on pre-retirement leave. He has since taken up appointment as Deputy Director of Health, Western Samoa.

Dr. W. H. McDonald, M.B.E., acted as Deputy Director of Medical Services from March.

2. Senior Staff Changes—Appointments, Transfers, etc.—

Dr. L. G. Poole, who acted as Deputy Director of Medical Services during Dr. Maxwell's absence on leave, left on transfer to Nigeria in January.

Dr. C. H. Gurd, Physician Specialist, proceeded on combined study-vacation leave in June. Mr. R. I. Cohen, Surgeon Specialist, returned from leave in November having completed a course in Thoracic Surgery.

Dr. W. L. I. Verrier, Senior Medical Officer, proceeded on vacation leave in March, on taking up a World Health Organization Travelling Fellowship in Mathematical Statistics. He returned via Geneva and India and resumed duty in September.

Mr. R. E. Shaw, who acted as Surgeon Specialist during Mr. Cohen's absence, was seconded to British Solomon Islands Protectorate in December. He subsequently accepted a transfer as Surgeon Specialist to Sierra Leone.

Dr. P. J. Daly was appointed Ophthalmologist in March.

Dr. H. E. Knowles returned from vacation and study leave and was appointed Radiologist in November.

Dr. M. Gosden, O.B.E., Pathologist, returned from leave in December to continue service on contract terms.

Dr. L. A. Phillips, Anaesthetist, arrived in November.

Four Medical Officers were recruited during the year.

One Medical Officer returned to Canada having completed his agreement.

Dr. W. Worger, who was first appointed to the Colony in 1929 and who was re-employed, died in September.

Dr. G. D. Murphy returned to the Colony in December and resumed duty as Medical Officer-in-Charge, Tamavua Hospital.

LEGISLATION

3. Legislation of medical interest was as follows:—

1955 Legal Notice No. 7, Suva (Hairdressers and Chiropodists) By-Laws.

1956 Legal Notice No. 46, Lautoka (Hairdressers and Chiropodists) By-Laws.

1956 Legal Notice No. 60, Amends Quarantine Regulations.

1956 Legal Notice No. 98, Rabi Island (Infectious Diseases) Regulations.

1956 Legal Notice No. 99, Rabi Island (Buildings, Villages and Sanitation) Regulations.

1956 Legal Notice No. 108, Customs Duties Ordinance to permit free entry of surgical dressings and the more important drugs in use in general practice.

1956 Legal Notice No. 120, Revokes Regulation 5 of the Public Hospitals and Dispensaries Regulations. This Regulation which empowered the Medical Officer-in-Charge of a Hospital to impose fines on subordinate staff was revoked on the advice of the Secretary of State.

A new Medical Practitioners Registration Ordinance has been drafted and will receive its first reading at the first Session of Legislative Council in 1957.

FINANCE

4. Expenditure for the year 1956—General District and Special Hospitals:—

Salaries of Medical Officers	£18,057
Salaries of Assistant Medical Practitioners	20,015
Salaries of Laboratory Staff	7,310
Salaries of Nursing Staff	57,372
Salaries of X-Ray Staff	2,114
Salaries of Clerical Staff	7,431
Salaries of Dental Staff	4,640
Wages of Subordinate Staff	56,595
Rations	82,394
Power, Heat, Light, Water and Refrigeration	12,127
X-Ray Services	1,700
Laundry	2,363
Workshop	18
General Maintenance, Stores and Incidentals	5,004
Hospital Paupers' Burials	17
Drugs, Instruments and Appliances	25,002
Clothing, Bedding and Equipment	12,035
Books and Periodicals	140
Occupational Therapy	78

£314,412

5. Expenditure for the year 1956—Rural Hospitals and Dispensaries:—

Salaries of Medical Officers	7,262
Salaries of Assistant Medical Practitioners	40,985
Salaries of Nursing Staff	47,394
Salaries of Clerical Staff	260
Wages of Subordinate Staff	13,967
Rations	10,838
General Upkeep, Stores and Maintenance	3,125
Hospital Paupers' Burials	25
Drugs, Instruments and Appliances	4,701
Clothing, Bedding and Equipment	1,822

£130,379

6. Medical Stores and Equipment—Value of Issues to nearest £:—

	Drugs and Instruments	Clothing and Bedding	Total
Cash Sales	11	.....	11
Private Accounts	312	.....	312
Special Hospitals	6,016	2,888	8,904
General Hospitals	25,002	12,035	37,037
Rural Hospitals	4,701	1,882	6,523
Dispensaries	4,940	102	5,042
Health Sisters	1,349	243	1,592
Child Welfare Nurses	2,130	218	2,348
Missions	34	.....	34
Other Medical	597	82	679
Other Departments	1,086	59	1,145
Total	£46,178	£17,449	£63,627

7. Revenue and Expenditure of the Department:—

	1954	1955	1956
Gross Expenditure	£683,322	£713,547	£804,295
Revenue	71,043	88,233	84,860
Nett Expenditure	612,279	625,314	719,455
Percentage of Colony's Expenditure	13 per cent	13 per cent	11 per cent
Expenditure per head of population	36s. 9d.	36s. 3d.	40s. 2d.

The following table shows the expenditure on Medical and Health Services per head of the population, over the past 20 years:—

Year	Total Population	Expenditure per head
1936	201,086	8s. 1d.
1939	215,030	10s. 7d.
1942	233,895	10s. 1d.
1944	246,485	12s. 1d.
1945	254,676	14s. 2d.
1946	260,468	16s. 6d.
1947	269,274	20s. 8d.
1948	277,372	24s. 4d.
1949	284,955	25s. 0d.
1950	293,764	27s. 2d.
1951	301,959	32s. 10d.
1952	312,678	36s. 7d.
1953	320,801	38s. 8d.
1954	333,389	36s. 9d.
1955	345,164	36s. 3d.
1956	357,881	40s. 2d.

CORRIGENDUM

The last line of paragraph 11 is amended by the deletion of the words
"by Her Majesty's Overseas Research Service."

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COLONIAL DEVELOPMENT AND WELFARE PROJECTS

8. *Suva Medical Centre*—The new Central Medical School and Central Nursing School buildings were occupied in 1954 and 1955 respectively. More information is given later in this report and in Appendices XI and XII.

Major alterations to the former Medical School building in the grounds of the Colonial War Memorial Hospital were commenced during the year. On completion of these alterations, the Dental Division will have a most adequate department, not only for treatment of patients, but also for clinical instructions to the students undertaking the Assistant Dental Practitioners' and Dental Nurses' Courses.

During the year reconsideration was given to the plans for future hospital development throughout the Colony. In view of this, it was decided not to proceed at present with the construction of the Out-patient Department foreshadowed in last year's report.

9. *Tuberculosis Survey*—United Kingdom Colonial Development and Welfare Funds were available during the period 1949 to 1953. Since the latter date, Colony funds have been used for continuation of this work. A review is contained in Appendix III.

10. *Central Medical Research Library*—The Central Medical Research Library, instituted by a Colonial Development and Welfare grant in 1949, was continued by Colony funds. The library continued to serve its useful and popular function for the medical officers and students. The library was housed in the Central Medical School during the year.

11. *Filariasis Research*—Mr. C. B. Symes, O.B.E., Entomologist from Her Majesty's Overseas Research Service, completed his tour of duty in December, 1956. The investigation into filariasis and mosquito control will be continued by Mr. G. F. Burnett, Entomologist. The possibility of the addition of a Parasitologist to the staff of the research unit is being explored. Mr. Symes' report of his investigations is being published by Her Majesty's Overseas Research Service.

INTERNATIONAL AGENCIES

12. Dr. M. G. Candau, Director-General, World Health Organization and Dr. I. C. Fang, Regional Director, visited Fiji for three days while on their way to New Zealand and Australia.

13. *World Health Organization Fellowships*—Dr. H. E. Knowles, returned to the Colony during the year and was appointed Radiologist.

Mr. R. I. Cohen, with his Fellowship in Thoracic Surgery, visited various Clinics and Hospitals in the United Kingdom and United States of America.

Dr. W. L. Verrier utilized his Fellowship in the United Kingdom to further his knowledge of Statistical Methods.

A Course in Village Sanitation and Public Health measures under the auspices of World Health Organization was attended with benefit by two Assistant Medical Practitioners in Western Samoa.

14. *Yaws Control—World Health Organization and United Nations Children's Fund*—A Colony-wide Yaws Control Programme which was commenced in December 1954, with the assistance of the World Health Organization and the United Nations Children's Fund, was continued. In view of the endemicity of yaws amongst Fijians, it was considered advantageous for the entire Fijian population to receive treatment with Penicillin Aluminium Mono-stearate. During the year local teams consisting of an Assistant Medical Practitioner and a Nurse reviewed the patients previously treated, and gave further treatment where necessary. A final review and assessment of results will be made by the Senior Medical Officer, who is in charge, and the World Health Organization visiting staff.

15. *Central Medical School*—In 1954 World Health Organization agreed to provide two lecturers to teach Biology, Biochemistry and Physiology at the Central Medical School for a period of two years. During the year the Lecturer in Physiology resigned and the position was vacant for the greater part of the academic year. World Health Organization agreed to extend this agreement for the provision of two lecturers for a further period of two years.

16. *South Pacific Commission*—The close liaison with the South Pacific Commission continued.

DEPARTMENTAL RESEARCH

17. *Yaws*—The Yaws Control Project has already been mentioned.

18. *Filariasis*—In addition to the investigation into control initiated by Mr. C. B. Symes, the Filariasis and Mosquito Control Unit of the Department continued its survey. This survey was commenced in 1944 and was the subject of a report published in 1955.

19. During the year the whole of the population of Lomaloma and Mualevu Districts of Vanuabalavu Island, Lau, 1,978 persons in all, were examined; 21.5 per cent had evidence of filariasis, either clinically or with microfilaraemia. All inhabitants, whether positive or negative, were treated with Diethyl Caramazine with a dosage rate of 100 mg. first dose, then 50 mg. on one day at monthly intervals thereafter. The intention is to re-examine this population at monthly intervals. A more detailed analysis of the figures is shown in Appendix IV.

20. *Demography*—Dr. W. L. Verrier continued his long-term inquiry into the demographic structure of the Fijian race.

II—PUBLIC HEALTH

GENERAL REMARKS

21. The Director of Medical Services is Chairman of the Central Board of Health, which controls and co-ordinates public health activities throughout the Colony. The District Medical Officer in each of the four districts is the Medical Officer of Health to the Local Authorities within his district and is assisted in this capacity by the Health Inspectors, Health Sisters, Assistant Medical Practitioners, Assistant Health Inspectors, District Nurses and other staff.

22. Twenty-two Local Health Authorities constituted under the Public Health Ordinance 1936, were concerned with the administration of this Ordinance and the Regulations thereunder in their areas. These Authorities were also concerned with the local aspects of Town Planning and Sub-division of Lands.

23. The Regulations of the Fijian Affairs Board provide the health legislation which is applicable only to the native population and which can be enforced within the Fijian villages. These villages are specifically excluded from the application of the Public Health Ordinance.

24. The Colony is divided into 48 areas, each having an Assistant Medical Practitioner at a Rural Hospital or Rural Dispensary. This Assistant Medical Practitioner is responsible to his Medical Officer of Health.

25. Fiji as a participating member of the South Pacific Health Service exchanges epidemiological information with various territories within the Southern Pacific.

COMMUNICABLE DISEASES

26. There were no major epidemics. The trends in various notifiable diseases in the last five years are shown in the following table:—

	1952	1953	1954	1955	1956
Dengue	135	60	72	36	38
Dysentery	267	243	244	143	231
Enteric Group	82	35	13	26	14
Gonorrhoea	208	220	211	322	299
Infective Hepatitis	41	29	45	53	63
Infantile Diarrhoea	750	2,197	1,527	1,542	2,369
Influenza	4,478	3,197	8,496	5,437	5,710
Leprosy	33	40	26	19	23
Pertussis	773	245	422	627	471
Syphilis	21	23	12	48	15
Tetanus	38	33	45	37	38
Tuberculosis	453	498	489	745	610

Of these, the following require special mention:—

27. *Infantile Diarrhoea*—This will require special investigation and initial steps were taken to obtain a clearer picture of the situation, e.g. whether there was a seasonable incidence, a racial difference or whether there are multiple causes (dysentery, malnutrition, etc.).

28. *Influenza*—The cases notified range from those with coryza to true virus infection.

29. *Leprosy*—The figures are significant to the extent that there has been no marked increase in the numbers coming forward for treatment, and it is considered that leprosy is not increasing in the Colony.

30. *Tuberculosis*—Continued to be the most important health problem.

31. *Poliomyelitis*—No case was notified during the year. An analysis of the eight cases notified in 1952 and 14 in 1955 shows the racial groups affected:—

	Part-			
	European	European	Indian	Fijian
1952	2	1	5	..
1955	4	3	3	4

32. *Malaria*—There were six cases recorded—all infected outside the Colony (e.g. returned soldiers from Malaya).

33. *Syphilis*—Only four cases were treated at V.D. Clinic, Suva, during the year. One primary case in an Indian male, three latent cases (two Indian males and one Part-European).

VITAL STATISTICS

34. The Registrar-General's estimates of the population of the Colony at the end of 1956 are given at Appendix XIV.

35. A Census of the Colony was held on 26th/27th September, and the full report is awaited.

36. The average annual increase during the decade 1936/45 was 6,126 and for the period 1946/55 was 9,472. The continued upward trend is shown by the estimated increase of 12,717 for 1956.

37. The average annual increase for the two major races for the decade have been:—

Fijians	3,885
Indians	5,628

38. The rates of natural increase of the whole population have been:—

	Per mille					
1952	28.52
1953	30.97
1954	30.29
1955	29.78
1956	32.08

39. Among crude birth-rates may be noted the following:—

	1952	1953	1954	1955	1956
Fijians	36.67	35.18	37.00	34.17	35.59
Indians	44.69	46.08	43.17	42.26	44.47
Whole population	40.02	40.32	39.61	37.86	39.33

40. The Infant Mortality Rates for the past three years are:—

	1954	1955	1956
Fijians	50	73	48
Indians	49	40	45
Whole population	49	56	46

III—HYGIENE AND SANITATION

41. Administration of the Public Health Ordinance is vested in the Central Board of Health, and the Board has delegated its duties to 22 Local Health Authorities. The minutes of meetings of these Local Authorities were forwarded to the Board for scrutiny. Advice was sought from either the Board or the Director of Medical Services, during the year. The District Medical Officers are Medical Officers of Health to the Local Authorities of the districts in which they are stationed. Health Inspectors assisted by locally trained Assistant Health Inspectors carried out the duties under the Ordinance while other public health activities were performed by the Health Sisters and locally trained District Nurses.

42. The return of work done by all Local Health Authorities for the last five years includes the following figures:—

	1952	1953	1954	1955	1956
General Sanitary Inspections	64,031	56,766	42,716	78,036	71,569
Sanitary defects remedied	41,243	19,985	23,090	53,018	21,395
Written notices served	3,219	3,957	4,609	7,827	6,323
Closing Orders issued	172	324	57	110	92
Demolition Orders	48	118	212	40	20
Buildings demolished	93	184	35	64	42
Food premises inspected	5,566	6,879	1,882	5,049	4,112
Improvements effected	230	1,727	461	1,047	1,350
Foodstuffs condemned in lb.	14,367	46,363	27,696	57,445	101,712
Food samples taken	357	452	426	292	723

43. *Supervision of New Buildings*—The improvements mentioned in previous years continued; dwelling houses, as before, were of a relatively substantial nature.

	1952	1953	1954	1955	1956
New Applications received	1,133	1,881	1,151	2,024	2,115
Declared value	£631,213	£858,101	£1,797,455	£2,263,460	£2,497,058

44. Legal proceedings were as follows:—

(a) For offences under the Public Health Ordinance:—

	1952	1953	1954	1955	1956
Cases taken to Court	23	61	225	165	250
Convictions obtained	21	59	203	163	243
Penalties imposed	£62	£149	£370	£373	£882

(b) For offences under the Pure Food Ordinance:—

	1952	1953	1954	1955	1956
Cases taken to Court	22	39	42	30	40
Convictions obtained	19	37	41	25	35
Penalties imposed	£161	£278	£366	£154	£245

45. *Sewage Disposal*—The number of septic tank proposals passed during the year showed a considerable increase.

	1952	1953	1954	1955	1956
Septic Tank proposals passed	42	58	51	67	1,010
Latrine-slabs sold	390	267	452	716	601

46. *Garbage Disposal*—The organized collection and disposal of household and business garbage in urban areas through the Colony continued to be reasonably good.

47. *Rat Destruction*—

	1952	1953	1954	1955	1956
Number of poison baits set	.....	.....	.....	915	1,930
Number of traps set	11,988	4,781	12,640	9,977	9,528
Number of rats caught	3,640	934	1,875	1,720	1,203
Rats sent to laboratory	89	48	78	63	58

No rats were found to be infected with plague.

48. *Water Supplies*—Water supplies in towns and township areas continued to be under Government control and were inspected regularly.

Number of samples taken—

	1952	1953	1954	1955	1956
Bacteriological test	152	104	179	129	612
Chemical test	..	..	.....	2	.....
Sea water (public baths)	45	13	13	20	18

IV—SEAPORT AND AIRPORT HEALTH AND QUARANTINE

49. There was no change in the ports of entry for overseas ships. Suva and Lautoka remained the only ports of entry for ships from malarial areas, while Suva continued to be the only port where deratization could be carried out for issue of an International Certificate.

50. At the International Airport at Nadi, the Medical Officer of Health and Health Inspector with Assistants carried out general sanitary measures and mosquito control. The work at this Airport has increased steadily and during the Olympic Games period traffic was considerable. While mosquito control has continued at all ports of entry for sea going vessels and aircraft, the emphasis within the territory itself continued to be on permanent drainage rather than by the use of insecticides. This emphasis will continue until the research at present in progress has produced a clearer picture.

51. At Nadi Airport no *Aedes aegypti* nor *Aedes scutellaris pseudoscutellaris* larvae or adults were found; this area has been clear of *Aedes aegypti* for some years.

52. Within the Suva and Samabula areas, Mosquito Surveyors visited houses regularly. In 12 per cent of compounds visited larvae were found. More than two-thirds of the breeding areas were preventable, e.g. water-tanks without mosquito screening, empty drums, bottles, tins, discarded tyres, buckets, etc. In rural areas, 15 Assistant Mosquito Inspectors patrolled, inspecting and advising on mosquito control.

V—HOSPITALS AND DISPENSARIES

53. The total number of beds available for treatment of in-patients at the various hospitals in the Colony was 2,160.

54. The Colonial War Memorial Hospital in Suva provided 298 beds. At this hospital, specialists were based. The students of the Central Medical School received their clinical training while the immediate graduates gained hospital experience. Some of the older Assistant Medical Practitioners were brought into the hospital for refresher courses. Further details of this hospital are contained in Appendix V.

55. Lautoka and Labasa Hospitals, of 168 and 104 beds respectively, served as centres for their districts. Here also training was provided for recent graduates of the Central Medical School.

56. Levuka Hospital with 40 beds provided hospital accommodation for patients of the Eastern District.

57. Fourteen Rural Hospitals and 47 Rural Dispensaries located at strategic centres in the various islands gave accommodation and/or treatment to the patients within their areas.

58. The Mental Hospital in Suva accommodated up to 164 patients. During the year two new wards were built, one in the male patients' area, the other in the women's compound. More details are shown in Appendix VI.

59. Tamavua Tuberculosis Hospital, with 321 beds, five miles from Suva, completed its tenth year as the main tuberculosis hospital for the Colony. Major maintenance work was carried out during the year, the wards being re-painted. An indication of the progress of this hospital is revealed by a comparison of 1951 figures. Whereas in 1951, there were 220 admissions, 118 discharges and 86 deaths, in 1956 482 patients were admitted, 392 discharged and 29 deaths only occurred. In 1956, 2,790 patients were fully reviewed at the Out-patient Department as compared with 832 in 1951. More detailed information is given in Appendix III.

60. The Central Leprosy Hospital, Fiji, is on the island of Makogai, 65 miles from Suva. Patients from Western Samoa, Cook Islands, Niue, Tonga, Gilbert and Ellice Islands Colony, New Zealand and Fiji were accommodated. The annual review of the year is contained in Appendix VII.

61. In Suva, a Sub-Station served as the transit area for patients waiting to go to Makogai and for those cases discharged from Makogai. More detail is given in Appendix VIII.

62. At Makogai, 60 patients were admitted and 115 discharged during the year. There were seven deaths. The visit of Mr. A. L. Eyre-Brook, Consultant Orthopaedic Surgeon from United Kingdom, and his demonstration of operative treatment for nerve lesions on some five cases provided a practical demonstration of the importance of re-constructive surgery in hand-capped patients.

NEW ZEALAND AND FIJI LEPERS' TRUST BOARDS

63. Fiji Lepers' Trust Board continued to dispense the funds allocated to Fiji by the parent Board—the New Zealand Lepers' Trust Board.

64. The continued Physiotherapeutic X-Ray Department has proved to be very popular and was shown to be too small. Plans were made for the enlargement of this Department.

65. His Excellency the Governor and Lady Garvey visited Makogai to open the Arts and Crafts building, erected in appreciation of the work of Dr. and Mrs. C. J. Austin, from funds provided by the New Zealand Lepers' Trust Board.

66. At the Sub-Station in Suva, a small club was commenced for the ex-patients of Makogai, a club where these ex-patients are able to meet to discuss their problems and help one another.

67. Sir Henry Scott, Q.C., Chairman of the Fiji Lepers' Trust Board died during the year. His association with, and interest in, Makogai had been sustained for many years. Sir Hugh Ragg accepted the appointment as Chairman.

DISTRICT HOSPITALS AND DISPENSARIES

68. In addition to the three District Hospitals at Lautoka, Labasa and Levuka, there were 14 Rural Hospitals staffed by Assistant Medical Practitioners and locally trained nurses. These Rural Hospitals as well as the Dispensaries, which serve as the local headquarters for the Assistant Medical Practitioners in their own districts, were supervised by the Medical Officers of the various districts.

69. During the year six dispensaries were provided with buildings of timber construction—two of the single unit style, four double units. The single unit, comprising one room 12' x 12', consisted of panels 8' x 3' complete with doors and windows, prefabricated and transported with furniture and cement to the site. The building was erected on a concrete dwarf wall and floor prepared at the site.

70. Eight dispensaries or nurses' stations were repaired or provided with tanks for a water supply.

71. In some areas, thatched buildings were re-built.

72. The number of patients seen and treated is shown in Appendix II (b).

NUTRITION

73. During the year, the Supervising Dietitian directed the activities of the housekeepers employed at the various institutions as well as inspecting the catering facilities at the Rural Hospitals.

74. New ration scales for hospitals were prepared by Senior Nutritionist, South Pacific Health Service and Supervising Dietitian.

75. Illustrated booklets on Infant Feeding in Fijian, Hindi and for certain other territories were prepared by the Nutrition Section of the South Pacific Health Service.

76. Action was commenced to introduce iodized salt into the Colony as goitre has been found to be prevalent in certain areas.

77. Courses of instruction to Assistant Medical Practitioners, nurses and trainee dietitians were given as well as radio talks and press publications.

DENTAL DIVISION

78. The Dental Division of the Department continued its activities.

79. At the Dental Clinic, Colonial War Memorial Hospital, there were 12,397 attendances during the year. The majority of the treatment given at this Clinic is by the final year dental students in the course of their training, supervised by a Dental Officer and Assistant Dental Practitioner.

80. Dental Service to pupils was given either at the Dental Clinic if the schools were within a reasonable distance or by visiting teams each consisting of one Assistant Dental Practitioner and Student Nurse.

81. Whenever possible, Assistant Dental Practitioners toured country districts. Assistant Medical Practitioners in their areas extract teeth. A basic set of instruments and notes to assist these Assistant Medical Practitioners were forwarded to them.

82. Seventeen students attended the Dental School. Six students graduated in 1956, while one Assistant Dental Practitioner completed a course in denture construction. One student commenced the course in Dental Mechanics, while three candidates received training as Dental Nurses.

83. Further details are given in Appendix IX.

DEPARTMENTAL VESSELS

84. The Medical Department maintained several vessels.

85. The A.K. *Makogai*, based on the island of Makogai, was used during the year on her normal duties of conveying staff, stores and visitors between Suva or Levuka and the Leprosy Hospital at Makogai.

86. The launch *Vuniwai-ni-toba* was used by the Health Department in Suva, on quarantine and fumigation duties as well as short journeys to neighbouring islands including the weekly visit to the quarantine islands of Makuluva and Nukulau.

87. The launch *Adi Makareta*, normally based at Wainibokasi for use by the Health Sister in inspection of villages within the Rewa delta and along the Tailevu coast, was not put to as much use as in previous years. The various rivers became so silted and shallow during the year that this launch was not able to patrol up the rivers to any distance. Arrangements were being made for the *Adi Makareta* to be transferred to Vanua Levua and based at Labasa where she should prove most useful for patrol work.

88. The 42-ton A.K. *Vuniwai* was used extensively during the year. She went aground on a reef and was under repair for several weeks.

VI—LABORATORY DIVISION

89. The Pathologist was absent on leave from April till December, and during this time the Laboratory Superintendent was in charge of the Laboratory and its work. Post-mortems were carried out by various Medical Officers. No organized teaching of Pathology was given and much of the histology was sent to New Zealand during the Pathologist's absence on leave.

90. The amount of routine investigations again increased during the year, and the Laboratory was working up to capacity with its present staff and accommodation.

91. Details in Appendix X.

VII—TRAINING

92. The new Central Medical School building was opened by Her Majesty the Queen in December, 1953, and the Central Nursing School buildings were occupied in 1954.

93. The number of students enrolled in 1956 was 131—made up of 92 medical, 18 dental and 21 ancillary course students, while the total number of nurses in training at the end of the year was 246, 159 of whom were at the Central Nursing School, Tamavua.

94. The Colonial War Memorial Hospital, Tamavua Tuberculosis Hospital, Mental Hospital and Central Leprosy Hospital, Makogai, provide clinic material for the medical and dental students, while the various departments of the Health Division provide practical training in preventive medicine, epidemiology and environmental hygiene.

95. The facilities at the Colonial War Memorial Hospital have been recognized by some of the Universities abroad as meeting requirements for the compulsory year of hospital prior to full medical registration. One officer served at the hospital during the year for this purpose.

96. The Advisory Board of the Central Medical (and Dental) School consists of Inspector-General, South Pacific Health Service (who is also the Director of Medical Services, Fiji), Chairman; Director of Education, Fiji; Secretary for Fijian Affairs; Deputy Director of Medical Services, Fiji; Medical Officer-in-Charge, Colonial War Memorial Hospital; Principal, Central Medical School. One of the meetings each year is held jointly with the South Pacific Board of Health when the latter Board meets in Suva.

97. The Academic Board of the Central Medical School consists of the Principal (Chairman); Director of Education; Medical Officer-in-Charge, Colonial War Memorial Hospital; Physician Specialist; Surgeon Specialist; Medical Officer of Health; Senior Dental Officer; and meets quarterly to assess the progress of the students and review the curriculum. One of the lecturers in pre-clinical subjects is also a member.

98. Assistant Medical Practitioner and Assistant Dental Practitioner are the designations of graduates from the School. In the territories from which these students are drawn, these graduates are full-time members of the medical staff—they do not engage in private practice.

99. Other courses, apart from medical and dental training, available for students are:—

Pharmacy	.. .. .	3 years
Laboratory Assistant	.. .. .	3 years
Health Inspector	.. .. .	3 years (Students may complete the third year in their home territory).

100. Post-graduate training was available for Assistant Medical Practitioners and five were accommodated during the year. One Medical Officer from Tonga also attended at Tamavua Tuberculosis Hospital and Makogai Leprosy Hospital for training in these subjects.

101. At the Central Nursing School, the Acting Principal assisted by her tutorial staff was responsible for the training of 159 girls while at Lautoka 87 were under training. Shortage of tutorial staff made supervision and teaching difficult. The accommodation for these trainees is now becoming too small.

102. Fifty-five nurses passed the qualifying examination in 1956.

103. The course of training to New Zealand registration standard continued—there are now 13 candidates undertaking this course.

104. Recruitment of Sisters from New Zealand and Australia continued to be unsatisfactory, and throughout the year the hospitals, training schools and districts were short of supervisory staff.

VIII—METEOROLOGY

105. Summaries of meteorological observations for 1956 are given at Appendix XVIII. For these I am indebted to the Meteorological Officer at Laucala Bay, Suva.

P. W. DILL-RUSSELL,
Director of Medical Services.

APPENDIX I

DEPARTMENTAL ESTABLISHMENT

	1956
1. MEDICAL AND ADMINISTRATIVE SECTION—	
Director of Medical Services	1
Deputy Director of Medical Services	1
Secretary	1
Senior Medical Officers	3
Physician Specialist	1
Surgeon Specialist	1
Medical Officers	19
Ophthalmologist	1
Radiologist	1
Dental Surgeons	2
Pathologist	1
Anæsthetist	1
Assistant Medical Practitioners	115
Assistant Dental Practitioners	4
2. NURSING SECTION—	
Nursing Superintendent	1
Matrons and Assistant Matrons	6
Sisters in Charge	3
Nursing Sisters	54
Health Sisters	13
Principal (1) Tutors (6) Nursing School	7
Nurses	368
3. TECHNICAL SECTION—	
Laboratory Superintendent	1
Chief Laboratory Assistant	1
Laboratory Assistants	11
Chief Health Inspector	1
Health Inspectors (10) Assistant Inspectors (23)	33
Government Pharmacists (3) Assistants (4)	7
Radiographers (3) X-ray Assistants (4)	7
Supervising Dietitian	1
Dental Mechanic	1
4. CLERICAL SECTION—	
Clerical Staff	49
5. SUPERVISORY SECTION—	
Mental Hospital, Attendants (2) Orderlies (20)	22
Caretaker, Quarantine Island	1
Carpenters (3) Engineers (3) Storekeepers (3)	9
Occupational Instructor	1
Housekeepers (6) Laundry (2) Seamstress (1)	9
Subordinate staff	493
6. CENTRAL MEDICAL SCHOOL—	
Principal	1
Medical Officer	1
Anatomy and Surgery Lecturer	1
Dental Officers (2) Dental Mechanic (1)	3
Science Lecturer	1
Dental Hygienist	1
Assistant Medical Practitioner	1
Housekeeper (1) Clerical staff (3) Servants (17)	21
Laboratory Attendants	3
7. FIJI LEPROSY HOSPITAL—	
Senior Medical Officer	1
Clerical Staff	2
Overseer (1) School teachers (2) Constables (4)	7
Bakers (4) Labourers and Servants (30)	34
Nursing Sisters	23
Assistant Nursing Sisters	11
8. MALARIA PREVENTION AND FILARIASIS CONTROL—	
Surveyor in Charge	1
Senior Inspectors (4) Inspectors (10) Assistants (57)	71
Clerical Staff (2) Pupils (6)	8
Health Inspector	1
9. CENTRAL MEDICAL RESEARCH LIBRARY—	
Librarian	1
Clerical Staff	1

APPENDIX II (a)

HOSPITALS AND DISPENSARIES

	<i>Beds</i>
<i>Main and Specialist Hospitals—</i>	
Colonial War Memorial Hospital, Suva	298
Tamavua Tuberculosis Hospital, Suva	321
Mental Hospital, Suva	164
Fiji Leprosy Hospital, Makogai	622
<i>District Hospitals—</i>	
Lautoka	168
Labasa	104
Levuka	40
<i>Subsidized Hospitals—</i>	
Methodist Mission Hospital, Ba	41
Cottage Hospital, Ba	6
Private Hospital, Colonial Sugar Refining Company, Ba ..	12
<i>Rural Hospitals—</i>	
Wainibokasi	51
Waiyevo, Taveuni	52
Vunidawa	30
Koromumu, Sigatoka	33
Penang, Rakiraki, Ra	19
Nadi	34
Nailaga, Ba	20
Savusavu	31
Vunisea, Kadavu	24
Lomaloma, Lau	16
Nabouwalu, Bua	30
Rotuma	16
Lakeba, Lau	19
Matuku	9
Total Number of Beds available ..	2,160

See Appendix II (b) for details of out-patients.

See Appendix II (b) for details of in-patients.

DISPOSITION OF URBAN AND RURAL DISPENSARIES

In Suva—

Suva Gaol

Samabula

Tamavua Out-patients (General) Dispensary

Central Division (under District Medical Officer)—

Beqa Island

Nausori Clinic

Korovou, Tailevu North

Navua

Lodoni

Nayavu

Lomanikoro

Korovisilou

Mokani

Viria

Namosi

Eastern Division—

Gau

Koro

Kabara

Moala

Ono-i-lau

Yaro, Kadavu

Moturiki

Nairai

Vanuavatu

Western Division (under District Medical Officer, Lautoka)—

Korolevuiwai

Natuatuacoko

Nadarivatu

Naviti, Yasawa

Nadi Airport (administered from Suva)

Sautabu

Namarai

Tau

Nanukuloa

Tavua

Nasau

Vatukoula

Northern Division (under District Medical Officer, Labasa)—

Dreketi

Visoqo

Lekutu

Wainikoro

Naduri

Wainunu

Udu

Rabi Island Community

Kioa Island

Saqani

Natewa

Tukavesi

Total Rural Dispensaries—47

See Appendix II (b) for details of out-patients.

II

APPENDIX II (b)

The following tables show the analyses of in-patients and out-patients for the year 1956.

1. CENTRAL AND DISTRICT HOSPITALS ADMISSIONS—RACIAL DISTRIBUTION

Race	C.W.M. Hospital	Tamavua	Lautoka	Labasa	Levuka	Totals
Fijians	1,397	345	986	421	510	3,659
Indians	1,996	78	3,369	1,248	78	6,769
Europeans and Euroneseians	554	9	167	20	94	844
Chinese and Others	183	50	214	33	56	536
Totals	4,130	482	4,736	1,722	738	11,808

2. OUT-PATIENTS THROUGHOUT THE COLONY

Race	C.W.M. Hospital	Tamavua	3 District Hospitals	14 Rural Hospitals	Rural Dispensaries	Totals
Fijians	3,367	4,600	59,413	46,154	....
Indians	1,457	54,950	49,878	49,888	....
Europeans and Euroneseians	110	1,600	....	....	....
Chinese and Others	398	1,082	1,536	20,340	....
Totals	52,266	5,332	62,232	110,827	116,382	347,039

3. GENERAL AND RURAL HOSPITALS—ADMISSIONS

Hospitals	Beds	Occupied Beds (Daily Average)	Admissions
Colonial War Memorial Hospital	275	261	4,138
Tamavua	330	324	482
Three District Hospitals	300	283	7,196
Fourteen Rural Hospitals	397	218	11,304
Totals	1,302	.....	23,120

4. COLONIAL WAR MEMORIAL HOSPITAL

OUT-PATIENTS—SUVA AREA

Attended by	Totals
European Medical Officers	5,346
Dental Department	12,397
Eye Department	2,869
A.M.P. Casualty Department	6,304
Free Out-Patients	25,350
Total	52,266

APPENDIX III

TUBERCULOSIS DIVISION—1956

1. The number of new cases of tuberculosis notified was 606.

	1952	1953	1954	1955	1956
Europeans	3	11	11	10	8
Part-Europeans ..	9	7	16	13	4
Fijians	301	359	410	494	433
Indians	95	93	170	127	118
Others	45	28	54	77	43
Total	453	498	661	721	606

2. Of the 606 cases, 353 were males, 253 females and the age groups were as follows:—

To 5	69
6-15	55
16-25	190
25-36	123
36-45	74
46-59	65
60+	30
	606

3. An analysis of the children 0-5 years of age for the last ten years is—

	0-5	Rate per month of all cases registered
1947	40	92
1948	24	44
1949	34	75
1950	38	92
1951	32	87
1952	41	92
1953	42	87
1954	97	141
1955	82	113
1956	69	113

4. *Tamavua Tuberculosis Hospital*—This institution has now completed its tenth year as the main Tuberculosis Hospital for the Colony.

5. The tendency of the sick Fijian to come to Tamavua Hospital of his own accord, first noted in 1954, has increased and is sometimes an embarrassment to the Hospital facilities and Waiting List. No Tuberculosis case was refused admission during the year if a bed was available, however hopeless the prognosis.

6. A further increase in the use of domiciliary chemotherapy in selected non-infectious cases occurred during the year.

7. Bed state as compared with previous years—

	1953	1954	1955	1956
In Hospital 1st January ..	241	269	304	304
In Hospital 31st December ..	270	304	304	320
Total daily average	324 (including 42 persons 18 years of age and under).			

8. *Comparison with previous years*—

	1951	1952	1953	1954	1955	1956
Admissions	220	257	360	487	513	482
Discharges	118	137	248	373	465	392
Total Deaths	86	46	53	42	27	29
(including non-T.B.)						
Number of old cases re-admitted					106	
Number of new cases admitted					376	

9. *Breakdown of Deaths*—

Total number of deaths 29

Three of above deaths were non-tuberculous. Six patients died primarily of Tuberculous Meningitis (five Fijians (mostly children) and one Indian child).

The remaining 20 deaths were from Pulmonary Tuberculosis usually of considerable duration.

One death in an Indian was complicated by Diabetes. One Fijian had Amyloidosis from a chronic tuberculous empyema, and one Fijian woman had Cirrhosis of Liver as a complication.

Several of the other deaths were complicated by intestinal, abdominal, glandular, bone and joint and renal involvement.

Only one patient (Fijian) died from a massive lung haemorrhage.

10. *X-Ray Department*—No trained radiographer was available during the year. The Assistant Radiographer was seconded to the Mass Miniature Campaign and the department was run by two Male Nurses and an Indoor Servant.

The 100 mm. camera was sent to Australia for repairs and was not available during part of the year.

11. *Laboratory Return. Staff*—One Assistant Medical Practitioner. Four Laboratory Assistants.

The total number of specimens examined during the year was 13,044.

12. *Operating Theatre Returns*—Mr. R. I. Cohen was on leave throughout the year.

	1956
Apicolysis with polythene ball plombage	3
Phrenicclasis	20
Circumcisions	34
Artificial Pneumothorax .. .. .	.. . . .
Pneumoperitoneum	27
Artificial Pneumothorax refills	23
Pneumoperitoneum refills	2,709
Aspirations	22
Plaster of Paris	20

13. *Casualty Department Returns*—A small Casualty Department is maintained at Tamavua Hospital for the convenience of staff and local people within two-mile radius (i.e. village of Tamavua, Tacirua and Colo-i-Suva) Central Nursing School, Central Medical School and Public Works Department Repair gang also made use of the facilities.

14. Two thousand five hundred and forty-two patients were seen and treated—

Fijians	1,541
Indians	893
Others	108

2,542

15. Seventy-eight tuberculosis patients also attended for Out-Patient chemotherapy as a part of their domiciliary treatment and are not included in previous figure.

16. *Tuberculosis Out-patient Department*—2,790 patients were seen for full review and assessment. This includes weighing, full history, physical examination, ESR and sputum, X-Ray and arrangements for passage order or expenses refund.

17. The figure includes those known tuberculosis cases returning for routine follow-up review and those sent up first time as tuberculosis suspects by Assistant Medical Practitioners and General Practitioners.

18. The figure is made up thus—

Fijians	1,826
Indians	564
Europeans	21
Part-Europeans	89
Others	290

2,790

19. To show how the Out-patient Department is growing a comparison of returns for past six years is made—

Patients fully reviewed at Tamavua Out-patient Department—

1951	832
1952	1,285
1953	1,756
1954	2,048
1955	2,227
1956	2,790

20. *Tamavua Chest X-Ray Reporting Service*—The following chest X-Rays were reported on for outside institutions during 1956 and typewritten reports and recommendations made to the appropriate authority. Comparison with 1955—

	1955	1956
Colonial War Memorial Hospital	6,721	7,308
Lautoka Hospital	243	615
Labasa Hospital	20	221
Levuka Hospital	14	92
Makogai	16	.. . . .
Totals	7,014	8,236

21. Added to above there are the Tamavua In-patients, Out-patients and Staff chest films.

	1955	1956
Tamavua Out-patients	2,883	4,845
Tamavua In-patients	1,709	1,835
Tamavua Staff	743	673
Totals	5,335	7,353

22. It will thus be seen that a gross total of 15,589 films were seen and reported on in 1956 (an average of over 50 films per working day), as compared with 12,349 in 1955.

23. *Entertainment*—Owing to the major maintenance work being carried out during the year by the Public Works Department entertainment had to be restricted as the Recreation Hall was used as a Ward for approximately ten months, while the interiors of other wards were painted.

24. Red Cross workers continued to visit the hospital every fortnight to distribute magazines and to assist patients with handicrafts. These visits are looked forward to by the patients.

25. Motion pictures have been screened each week; Indian films once a month and English films three times a month. These films are very kindly made available through the courtesy of Messrs. Mullely and Crawford (of Regal), and Mr. Francis Grant (of Lilac Theatre).

26. St. Andrews' Guild and Members of St. Vincent de Paul Society visited this hospital just prior to Christmas Day and presented presents to each patient.

27. *Quarters*—Public Works Department commenced general maintenance and painting of hospital during the year. Main wooden corridor has been removed and replaced with cement. All wards have been painted and necessary repairs carried out.

28. *Fire-Fighting*—All fire-fighting equipment has been examined regularly during the year. Fire hoses to replace those worn out have been included in 1957 Estimates. All fire extinguishers were re-charged by the Public Works Department in January.

29. *Plantation*—During the year food crops to the value of £833 9s. 5d. were harvested from the hospital plantation. This figure represents a drop from 1955 harvest, but the cause of this was the uncertainty of the future of this farm.

30. It was with pleasure that advice was received in August, 1956, that a tractor was to be included in 1957 Estimates and the plantation was to continue.

31. *Poultry Farm*—During the year, 1,915½ dozen eggs were obtained valued at £700 19s. 9d. at market rates. During 1956, a trial shipment of "day-old" cockerels was imported and proved very satisfactory. A larger importation of day-old pullets and cockerels will be made in 1957. Poultry to the value of £171 10s. 6d. was killed off at Christmas time for patients and staff Christmas and New Year dinners.

32. *Piggery*—A new venture was commenced during the latter part of 1956 with the erection of a piggery. It is expected to have this building completed and stocked early in 1957.

33. *Transport*—Regular maintenance of vehicles was carried out during the year. Vehicles also assisted Central Medical School and Central Nursing School on many occasions, transporting staff and stores.

34. *Hospital Kitchen*—Hospital kitchen was as usual kept busy during the year, over 1,000 meals daily being supplied. Menus are European, Fijian and Indian.

35. *Northern District*—The Mass Miniature Radiography Unit conducted a survey in those areas accessible by road.

36. All available records from dispensaries were correlated and more than 400 patients were discovered who had not had the necessary follow-up; some for as long as four years. Many of these have died and the majority of the remainder, so far seen, are quiescent. There are still, however, more than 200 to be investigated. The major difficulties are lack of regular transport and ignorance.

37. The Tuberculosis Ward at Labasa Hospital had 32 occupied beds during the year.

38. *Western District*—There was an insufficient number of beds available for the treatment of Tuberculosis at Lautoka Hospital and patients were accommodated in the General Hospital while waiting for admission to the Annexe. This was particularly so in the case of non-pulmonary tuberculosis. During the year there were 80 admissions to the Annexe, 3 deaths, 27 discharges and 21 transferred to other hospitals. Eight hundred and ninety-five patients were reviewed as out-patients. There were 1,050 either initial inductions or refills of pneumoperitoneum.

39. *Review of Tuberculin Survey and B.C.G. Vaccination, 1932-1956*—Since 1932 there have been five surveys to determine the distribution of Tuberculosis and to assess the morbidity rate in the Fijian community by means of tuberculin testing. Lambert in 1932 surveyed 214 school children and 22 adults; he found 83 per cent and 95 per cent positive reactors respectively. Lambert used Old Tuberculin from Phipp's Institute, Philadelphia, with a dilution of 1/10,000 and a further injection of 1/100 if the first test was negative. The reaction was read after 48 hours.

40. In 1937, a further survey was done testing 8,110 persons; 54 per cent were positive reactors. The same technique was used as in 1932.

41. The tuberculin survey in 1939 was part of the general health survey, with an emphasis on the possible incidence of silicosis, of those employed at the Gold Mines in Vatukoua.

42. During the period 1950 to 1953 Old Tuberculin from the Commonwealth Serum Laboratories was used with a single injection of 1/10 cc. of 1/1000 (10 T.U.). This dosage was preferred as it had been found in the preliminary survey that a good proportion of the people failed to return either for reading or second injection. Readings were done at 48, 72 and 96 hours to determine the optimum time. Seventy-two hours was found to be the most suitable time to read the results. The percentage of increase in the positive reactors found by taking a reading at 72 hours rather than at 48 varied from 5.7 to 19.5 according to race. There was a 1 per cent increase in the percentage of reactors at 96 hours, but it was considered the reading at 72 hours was sufficiently accurate and it allowed more satisfactory planning of the week's work. More than 32,000 have been tuberculin tested since 1950. Tuberculin P.P.D. has now replaced Old Tuberculin. The Tuberculin index in respect of Fijians in the 1937 survey shows a time lag of infection in the lower age groups as compared with the results of the 1950-1953 survey (see Fig. 3).

43. In the early stages of B.C.G. Vaccination, fresh B.C.G. from the Commonwealth Serum Laboratories, Australia was used and the conversion rate, tested at six to eight weeks, was over 96 per cent and in many cases 100 per cent in Suva. The conversion rate in the provinces was not as good: the percentage of reactors on post-vaccination Mantoux testing varied from 60 to 70 per cent.

44. During 1950, 39 pupils at a Fijian School who had been vaccinated in 1949 were re-tested 12 months later: 21 were positive and 18 (46 per cent) had reverted to become negative. One hundred pupils in an Indian School were also re-tested and 100 per cent showed a positive reaction. Forty-three pupils, practically all Part-European, who had been vaccinated with B.C.G. in 1952 were re-tested in 1956: 22 were positive, 15 negative and 6 doubtful tuberculin reactors.

45. During 1956, 4,660 children were tested. Two thousand and four were positive, 2,656 were negative, 2,636 of the negative tuberculin reactors were vaccinated with B.C.G. Unfortunately, with the exception of one group, no post-vaccinal tuberculin test was performed to determine the conversion rate.

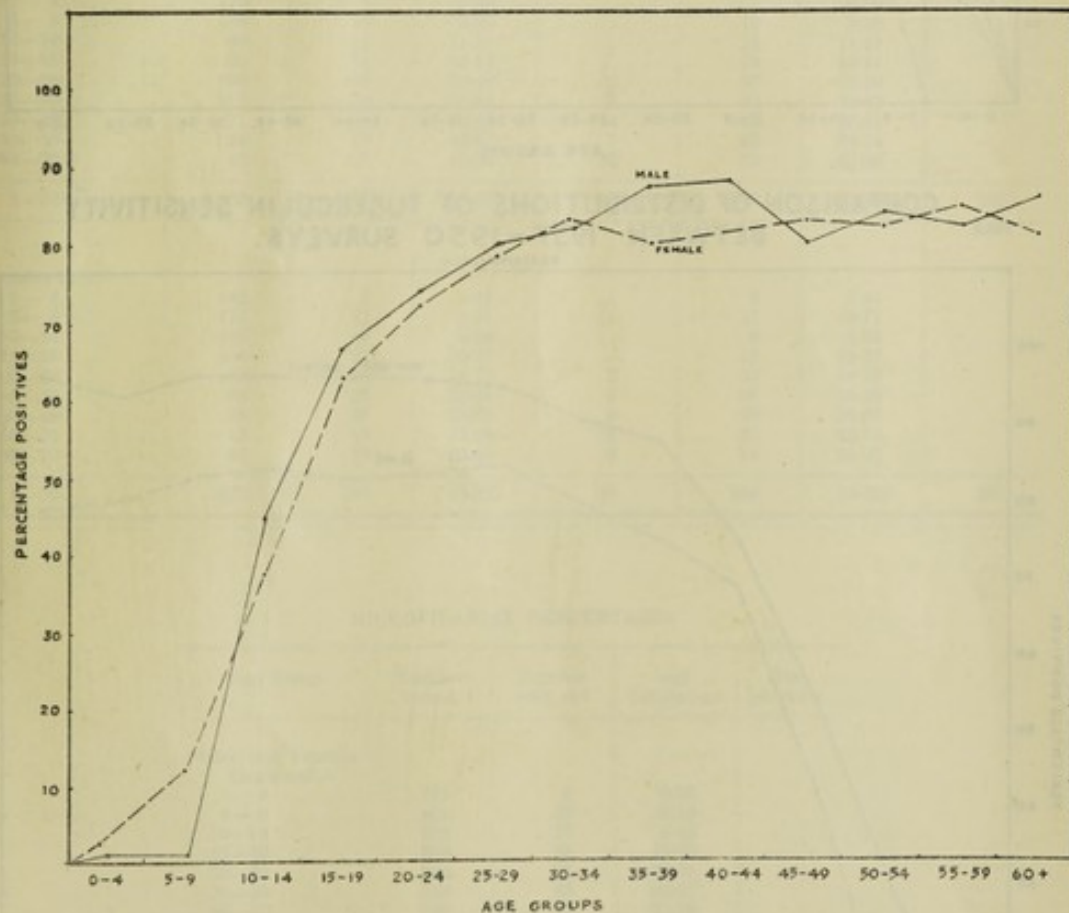
46. *Mobile Unit*—The Mass Miniature Radiography Mobile Unit has been in operation since August, 1954, and has patrolled all the motorable road on the main island of Viti Levu as well as the roads in the vicinity of Labasa, Vanua Levu.

47. In 1954, 5,729 films were taken and in 1955-1956, 52,284. Apart from the obvious comment that this Unit is restricted to motorable road and, therefore, only those people near these roads can attend, the bulk of the persons surveyed consisted of school children and the numbers declined in the higher age groups. The Mass Miniature Radiography "pick-up" rate is not, therefore, a true one, relative to the general population. There was a relatively high number of cases found in the 0-4 age group which would probably be explained by the fact that most of the children were either contacts of known cases of tuberculosis or children brought by anxious parents because of general debility. The figures of cases of tuberculosis discovered by the Mass Miniature Radiography Unit includes only cases discovered for the first time, assessed and registered as positive cases of pulmonary tuberculosis. At the end of 1956, there was still a number of cases positive radiographically which had yet to be assessed and registered.

FIG. 1

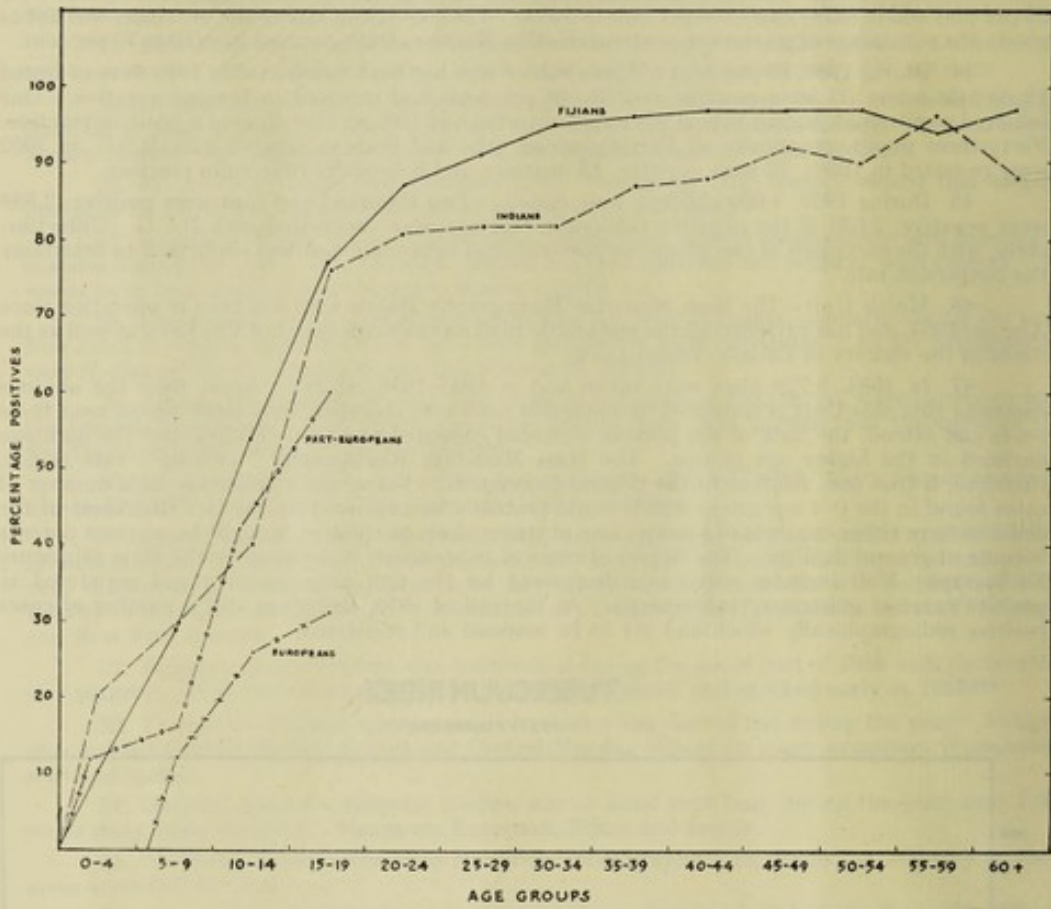
TUBERCULIN INDEX

1937 - FIJIANS ONLY



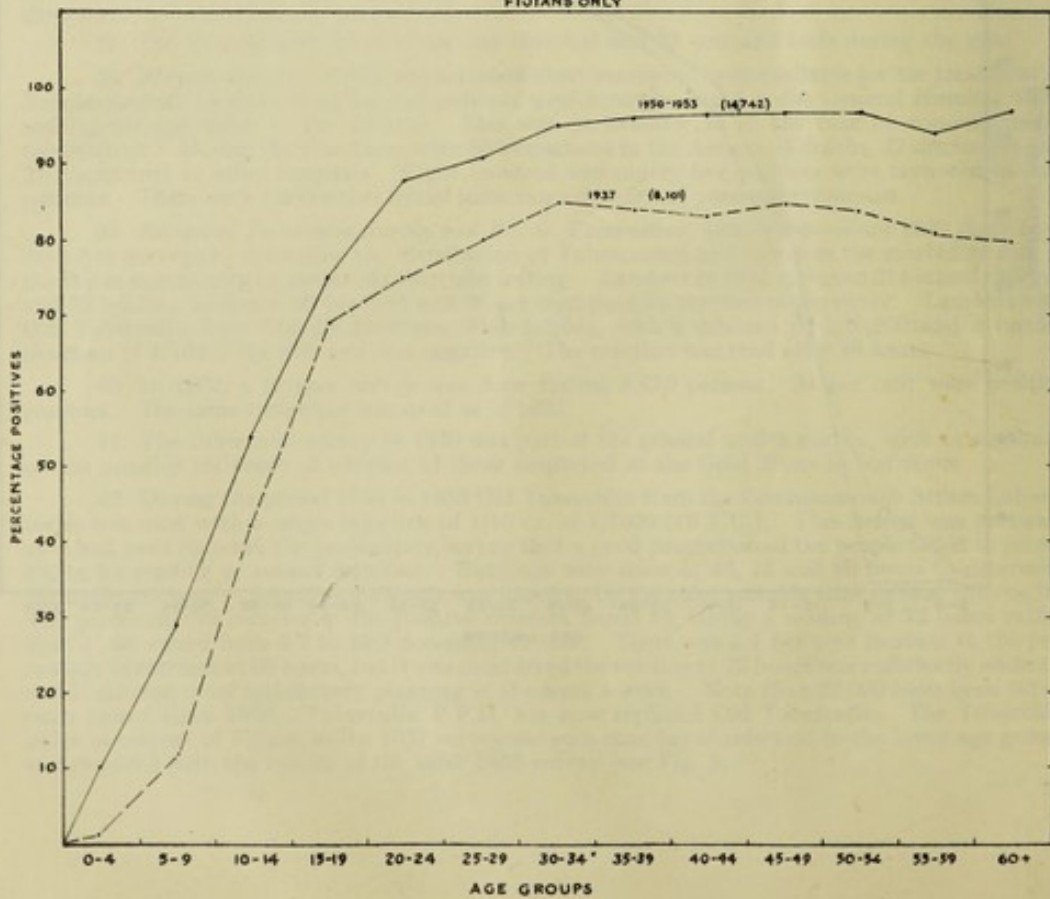
16
TUBERCULIN INDEX
 1950-1953

FIG. 2.



**COMPARISON OF DISTRIBUTIONS OF TUBERCULIN SENSITIVITY
 BETWEEN 1937-1950 SURVEYS.**
 FIJIANS ONLY

FIG. 3



APPENDIX IV

FILARIASIS ON VANUABALAVU ISLAND

FILARIAL PERCENTAGE BY AGE AND SEX GROUPS

Age	Number tested	Number with m/f	m/f percentage	No. with elephantiasis; histories of fever or lymphangitis (excluding enlarged lymph glands) but no m/f in blood	Total with filariasis	Filarial percentage	Rate per mille
Males and Females Combined—							
1—4	312	3	0.96	..	3	0.96	
5—9	361	33	9.14	..	33	9.14	
10—14	202	17	8.42	..	17	8.42	
15—19	208	35	16.83	..	35	16.83	
20—29	356	83	23.31	4	87	24.44	
30—39	195	55	28.21	11	66	33.85	
40—49	146	47	32.19	22	69	47.26	
50—59	102	40	39.22	19	59	57.84	
60—70+	96	38	39.58	19	57	59.37	
1—70+	1,978	351	17.745	75	426	21.537	215
Males only—							
1—4	170	1	0.59	..	1	0.59	
5—9	186	16	8.60	..	16	8.60	
10—14	99	11	11.11	..	11	11.11	
15—19	99	14	14.14	..	14	14.14	
20—29	169	48	28.40	2	50	29.59	
30—39	103	33	32.04	7	40	38.83	
40—49	71	26	36.62	14	40	56.34	
50—59	59	25	42.37	7	32	54.24	
60—70+	49	23	46.94	10	33	67.35	
1—70+	1,005	197	19.602	40	237	23.582	236
Females only—							
1—4	142	2	1.41	..	2	1.41	
5—9	175	17	9.71	..	17	9.71	
10—14	103	6	5.83	..	6	5.83	
15—19	109	21	19.27	..	21	19.27	
20—29	187	35	18.72	2	37	19.79	
30—39	92	22	23.91	4	26	28.26	
40—49	75	21	28.00	8	29	38.67	
50—59	43	15	34.88	12	27	62.79	
60—70+	47	15	31.91	9	24	51.06	
1—70+	973	154	15.827	35	189	19.424	194

MICROFILARIAL PERCENTAGES

Age Group	Number tested	Number with m/f	m/f percentage	Rate per mille
Males and Females Combined—				
1—4	312	3	0.96	
5—9	361	33	9.14	
10—14	202	17	8.42	
15—19	208	35	16.83	
20—29	356	83	23.31	
30—39	195	55	28.21	
40—49	146	47	32.19	
50—59	102	40	39.22	
60—70+	96	38	39.58	
1—70+	1,978	351	17.745	177

Average m/f count per 1 cc. per positive person = 69

APPENDIX V

COLONIAL WAR MEMORIAL HOSPITAL, SUVA

1. *Medical Staff*—Changes in Medical Staff were numerous during the year owing to officers going on and returning from leave.

2. Two Specialist Assistant Medical Practitioners carried out duties in Anaesthetics and Ophthalmology and four Assistant Medical Practitioners acted as Resident House Staff.

3. *Nursing Staff*—A new Paying Maternity Annexe was opened in August. Two additional Sisters were required for the new department.

4. In addition, 20 European Nursing Sisters were required for duty in the Operating Theatre, three Out-Patient Departments, Dental Clinic, night and afternoon Supervising, besides general supervision of the various Wards. As insufficient numbers of New Zealand Sisters were forthcoming appointments have been made from Australia, and a few local appointments have also been made.

5. At the end of the year 40 fully trained Nurses were on the Staff and 118 Student Nurses.

6. *Administration*—This is under the general supervision of the Steward and Clerk. An Almoner was appointed for the first time early in the year.

7. *Paying Out-patients' Department*—An Out-patient Clinic was held each morning from 8.30 onwards. A Medical Officer was in attendance and a total of 5,346 patients were seen.

8. Specialists Out-patients were held as follows:—

Medical Out-patient	.. ..	Monday and Friday afternoons
Surgical Out-patient	.. ..	Tuesday and Thursday afternoons
Fracture Clinic	.. ..	Wednesday afternoons

9. *Non-Paying Out-Patients* continued in the small wooden building in the south-west corner of the hospital grounds. Usually one Assistant Medical Practitioner was in attendance but occasionally it was possible to have a second Assistant Medical Practitioner also on duty.

10. Large numbers of patients were attended to under poor conditions and it is hoped that a new department will eventuate in 1957.

11. *Obstetric Ward*—This was again under the general supervision of Dr. D. J. Oldmeadow. As in other departments, there was again an increase in the amount of work. During the year there were 300 more admissions than in 1955, and 250 more births. There was a tremendous increase of nearly 4,000 ante-natal visits, the greatest percentage being among the Fijians. Detailed analysis is as follows:—

No. of Admissions	Fijians	Indians	Others	Totals
<i>No. of Admissions—</i>				
Total No. of admissions	578	1,221	119	1,918
No. of births	534	1,022	79	1,635
No. of normal labour	447	850	60	1,357
<i>Abnormal Labour—</i>				
Ante-partum haemorrhage	10	19	...	29
Post-partum haemorrhage	56	39	9	104
Placenta praevia	1	2	...	3
Instrumental	5	10	2	17
Caesarean section	4	7	2	13
Persistent occipito-posterior	12	1	...	13
Breech presentation	8	23	...	31
Face presentation	1	2	...	3
Retained placenta	5	5	...	10
Prolapsed cord	1	1	...	2
Multiple births	5	9	2	16
Still-births	10	36	1	47
<i>Maternal Morbidity—</i>				
Anaemia	2	98	...	100
Pre-eclamptic toxæmia	9	46	...	55
Eclampsia	1	8	...	9
Puerperal pyrexia	26	65	...	91
Hyperemesis gravidarum	...	3	...	3
Pyelitis of pregnancy	1	1	...	2
Pulmonary tuberculosis	9	2	...	11
Miscarriages	6	3	...	9
<i>Deaths—</i>				
Maternal	1	2	...	3
Neo-natal	16	25	3	44
<i>Ante-Natal Clinic—</i>				
First visits	785	1,827	156	2,768
Return visits	2,803	6,068	586	9,457
Total visits	3,588	7,895	742	12,225

12. *New Maternity Annexe*—This was opened on 1st August, when Nurse Morrison's Nursing Home closed. Private practitioners are allowed to admit their own cases to the department.

13. The Annexe is small (13 beds, 14 cots) but it is well equipped and has temporarily satisfied the great need for maternity beds for Paying Patients. During the period it was functioning 128 patients were admitted and 119 babies were born.

Detailed figures are as shown below—

Admissions	128
Discharges	113
No. of normal labours	86
No. of abnormal labours	36
Still-births	3
Maternal deaths	1
Caesarian sections	5
Post-partum haemorrhage	2
Retained placenta	1
Anaemia	1
Toxaemia	2
Instrumental*delivery	19
Breech presentation	3
Persistent occipito-posterior	4
No. Male babies born	65
No. Female babies born	54
Total no. of babies	119

14. *X-Ray Department*—Again fluctuations in staff occurred but generally one Radiographer, two Assistant Radiographers and a small technical and clerical staff were available for duty. In addition an Assistant Medical Practitioner was in constant attendance and he was also able to relieve with radiographic duties. There was some ill-health among the staff during the year and at one stage it was necessary to reduce the volume of work as it was considered that personnel were suffering from effects of irradiation. The total number of patients examined was 10,707, a reduction on the 1955 figures. This is attributable to the great reduction in 100 mm. chest films, the camera being removed from the department in August so that for a full four months no 100 mm. films were taken. In October, Dr. Knowles returned from study leave and was appointed the first Radiologist in the Colony.

15. The following are the X-Ray figures for the year 1956:—

	European	Fijian	Indian	Others
In-patients	296	1,473	1,400	260
Out-patients	1,048	2,806	2,862	608

Total Number of Patients X-Rayed—10,707.

16. *Classification of Special X-Ray Examinations*—

Intravenous Pyelogram	168
Barium Meals	125
Barium Enema	63
Cholecystography	57
Heart Screening	98
Retrograde Pyelogram	31
Silogram	1
Cystogram	3

17. *Operating Theatre*—There was a considerable increase in the amount of General Surgery undertaken. From January to October, Mr. R. E. Shaw acted as Surgeon Specialist and in November, Mr. R. I. Cohen, the Surgeon Specialist, returned from leave and overseas study.

18. Assistant Medical Practitioner Vilikesa Ramaqa was Anaesthetist. Operations performed were as follows:—

Anaesthetic Classifications—

Total Anaesthetics given	1,691
Ethyl Chloride Ether	870
Pentothal, Gas Oxygen	119
Spinal	79
Local	623

Surgery—

Total number*patients	1,759
Total number operations	1,824
Gastro-Intestinal Surgery Total	200
Appendicectomy	87
Laparotomy	25
Cholecystectomy	8
Gastro-Enterostomy	9
Partial Gastrectomy	8
Reduction Intussusception	3
Sigmoidoscopy	19
Ramstedt's Operation	2
Intestinal Obstruction	2

Haemorrhoidectomy	10	
Oversewing of Ruptured Ulcer	3	
Other major abdominal surgery	11	
Minor abdominal surgery	13	
Gynaecological Surgery Total		243
Dilatation and Curettage	109	
Dilatation and Curettage Biopsy cervix	40	
Caesarian Section	20	
Oophorectomy	10	
Total Hysterectomy	14	
Sub-total Hysterectomy	1	
Vaginal Hysterectomy	1	
Sterilization	7	
Removal Ovarian Tumours	5	
Oversewing Ruptured Ectopic Cyst	1	
Colporrhaphy	2	
Ventre-suspension	3	
Hysterotomy	3	
Others	27	
Ear, Nose and Throat Survey Total		172
Tonsillectomy and Adenoidectomy	59	
Antral Roof Puncture	25	
Oesophagoscopy	12	
Mastoidectomy	11	
Laryngoscopy	11	
Bronchoscopy	9	
Caldwell Luc. Operation	7	
Removal Nasal Polyp	5	
Sub-mucous Resection	4	
Tracheotomy	2	
E.N.T. Examinations	16	
Antrostomy	2	
Others	9	
Breast Surgery Total		23
Simple Mastectomy	6	
Radical Mastectomy	5	
Others	12	
Neuro-Surgery Total		14
Laminectomy	3	
Craniotomy (Burr Holes)	4	
Lumbar Sympathectomy	2	
Others	5	
Genito-Urinary Surgery Total		163
Cystoscopy	42	
Cystoscopy and Retrograde	35	
Cystoscopy and Diathermy	1	
Radical Cure of Hydrocele	28	
Orchidectomy	4	
Nephrectomy	6	
Supra Pubic Cystotomy	18	
Urethral Bougie	14	
Prostatectomy	4	
Transplantation of Ureters	1	
Uretero-Lithotomy	1	
Removal Haematocele	3	
Others	6	
Repair of Herniae Total		86
Herniorrhaphy	60	
Herniotomy	1	
Umbilical Herniorrhaphy	5	
Strangulated Hernia Repair	5	
Incisional Herniorrhaphy	4	
Hernioplasty	11	
Partial Thyroidectomy		13
Thoracoscopy		2
Thoracotomy		2
Mitral Valvulotomy		1
Plastic Surgery Total		37
Hare Lip Repair	13	
Cleft Palate	1	
Skin Graft	19	
Removal Elephantoid Tissue	4	

Wound Toilets (Changing Packing, Tubes, etc.)	43
Orthopaedic Surgery Total	164
Manipulations of fractures, joints, etc., and P.O.P.	45
Arthrodesis (Knees, Wrist and Fingers)	6
Tenotomy for Talipes and P.O.P.	10
Open Reduction of fractured Mandible	3
Open Reduction of fractured Radius and Ulna	3
Open other fractures and dislocations	16
Insertion of Pins, Wires, etc.	15
Amputations—Leg, fingers, toes, etc.	12
Hallux Valgus	3
Sequestrectomy	5
Osteotomy	2
Removal Intra-vertebral Disc	2
Metaphysectomy	1
Screw and fibrous graft to Acromio-Clavicular joint	1
Exploration of Joints, etc.	10
Other	30
Minor General Surgery Total	134
Ligation of Varicose Veins	14
Incision of Abscess	9
Biopsies	8
Excision of Growths, etc.	62
Others	41
Insertion and Removal Radium	39
Extraction of Cataract Lens	171
Removal of Pterygium	115
Plastic to Eyelids	50
Iridectomy	26
Evacuation of Chalazion	21
Strabismus Correction	16
Enucleation	14
Anterior Sclerectomy	9
Corneal Graft	1
Evisceration	1
Others	49
Needling	15

19. In April, Dr. Daly, the Ophthalmologist commenced duties and 488 eye operations were performed during the year. He was assisted throughout by Assistant Medical Practitioner Tomu Uluilakeba.

20. *Laundry*—The total number of articles laundered was 1,493,340. This is an increase of 74,186 on the total for 1955.

21. *Sewing Room*—There was a marked increase in the work carried out by this department. Twenty thousand and twenty-seven new articles were made; 13,813 in 1955. Twenty-nine thousand six hundred and forty-five articles were repaired; 23,495 in 1955.

22. *Central Linen Supply*—This system was introduced in April, but unfortunately the space provided for the store is rather restricted and problems have arisen in its administration. It is hoped that with the experience gained this unit will function with greater efficiency in 1957.

23. *Finance*—The total revenue collected by the Colonial War Memorial Hospital, Dental and X-Ray Departments, Dispensary and Ambulance Fees amounted to £12,193 16s. 3d. an increase of £1,480 16s. 0d. on the 1955 figure.

APPENDIX VI
MENTAL HOSPITAL

1. Details of Staff are as follows:—

Medical Superintendent (part-time)
Head Attendant
Assistant Attendant
Seven Female Fijian Orderlies
Four Female Samoan Orderlies
Ten Male Fijian Orderlies
Five Male Samoan Orderlies
One Male Indian Cook
One Male Fijian Cook
One Male Fijian Kitchen-hand.

2. The following table shows admissions and discharges for 1956:—

Remaining in hospital at end of 1955	154
Admitted during 1956	76
	230
Discharged during 1956	14
Absent on trial during 1956	59
Died in institution during 1956	2
Remaining in hospital at end of 1956	155
	230

3. The following table shows the length of residence of the patients remaining in the Mental Hospital at the end of 1956:—

No. of Years	Males	Females	Total
0 to 1 year	15	21	36
1 to 2 years	12	5	17
2 to 3 years	11	6	17
3 years and over	53	32	85
	91	64	155

4. The patients have been classified as follows:—

Classification	Number	Deaths
Manic depressive psychosis	78	1
Schizophrenia	96	..
Mental defectives	8	..
Epilepsy	8	..
Senility	20	1
Spastic diplegia	2	..
General Paralysis of the Insane	3	..
Alcoholism	3	..
Involutional melancholia	2	..
Idiocy	2	..
Psychosis with Arteriosclerosis	2	..
N.A.D.	2	..

5. The racial distribution and sex of patients are as follows:—

	Males	Females	Total
Europeans	10	8	18
Fijians	30	17	47
Indians	77	72	149
Others	10	6	16

6. The deaths which occurred at the institution were from the following causes and in the following classes:—

General Condition	Cause of Death
Manic depressive psychosis	Heart failure
Senile dementia	Heart failure

7. The following table shows the race and sex of various patients:—

	Europeans		Fijians		Indians		Others		Total		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Remaining at end of 1955	7	5	21	10	55	44	8	4	91	63	154
Admitted during 1956	3	3	9	7	22	28	2	2	36	40	76
											230
Absent on trial during 1956	2	1	8	6	16	24	1	1	27	32	59
Discharged in 1956	2	1	1	2	6	2	..	..	9	5	14
Died during 1956	1	..	..	1	..	..	..	..	1	1	2
Remaining at end of 1956	5	6	21	10	55	44	9	5	90	65	155
											230
Total number absent on trial including those absent on trial during 1956	9	7	21	19	44	50	6	1	80	77	157

8. Fifty-three patients received electro-convulsive therapy.

9. Visits were paid by the Board of Visitors on 11th April, 1956, 27th June, 1956 and 27th September, 1956.

APPENDIX VII

CENTRAL LEPROSY HOSPITAL, MAKOGAI, FIJI

1. *Staff Changes*—On 16th February, 1956, Dr. W. H. McDonald was transferred to Head Office and Dr. G. O. Hallman acted as Medical Superintendent until 15th December, 1956; Dr. T. I. Rowland, Medical Officer, Levuka, then assumed duties at Makogai, making a weekly trip to Levuka to attend to the needs there. The Sisters' co-operation and experience was invaluable to the Acting Superintendent and the year would not have ended successfully without the devoted service of these dedicated women.

2. Sister Mary Gaetan was transferred to Korovou Sub-Station as Sister in Charge. Sister Mary Carmel left to join the staff of St. Mary's in Suva. Sister Mary Judith from Australia was the only addition to the staff.

3. Mr. J. P. Kelly took over duties as Clerk from Mr. W. H. Morgan who, after ten years of faithful service was transferred to Suva.

4. *Teaching*—Dr. S. Tapa, a Tongan graduate recently qualified in Medicine from Otago University, New Zealand, spent three months studying leprosy.

5. Tere Snowball, Cook Islands Assistant Medical Practitioner, spent almost six months, while Gilbert and Ellice Islands Colony sent Assistant Medical Practitioners Tutu Tekanene and Elia Koau for further experience.

6. Eleven students from the Central Medical School also spent time at Makogai to learn something of leprosy.

DAILY AVERAGE FOR THE DIFFERENT ADMINISTRATIONS
FOR THE YEAR 1956

New Zealand—					
European	..	..	..	..	1.0
Euronesian	..	..	..	..	1.0
					2.00
Western Samoa—					
Euronesian	..	..	..	..	4.33
Chinese	.	..	..	..	1.0
Samoan	.	..	..	..	38.87
					44.2
Cook Islands—					
Cook Islanders	.	..	..	..	26.16
Niue Islanders	.	..	..	..	3.2
					29.36
Tonga—					
Tongans	..	..	..	..	25.36
					25.36
Gilbert and Ellice Islands Colony—					
Euronesian	..	..	..	..	4.0
Chinese	.	..	..	..	1.0
Gilbertese	..	..	..	..	90.9
					95.90
Fiji—					
European	..	..	..	..	.61
Euronesian	..	..	..	..	7.57
Chinese	.	..	..	..	5.0
Melanesian	..	..	..	..	21.33
Rotuman	..	..	..	..	16.29
Samoan	.	..	..	..	1.0
Banaban	..	..	..	..	8.07
Fijian	..	..	..	..	134.94
Indian	..	..	..	..	185.3
					380.11
					576.93

8. *Statistics*—The average daily number of patients was 577 of which 380 (excluding Banabans) represented patients from within the Colony of Fiji.

TABLE I
STATISTICS FOR THE YEAR, 1956

	Euro- pean		Euro- nesian		Solomon Islanders		Fijian		Indian		Chinese		Rotuman		Samoan		Niue Islanders		Cook Islanders		Tongan		Bana- ban		Gilbert Islanders		Totals		To- tals M. & F.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
In hospital 1/1/56	..	1	12	6	11	12	88	51	140	50	7	..	9	8	20	20	3	1	16	14	20	7	8	3	63	37	404	210	614
Admissions	3	2	13	6	18	9	..	..	1	..	..	..	..	..	..	..	7	4	..	1	..	..	42	22	614
Deaths	1	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	4	3
Discharges	..	1	..	2	2	5	11	16	24	8	..	..	2	1	6	4	..	..	2	4	5	3	4	..	5	9	61	53	114
Unconditional Dis- charge	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1
In hospital 31/12/56	..	13	4	..	12	9	90	40	133	50	7	..	8	7	20	16	2	1	14	10	22	8	4	3	56	27	381	175	556
Totals	17	..	21	21	130	183	183	7	7	15	15	36	36	3	3	24	24	30	30	7	7	83	83	556	556	..	..

N.B.—One Samoan transferred to Euronesian 1st September, 1956

9. The proportions of the main racial groups at the end of 1956 were—

Indians	33
Fijians	23
Gilbertese (including Banabans) ..	16
Samoans	8
Tongans	5
Cook Islanders	4
Euronesians	3

TABLE II
RACE AND TYPE—1956

	T-1		T-2		T-3		L-1		L-2		L-3		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
European .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Euronesian .. .. .	..	..	..	2	..	1	1	1	12	2	..	..	13	6	19
Fijian	4	2	15	20	2	1	17	9	43	22	10	..	91	54	145
Solomon Islanders ..	2	2	2	3	1	..	..	1	6	3	2	3	13	12	25
Indian	5	4	10	6	4	1	34	9	91	33	2	..	146	53	199
Samoan	1	..	..	2	..	1	5	6	19	10	1	1	26	20	46
Rotuman .. .. .	..	..	2	..	..	..	1	4	7	3	..	1	10	8	18
Cook Islanders .. ..	..	1	..	2	..	..	2	3	12	8	2	..	16	14	30
Niue Islanders	1	..	..	..	..	..	1	1	..	..	1	..	3	1	4
Tongan	1	..	3	1	1	..	2	..	12	5	1	1	20	7	27
Chinese .. .. .	..	..	2	..	..	..	1	..	4	..	..	..	7	..	7
Gilbert and Ellice Islanders	3	3	11	6	1	..	11	5	32	22	5	..	63	36	99
Banaban .. .. .	..	..	1	..	..	..	1	..	4	2	1	1	7	3	10
Totals	17	12	46	42	9	4	76	40	242	110	25	7	415	215	630
	29		88		13		116		352		32		630		
	130				500				630						

79 per cent were lepromatous—

Of the males 82 per cent were lepromatous

Of the females 72 per cent were lepromatous

Lepromatous—

Samoans 90 per cent

Indians 84 ..

Gilbert Islanders 75 ..

Fijians 69 ..

10. The 630 persons analysed include those who died or were discharged during the year, but not those admitted during the latter half of the year.

TABLE III
RACE AND PROGRESS—1956

	Arrested		Quiescent		Improved		Stationary		Worse		Died		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
European .. .. .	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Euronesian .. .. .	..	2	..	1	4	1	8	2	1	..	..	..	13	6
Fijian	11	16	5	2	23	17	50	19	2	..	..	..	91	54
Solomon Islanders ..	2	5	..	..	7	4	4	3	..	..	..	..	13	12
Indian	24	8	4	2	46	19	63	25	8	..	1	1	146	53
Samoan	6	4	2	1	3	6	14	9	1	..	..	..	26	20
Rotuman	2	1	1	..	2	3	5	4	..	..	..	..	10	8
Cook Islanders	2	4	1	1	1	4	12	5	..	..	..	..	16	14
Niue Islanders .. ..	..	..	..	..	1	..	1	..	1	1	..	..	3	1
Tongan	5	3	1	..	6	..	5	4	3	..	..	..	20	7
Chinese .. .. .	..	..	..	..	3	..	4	..	..	..	..	..	7	..
Gilbert and Ellice Islanders	6	9	15	2	12	12	26	12	2	..	2	1	63	36
Banaban	3	..	..	..	1	..	3	2	..	..	..	1	7	3
Totals	61	53	29	9	109	64	195	85	17	1	4	3	415	215
	114		38		173		280		18		7		630	
	325				305				630					

Total arrested, quiescent and improved = 53 per cent

Males, 47 per cent; Females, 59 per cent

Samoans 47 per cent

Indians 51 ..

Gilbert Islanders 56 ..

Fijians 51 ..

TABLE IV
PROGRESS AND TYPE OF DISEASE—1956

	T-1	T-2	T-3	L-1	L-2	L-3	Totals
Arrested	15	48	5	19	23	4	114
Quiescent	4	11	2	11	10	..	38
Improved	7	17	1	38	103	7	173
Stationary	2	9	5	42	203	19	280
Worse .. .. .	..	1	..	6	11	..	18
Died	1	2	..	..	2	2	7
Totals	29	88	13	116	352	32	630

ADMISSIONS—1956

	L-1		L-2		L-3		L-1		L-2		L-3		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Fijian	2	..	1	1	1	1	3	1	3	2	1	..	11	5	16
Solomon Islanders	3	1	1	1	..	..	..	..	..	..	..	..	4	2	6
Indian	2	3	2	1	2	1	6	2	5	2	..	..	17	9	26
Rotuman .. .. .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1
Tongan	3	2	2	2	..	..	..	..	1	..	..	..	6	4	10
Banaban .. .. .	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Totals	10	6	6	5	3	2	9	4	10	4	1	..	39	21	60
	16		11		5		13		14		1		60		

Total excludes four shown in 1956 statistics—

One Indian male (born Makogai)
 One unconditional discharge (Fijian Female)
 One Tongan male } Admitted December, 1955
 One Fijian male } who are non-leprous.

DISCHARGES—1956

	Uncond.		T-1		T-2		T-3		L-1		L-2		L-3		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
European	1	..	..	..	1	1
Euronesian	1	..	1	..	..	..	..	..	..	..	..	2	2
Fijian	1	..	2	8	14	..	..	1	..	2	..	..	..	..	11	17	28
Indian	4	2	7	4	2	..	2	..	8	2	1	..	..	24	8	32
Chinese
Samoa	1	..	..	1	..	..	3	3	2	..	..	..	..	6	4	10
Solomon Islanders	1	1	2	..	..	..	1	1	..	..	1	..	2	5	7
Niue Islanders
Cook Islanders	1	..	1	..	..	1	1	..	1	1	..	..	2	4	6
Tongan	1	..	1	1	1	..	..	..	2	1	..	1	..	5	3	8
Gilbert Islanders	1	2	2	4	..	..	2	1	1	2	..	..	..	6	9	15
Banaban	1	..	..	..	1	..	1	..	..	..	..	3	..	3
Rotuman	2	..	..	..	1	..	..	..	..	..	2	1	3
Totals	1	7	8	22	28	3	1	10	7	17	7	2	2	61	54	115	
	1		15		50		4		17		24		4		115		

DEATHS—1956

	T-1		T-2		T-3		L-1		L-2		L-3		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Euronesian .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Indian .. .. .	..	..	..	1	..	..	..	..	1	..	..	..	1	1	2
Niue Islanders	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Gilbert Islanders .. .. .	..	..	1	..	..	..	..	..	1	1	..	..	2	1	3
Banaban .. .. .	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1
Totals	1	..	1	1	..	..	..	..	1	1	1	1	4	3	7
	1		2		..		..		2		2		7		

Causes of Death—

Coronary Thrombosis 1
 Carcinoma of Stomach 1
 Bacillary Dysentery 1
 Cancer of Pancreas 1
 Myocardial Degeneration 1
 Perforated Ulcer—Peritonitis 1
 Arteriosclerotic Heart Disease 1

SUMMARY OF STATISTICS—1911-1956

	European	Euronesian	Solomon Islanders	Fijian	Indian	Chinese	Rotuman	Samoaan	Nine Islanders	Cook Islanders	Tongan	Banaban	Gilbert Islanders	Maoris	Total
Admissions	23	58	230	975	1,461	31	112	155	15	280	86	15	239	4	3,684
Repatriations	1	3	..	..	435	..	..	22	..	..	..	..	..	..	461
Discharges	8	23	80	443	505	9	60	61	3	186	37	7	71	1	1,499
Deaths	14	16	129	397	338	15	37	35	9	70	19	1	85	3	1,168
Inmates 31/12/56 .. ..	..	17	21	130	183	7	15	36	3	24	30	7	83	..	556

LABORATORY AND THEATRE—1956

Injections—

Lepromin	139
Anti-typhoid	356
Tetanus	1,178

Dentistry—

Number of cases attended to	233
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Bacterial smears	3,269
Operations	104
Post-mortem	6

RAINFALL—1956

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
16.92	17.42	32.98	4.87	2.81	2.85	2.17	2.22	1.11	7.02	6.99	7.84	105.20 Inches

11. The proportion of cases recorded as arrested is the highest since the inception of Makogai, while the number of deaths is the lowest.

12. *Treatment*—Diamino-diphenyl-sulphone remained the treatment of choice for the great majority. A soluble preparation of this drug is on trial and may replace the use of sulphetrone intramuscular injections. A.C.T.H. has a useful place in the amelioration of some leprosy reactions. Chlorophyll ointment for chronic ulcers and Hyrolayse intra-neural injections for nerve pain are also on trial as possible aids in treatment.

13. The use of "Chauvire" antigen continues; assessment of results should prove interesting.

14. *Tuberculosis*—During the year five new cases were notified: of these three were from Tamavua and one (inactive) from Tonga. Nine were discharged from the tuberculosis-wards to the villages. Five inactive cases were discharged from Makogai. At the end of the year eight were in hospital with thirty inactive cases and sixty on survey. Routine examinations continued throughout the year.

15. The total number of X-ray examinations taken was 859—

Chest	475
Hands and Feet	151
Others	233

16. *Occupational Therapy*—The Ernest Wolfram Technical Institute and the newly opened Austin Arts and Crafts building are proving very popular. These facilities are more than ever necessary to occupy the time of the increasing number of healthy patients. Even convalescent patients have caught the Reverend Mother's enthusiasm for gardening. The work of these sick people has not only beautified the approach to Dalice, but has improved the morale and physical condition of many.

17. *Physiotherapy*—The patients' appreciation of this service is reflected by the increasing demands on this department. Present facilities are inadequate and extensions are planned.

18. *Reconstructive Surgery*—The visit of Mr. A. L. Eyre-Brook, Consultant Orthopaedic Surgeon of Royal Bristol Infirmary, England, and of Mr. R. E. Shaw from Colonial War Memorial Hospital, Suva, opened up new possibilities and hope for the seriously handicapped patient who now realizes that claw-hands and drop-feet may be advantageously treated with surgery.

19. *Filariasis Research*—During the year a complete survey was made—782 blood smears were examined. Of these 128 were found to be positive for microfilaria. The positive cases were divided and treated according to one of two regimes with Hetrazan. After six months a second survey was carried out and 105 positive smears obtained. This work although an imposition on an already overworked laboratory staff was gladly undertaken to assist in gathering data and in treating the patients.

20. *Lepers' Trust Board*—It was with profound regret that the people of Makogai learned of the death of Sir Henry Scott, late Chairman of the Board. The subsequent appointment of Sir Hugh Ragg was happily acclaimed.

21. The eagerly anticipated visit of His Excellency the Governor, Sir Ronald H. Garvey, K.C.M.G., K.C.V.O., M.B.E., and Lady Garvey, for the official opening of the Alice Austin Arts and Crafts School, took place from the 27th to 29th November, the opening ceremony being performed on the 28th. His Excellency said in his address that the Lepers' Trust Board in their wish to recognize the long years of dedicated service rendered by both Dr. and Mrs. C. J. Austin, thought a women's Arts and Crafts Hall would be a fitting token of appreciation.

22. Also present in the official party were: Sir Hugh and Lady Ragg, Dr. and Mrs. P. W. Dill-Russell, Dr. and Mrs. W. H. McDonald, Mr. W. E. Donovan and Captain R. J. B. Ackland, A.D.C.

23. *Retirement*—31st December saw the retirement of Mr. Louis Bowers after 34 years of faithful service to Makogai.

24. *Visitors*—Besides the visitors included in the official party of His Excellency the Governor; also visiting Makogai this year were: Dr. V. W. T. McGusty, C.M.G., O.B.E., Auckland, New Zealand, former Director of Medical Services, Fiji; Mr. A. L. Eyre-Brook, Royal Bristol Infirmary, United Kingdom; Members of Royal New Zealand Air Force; Members of Indian Commission; and Lord Rowallan, Chief Scout, who presented the Gilt Cross to a member of Makogai Scout Troop.

APPENDIX VIII

LEPER SUB-STATION, KOROVOU, SUVA

1. Discharged cases from Makogai housed until transport arranged to their various destinations in and outside the Colony—

	Male	Female	Total
Fijians	13	15	28
Indians	24	8	32
Samoans	6	6	12
Cook Islanders	2	4	6
Gilbertese	8	2	10
Solomonese	2	5	7
European .. .. .	..	1	1
Tongan	5	2	7
	<u>60</u>	<u>43</u>	<u>103</u>

2. Patients housed pending removal to Makogai—

	Male	Female	Total
Fijians	11	4	15
Indians	9	8	17
Solomonese	4	1	5
Tongans	1	..	1
	<u>25</u>	<u>13</u>	<u>38</u>

3. Patients on survey or treatment housed during the year—

	Male	Female	Total
Fijians	13	2	15
Indians	10	3	13
Chinese	3	..	3
Gilbertese	1	1	2
Solomonese .. .. .	..	2	2
Euronesian	1	..	1
	<u>27</u>	<u>9</u>	<u>36</u>

4. Total number of discharged patients from Suva Rural and Urban attending during 1956—

	Male	Female	Total
Suva Urban	4	..	4
Suva Rural	6	..	6
	<u>10</u>	<u>..</u>	<u>10</u>

NOTE.—Not included in the foregoing report is the number of out-patients, patients who come to Korovou for dressings, treatments, care for accidental injuries, but who are not housed there. These average between ten and fifteen each month, with an approximate total of 100 during 1956.

APPENDIX IX

DENTAL DIVISION—MEDICAL DEPARTMENT

1. The dental service in Fiji is developed around four main activities—

- (i) The Dental Clinic—Colonial War Memorial Hospital.
- (ii) The School Dental Service.
- (iii) The Dental Health Education Programme.
- (iv) The Dental School of the Central Medical School. (See Appendix XI).

(i) DENTAL CLINIC—COLONIAL WAR MEMORIAL HOSPITAL

2. *Staff*—In addition to the Nursing Sister, Clinic Nurse and clerical staff, the professional staff included—

D. M. Ellerton, B.D.S.	.. .. .	Senior Dental Officer
I. L. Vosailagi, B.D.S.	.. .. .	Dental Officer
Mrs. N. H. Palmer, B.A.	.. .. .	Dental Hygienist
I. Nadakuitavuki	.. .. .	Assistant Dental Practitioner
J. Ravunakana (until May)	.. .. .	Assistant Dental Practitioner
Devi Singh	.. .. .	Assistant Dental Practitioner
Susan Pene	.. .. .	Dental Nurse
Madan Pal	.. .. .	Assistant Dental Mechanic
Lakshman Permal	.. .. .	Assistant Dental Mechanic

3. The majority of the dental treatment given at the Clinic is provided by the final year dental students in the course of their chairside training in Clinical Dentistry. All treatment is under the supervision of a graduate Dental Officer and Assistant Dental Practitioner. Every patient attending is examined and charted before any treatment is carried out.

4. This year a more satisfactory fees scale was introduced, also a better system of revenue collecting and recording.

5. Children up to the age of 18 years receive free treatment, also destitutes and inmates of the infectious diseases hospitals, mental hospital and gaol.

6. *Statistics*—

Operative—

Fillings, Amalgam	1 surface	.. .. .	1,273
	2 surface	.. .. .	711
	3 surface	.. .. .	147
Fillings, Synthetic	.. .. .	238	
Temporary fillings	.. .. .	1,296	
Scaling	.. .. .	600	

Surgery—Extractions—

Permanent teeth	.. .. .	3,317
Deciduous teeth	.. .. .	2,449
Surgical removals	.. .. .	57
Dressings	.. .. .	133
General Anaesthetics	.. .. .	58
Fractured mandible fixations	.. .. .	24

Radiography—

Apical films	.. .. .	335
Bitewing films	.. .. .	70

Dentures—

Complete dentures	.. .. .	56
Full Upper or Lower	.. .. .	23
Partial dentures	.. .. .	68
Adjustments	.. .. .	116
Rebase or repair	.. .. .	76

Attendances—

European Adults	.. .. .	394
Fijian Adults	.. .. .	2,431
Indian Adults	.. .. .	2,376
Other Adults	.. .. .	992
European Children (18 years)	.. .. .	349
Fijian Children (18 years)	.. .. .	1,429
Indian Children (18 years)	.. .. .	2,715
Other Children (18 years)	.. .. .	1,711

Total Attendances 12,397

Revenue—

Cash	.. .. .	£1,761 3 0
Accounts	.. .. .	189 8 0

£1,890 11 0

7. *Progress*—Work commenced in the middle of the year on the conversion of the former Central Medical School building to a new Dental Clinic. The new Clinic will be ready for occupation early in 1957.

(ii) SCHOOL DENTAL SERVICE

8. This year the scheme was carried out in two parts—

- (a) Treatment at the school by a team consisting of Assistant Dental Practitioners Deo Narayan and Miss Tempy Pickering and a Student Dental Nurse. Twenty-five Suva and district schools beyond reasonable walking distance from the Clinic received these visits.

Statistics—Extractions, 2,762; Fillings, 684; Other Treatments, 541

- (b) Treatment at the Dental Clinic, Colonial War Memorial Hospital, for pupils from 23 schools within a reasonable walking distance.

9. The number of days set aside for each school, was in both cases roughly proportionate to the enrolment. All available time during the working year was taken up. The School Health Sister visited the schools in advance and graded the children so that those in most urgent need were treated first.

10. *Tours*—Whenever possible one or more Assistant Dental Practitioners were sent out to country districts to carry out dental treatment in schools and district hospitals.

Statistics—Extractions, 679; Fillings, 633; Other Treatments, 160.

(iii) DENTAL HEALTH EDUCATION PROGRAMME

11. Copies of booklet *Good Teeth* were distributed to all schools, Medical Officers, Health Sisters and District Nurses throughout the entire Colony. This booklet is now printed in English, Fijian and Hindi.

12. A Dental Health Education team visited 48 Suva and district schools and gave talks on teeth, dental disease, diet and oral hygiene in either English or Fijian or Hindi as required. This talk was followed by a practical demonstration of how to brush the teeth and gums. Tooth-brushes were then distributed, one to every child at a cost of 3d. Replacement brushes are expected to be bought from the shops. It was found impracticable in most schools, due to overcrowding and insufficient supply of water, for daily toothbrushing under supervision of a teacher to be carried out, as envisaged. However, the teachers were encouraged to co-operate with the Department by running "Clean Teeth" competitions in the classes.

13. It was soon evident that in schools with enthusiastic Headmasters, the toothbrush scheme is bringing about a considerable improvement in oral hygiene in the children.

14. *Dental Treatment in Rural Dispensaries*—Extractions of badly diseased teeth are carried out by Assistant Medical Practitioners at their medical stations. In an endeavour to standardize the dental equipment and complete a useful basic set in every Dispensary and Rural Hospital, a survey was made by circular and as a result the following items from the standardized dental set were issued to Assistant Medical Practitioners in 1956:—

Forceps	51
Elevators	7
Mouth Mirrors	8
Probes	8

15. Copies of specially prepared notes on Oral Anatomy, Dental Anaesthesia and Extraction Technique were sent out to every Assistant Medical Practitioner in the Colony.

APPENDIX X

PATHOLOGICAL DIVISION

Staff—During the year Mrs. Vincent (*née* Miss Middleton) left on completion of her temporary appointment as Laboratory Assistant, and two students one from Eastern Samoa and one from the Cook Islands completed their course and returned to their territories at the end of the year.

2. There were the full number of six local students in the Laboratory at the end of 1956, three of whom should complete their three years' course in March.

3. *Routine Work*—The amount of routine investigations again increased during the year, and the Laboratory is working quite up to capacity with its present staff and accommodation. The appointment of specialists in other fields inevitably means an increase in the investigations needed, for which provision is not always made. The work of such specialists is incomplete unless adequate laboratory facilities are available for them.

4. The number of examinations carried out over the past years are as follows:—

1939	.. ..	7,060	1940	.. ..	7,930
1941	.. ..	19,971	1942	.. ..	17,123
1943	.. ..	25,784	1944	.. ..	29,500
1945	.. ..	33,041	1946	.. ..	27,149
1947	.. ..	26,291	1948	.. ..	27,557
1949	.. ..	27,570	1950	.. ..	29,742
1952	.. ..	26,348	1953	.. ..	24,527
1954	.. ..	33,469	1955	.. ..	42,487
1956	.. ..	44,470			

5. A total of 18,890 specimens were examined at the branch Laboratory at Lautoka, details of which are shown in Table II. Details of the examinations carried out in the Central Laboratory, Suva, are shown in Table I, and the principal positive findings in Table III.

6. *Haematology*—Haemoglobin levels have been analysed as an indication of the incidence of anaemia among patients. Anaemia is under investigation at present, so the results so far obtained have not been further analysed in this report.

7. *Blood Grouping*—The results show a high incidence of Group B among Fijians, Indians and others, who were mostly members of other island groups or Chinese.

8. *Bacteriology*—Five hundred and six swabs and smears were received for examination for *Neisseria gonorrhoea*. Gram negative diplococci were present in 136, and in 40 were confirmed as *Neisseria gonorrhoea* by culture. These specimens were received mainly from the Health Office and private practitioners. Thirty-five of sputum contained acid fast bacilli. Specimens from the Tuberculosis Hospital are examined there. *Myco. tuberculosis* was cultivated from 16 various specimens of gastric washings, cerebro-spinal fluid and pus.

9. *Examination of throat swabs*—Two hundred and twenty-three throat swabs were cultured; these included swabs from Nurses and others beginning their work in the Maternity Annexe as well as from cases of sore throat, 38 or 12% grew haemolytic streptococci, which is a somewhat surprising finding in a tropical country and may be relevant to the incidence of acute rheumatic fever and nephritis in this Colony.

10. *Staphylococcus aureus*, haemolytic and coagulase positive, was a common finding in pus and especially swabs from skin lesion. Many strains proved to be penicillin resistant.

11. *Biochemistry*—Liver function tests showed 68 per cent direct van den Berg tests present and 57 liver function tests showing abnormalities. This seems to be an indication of the incidence of cases of febrile jaundice, which needs further investigation in Fiji, to elucidate whether they are in fact infective hepatitis. Out of 150 fractional test meals and single histamine tests, histamine fast achlorhydria was found in only four specimens. This is interesting when considered together with 80 specimens of bone marrow showing megaloblastic erythropoiesis.

12. *Parasitology*—Six thousand four hundred and two Stools were examined for worm ova and cysts. Two hundred and fifteen were cultured. Detailed findings are shown in Table III. Twenty-one point six per cent of the specimens show the presence of ankylostoma ova and 5.6 of ascaris ova. These specimens include routine specimens from healthy nurses, members of the Fiji Military Forces and Royal New Zealand Air Force and applicants for employment as routine examinations in addition to patients and show rather a high incidence of helminth infestation, which varies little from year to year. *Entamoeba histolytica* was found in 20 specimens. *P. Vivax* was found in 3 blood smears, all imported cases among Army personnel.

13. *Kahn Reactions*—Details of results are shown in Table III. Twenty-four per cent of Fijians and 10 per cent Indians gave positive results above weak or doubtful. This is higher than last year which showed 13 per cent of Fijians positive and 3 per cent Indians. These do not include specimens examined by the Yaws Campaign.

14. *Vaccines*—The Laboratory has continued to produce a triple anti-typhoid vaccine for local use. One thousand one hundred and thirty-four bottles of 50cc. were made during the year, the value of this vaccine at 54s. a bottle, (the quoted price less freight in Australia) would be £3,061 16s. 0d.

15. *Post Mortem Examination*—In the absence of the Pathologist, few post mortems were carried out except those ordered by a Magistrate for the Police.

16. The numbers and sources were:—

Police	48
Colonial War Memorial Hospital	20
Maternity Annexe	9
Tamavua Hospital	4
Others	3
	—
	84

17. The causes of death were:—

Unnatural Deaths—

Traffic accidents	10
Suicide hanging	10
Cut throat	1
Jump from height	1
Strangulation	1
Injuries, blunt instruments	3
Accidental drowning	2
Burns	1
Boxing injury	2

*Infants—**Neonatal deaths.*

Septic infections	1
Asphyxia	1
Prematurity	2
Congenital defects	2
Atelectasis	1
Intracranial haemorrhage	1

Adults, etc.

Tuberculosis	5
Acute infections	9
Rheumatic carditis and complications	3
Coronary insufficiency and occlusion	7
Malignant new growths.. .. .	3

TABLE II

BRANCH LABORATORY, LAUTOKA

13. Haematology—				16. Serology—			
Blood counts—				Agglutination tests—			
White cell counts	705			For typhoid, etc.	38		
Differential counts	574						38
Red cell counts	279			17. Biochemistry—			
Haemoglobin estimations	7,015			Estimations in blood—			
Blood sedimentation rates	1,759			Sugar	57		
Blood grouping	455			Urea	124		
Donors bled for transfusion	153			Cholesterol	1		
Reticulocyte counts	599			Uric acid	2		
Marrow smears	88			Acid phosphatase	4		
Haematocrit readings	320			Estimations in serum—			
		12,747		van den Bergh	5		
14. Parasitology—				Protein	14		207
Faeces—				Urine—			
Microscopical examinations	1,200			Routine	1,615		
		1,200		Bile	8		1,623
Blood—				Cerebro-spinal fluids—			
Films for malaria and microfilaria ..	32			Protein	99		
		32		Chlorides	107		
15. Bacteriology—				Sugar	97		303
Microscopic examination—				Faeces—			
Urethral and cervical smears	179			Occult blood etc.	34		34
Sputum	1,701			Functional tests—			
Gastric juice for T.B.	37			Liver function	6		6
Cerebro-spinal fluid	151			Animal inoculations—			
Skin and nasal smear for leprosy ..	114			Toads for pregnancy tests	39		39
Miscellaneous exudates, pus etc. ..	107						
		2,289		Total			
Cultures—							18,890
Stools	112						
Blood	45						
Swabs	215						
		372					

TABLE III

SUMMARY OF CHIEF POSITIVE FINDINGS AT CENTRAL LABORATORY, SUVA

1. Histology—				Faeces—					
Acute infections . . . . .	..	..	15	Myco. tuberculosis . . . . .	..	..	1	
Tuberculosis . . . . .	..	..	6	Salm. paratyphi A. . . . .	..	..	1	
Chronic inflammations (non specific) . . . . .	..	..	18	Shigella flexneri W. . . . .	..	..	3	
Hyperplasias . . . . .	..	..	12	Shigella flexneri P. 119 . . . . .	..	..	1	
Malignant tumours . . . . .	..	..	47	Shigella Newcastle . . . . .	..	..	1	
Non-malignant tumours . . . . .	..	..	33	Shigella flexneri (unspecified) . . . . .	..	..	2	
Products of conception . . . . .	..	..	11	Shigella sonnei . . . . .	..	..	1	
Skin leprosy . . . . .	..	..	5	Throat Swabs—				
2. Haematology—				Streptococcus haemolyticus				38	
Haemoglobin levels—				Streptococcus viridans				3	
Over 100% (14.5 gms.) . . . . .	..	..	2%	Corynebacterium diphtheriae				2
80—100% . . . . .	..	..	36%	Urethral and Cervical Swabs—				
71—80% . . . . .	..	..	17%	Neisseriae gonorrhoea				40
61—70% . . . . .	..	..	12%	Conjunctival Swabs—				
51—60% . . . . .	..	..	11%	Staphylococcus aureus				14
41—50% . . . . .	..	..	11%	Neisseriae gonorrhoea				2
Under 40% . . . . .	..	..	11%	Haemophilus				2
Blood Grouping—				External ears—					
	AB	A	B	C	Staphylococcus aureus				3
Fijians	5%	37%	20%	37%	Streptococcus haemolyticus				1
Indians	8%	30%	30%	32%	Pseudomonas aeruginosa				9
Europeans	7%	32%	14%	47%	Cerebro-spinal fluids—				
Others	10%	22%	32%	36%	Myco. tuberculosis				4
Marrow Smears—				Diplococcus pneumoniae				6	
Normoblastic erythropoiesis				Neisseria meningitidis				3	
(primitive type)				Haemophilus influenzae				5	
Megaloblastic erythropoiesis				Pus, fluids, etc.—					
Normoblastic erythropoiesis				Staphylococcus aureus				123	
Lymphatic leukaemia				Streptococcus haemolyticus				24	
Blood Counts—				Streptococcus viridans				3	
Myeloid leukaemia				Proteus vulgaris				2	
Lymphatic leukaemia				Pseudomonas aeruginosa				5	
3. Parasitology—				Myco. tuberculosis				5	
Microscopic examinations—				6. Serology—					
Ova of—				Kahn reactions—					
Ascaris lumbricoides . . . . .	..	337	5.6%	Strongly Positive				
Ankylostomes . . . . .	..	1,384	21.6%	Positive				
Enterobius vermicularis . . . . .	..	..	22	Weak				
Others . . . . .	..	..	72	Total%				
Cysts—				Fijians				3%	
Ent. coli . . . . .	..	..	53	Indians				2%
Giardia lamblia . . . . .	..	..	5	Europeans				1%
Iod. butschlii . . . . .	..	..	5	Others				5%
Protozoa—				Agglutination tests—					
Ent. histolytica (vegetative) . . . . .	..	..	20	Diagnostic titres found—				
Blood—				Salm. typhi				12	
P. vivax . . . . .	..	..	3	Salm. paratyphi A.				12
Microfilariae . . . . .	..	..	71	8. Biochemistry—				
5. Bacteriology—				Blood—					
Microscopic examinations—				Random and fasting high blood					
Vaginal, Urethral and Cervical				sugars				25	
smears—				Non-protein nitrogen increased				15	
Gram negative diplococci				Urea increased				84	
Sputum—				Uric acid increased				5	
Myco. tuberculosis present				Serum—					
Skin snips—				van den Bergh reactions—					
Myco. leprae . . . . .	..	..	37	Direct positive				68
Fungi . . . . .	..	..	17	Indirect positive				14
Dark background examinations—				Liver function tests deficient				51	
Tr. pallidum				Serum proteins, low values				48	
Cultures—				Cerebro-spinal fluids—					
Gastric washings—				Protein increased				53	
Myco. tuberculosis				Chlorides low				6	
Laryngeal swabs—				Cells increased—					
Myco. tuberculosis				Leucocytes				21	
				Lymphocytes				30	
				Functional tests—					
				Glucose tolerance tests—					
				Diabetic curves				28	
				Achlorhydria, histamine fast				4	
				Stools—					
				Occult blood present				55	

APPENDIX XI
CENTRAL MEDICAL SCHOOL

At the beginning of 1956, there were 92 medical, 18 dental and 21 ancillary course students enrolled in the School, making a total of 131. Medical and Dental were divided as follows:—

	Medical	Dental	Termination before Completion	Completed Course
Fiji	47	12	4 Medical 2 Dental	10 Medical 5 Dental
Papua/New Guinea	20	2	2 Medical	....
Cook Islands	2	1	....	1 Medical
Nauru	2	....	....	....
New Hebrides	4	....	....	....
Eastern Samoa	5	....	2 Medical	....
Tonga	1	3	....	1 Medical 1 Dental
United States Trust Territory	2	....	....	....
Gilbert and Ellice Islands	2	....	....	....
Niue Island	2	....	....	....
British Solomon Islands Protectorate	4	....	....	....
Western Samoa	1	....	....	1 Medical

2. The final year in medicine contained 11 students, all of them qualified. Two final year students from 1955 who were required to repeat for six months, were qualified in June 1956. There were six students in the final year of Dentistry and all qualified. Eight medical and two dental students were lost during the year for various reasons and did not complete their courses, so at the end of the year 121 students were living in the School.

3. An analysis of the discharges follows:—

Three medical and one dental students were rejected from the first year, when the results of Cambridge School Certificate Examination were published and it was found that they had failed. One medical student resigned for private reasons.

One medical and one dental student were expelled for disciplinary reasons.

One medical student returned to his territory without permission and was not sent back.

Two medical students failed to reach the required standard and were returned to their homes.

A further student in this last category did not return home until after the end of the year, so is not included in these statistics.

One other student who failed was transferred to an Ancillary Course.

4. *Preliminary Class*—It is evident that we are attempting a very difficult task to bring up to the required standard those students who have had little or no High School education, in one year. There were 14 students in the Preliminary Class of 1956. Ten were promoted to A.M.P. I; three are required to repeat the year, (one entirely on account of illness); one was discharged as unsuitable.

5. *Post-Graduate*—In all, six post-graduate students were accommodated at the School for various periods during 1956. Five of them were Assistant Medical Practitioners and one a Doctor.

6. *Visitors*—In May, there was a large number of distinguished visitors to the School, on the occasion of the South Pacific Commission Conference. Later in the year a considerable number of other distinguished visitors inspected the School, amongst them were Governor Lowe of American Samoa, subsequently, Governor Peter Coleman, with the Secretary to Government, Mr. Macquarie. In October, we had Dr. M. G. Candau, Director-General, World Health Organization, and Dr. I. C. Fang, Regional Director for the Western Pacific, World Health Organization.

7. *Social*—It is pleasant to report that due to the organizational ability and enthusiasm of Mr. L. O. Simpson, there has been in the past two years a very great increase in the effective sporting activities of the School, and the introduction of athletes has largely contributed to this effectiveness.

8. The students are running a small but flourishing Co-operative Store, and considerable keenness has been shown in the competitive gardening, under the constant encouragement of Assistant Medical Practitioner Ram Singh and Miss J. Reay.

9. *Staff*—The Principal, Dr. A. R. Edmonds, was on leave and returned in August. During his absence Mr. K. J. Gilchrist, Lecturer in Anatomy and Surgery, filled the acting post.

10. Dr. H. J. J. Whyte, the World Health Organization Lecturer in Physiology, resigned at the end of first term and was not replaced during the rest of the year. Until the beginning of last term there was no teaching in Chemistry. Mr. P. C. Jain joined the staff at the beginning of third term as Chemistry Lecturer. Mr. G. A. Patterson, Dental Lecturer, also resigned during the year, and the Senior Dental Officer was on leave for the last six months. All the dental teaching fell upon Ratu I. L. Vosailagi and Mrs N. H. Palmer. The part-time services of Dr. E. M. Williams was retained for the school subjects in the Preliminary Class and this teaching continues to perform a very useful function in the School.

11. No report on the Central Medical School will be complete without expressing our appreciation to the large number of people, both inside and outside the Medical Department, who bear a considerable burden, mainly in teaching, but also in various administrative matters, which is of direct and indirect benefit to the objects of the School. They are too numerous to mention individually, but, in particular, great appreciation is expressed to the medical and administrative staff of the Colonial War Memorial Hospital, Tamavua Hospital, Makogai Leprosy Hospital and the Health Department, Suva, without whose generous and continuous help the School could not function.

12. *Dental School*—A total of 17 students represented the following territories in the Dental School.

Tonga
Fiji (Fijian and Indian)
Papua and New Guinea
Cook Islands

13. *Training*—Theory and practical instruction was given to the three academic years covering the syllabus of twenty-five subjects. Clinical experience for the final year students was obtained in the Clinic at the Colonial War Memorial Hospital and with the School Dental Service team. Theory and practical instruction in the basic science subjects was given to the pre-clinical students by lecturers of the Central Medical School.

14. All six final year students graduated. Gold medals were awarded to two students for high results.

15. One Assistant Dental Practitioner from Fiji completed a post-graduate course of one year duration, in denture construction, technical and clinical.

16. *Ancillary Course for Dental Mechanics*—A further student commenced this course of training which consists of the laboratory procedures in the construction of dentures. The intake is restricted to one student at a time because it is felt that the dental service must concentrate on the provision of conservative and preventive dentistry.

17. *Ancillary Course for Dental Nurses*—Three young girls, one European, one Indian and one Fijian commenced training in 1956. These girls will be employed mainly to assist the dental operator at the chairside, to look after sterilization of instruments and dressings, to carry out simple prophylactic treatment in the mouth, and to give instruction in dental hygiene to school children.

APPENDIX XII

NURSING DIVISION

Recruitment of Sisters continued through New Zealand and Australia. The response during the year has been disappointing, and Hospitals, Training Schools and Districts have been well below establishment. Credit must go to those who have continued to carry on so efficiently, thus ensuring a continued satisfactory service to the community.

2. The staffing of hospitals and districts by Colony trained nurses was maintained at a fairly satisfactory standard, although vacant posts still remain.

3. No new stations were opened during the year, owing to existing ones remaining vacant.

4. *Nursing Establishment—*

		Posts filled 31/12/56	Posts vacant 31/12/56
Nursing Superintendent	1	1	..
Matrons	4	3	1
Assistant Matrons	2	..	2
Sisters-in-Charge	3	3	..
Health Sisters	13	8	5
Sisters Departmental	54	38	16
Principal, Nursing School	1	1	..
Tutor Sisters	6	4	2
Senior Nurses	52		
Nurses	300		
Male Nurses	29		
Recruitment of Nursing Sisters on two year contract from New Zealand	18		
Recruitment of Australian Sisters on two year contract	16		
Local appointments	13		

There were no major illnesses amongst the staff.

5. *Local Trained Staff—*Total number of trained nurses including:—

Female Tuberculosis trained nurses employed 31st December, 1956	308
Employed in Hospitals 31st December	163
Fijians and others	152
Indians	11
Employed in District	135
Fijians and others	131
Indians	4
Total number of nurses Qualified	57
Promoted to Senior Grade	3
New appointments	51
Re-employed	28
Resumed duties following leave of absence	9
Leave of absence for one year	18
Resigned	41
Dismissed	8
Medically Boarded	1
Retired	2
Died	2

6. *Male Tuberculosis Trained Nurses—*

Total number	26
Resigned .. .. .	..
Leave of absence without salary	1
Dismissed .. .. .	..
Re-appointed	2

NURSING SCHOOLS

7. *Central Nursing School, Tamavua—*

<i>Trained Establishment:</i>	
Principal	1
Tutors	4
Nurse	1
Number of students in training end of December, 1956	159
Colony training	139
Colony training at Labasa	7
New Zealand training	13
	<hr/>
	159
	<hr/>

Number of nurses qualified 1956	35
Number of nurses graduated 1956	35
Number of nurses failed qualifying examination	4
Number of nurses entering the School	77
Number of nurses transferred from Colony to New Zealand Class	2
Number of nurses leaving the School	26

School roll includes:

Part-European	1
Fijians	147
Rotumans	3
Papuans	4
Indians (New Zealand Class)	4
	<hr/>
	159
	<hr/>

8. *Graduation*—Graduation and Prizegiving was held during May. After an opening address by the Acting Director of Medical Services, the medals and certificates were presented by the Acting Nursing Superintendent, Cups and Prizes by Lady Ragg.

9. *Sport*—Basketball and Table Tennis have been enjoyed throughout the year and are always popular. Darts and Badminton have recently been introduced.

LAUTOKA NURSING SCHOOL

10. *Trained Establishment*—

Tutor	2
Number of students in training end of December, 1956	87
Number of Nurses qualified	22
Number of Nurses graduated	22
Number of Nurses failed Qualifying Examination	2
Number of Nurses entering the School	35
Number of Nurses leaving the School	14

School roll includes:

Part-Europeans	2
Fijians	76
Indians	9
	<hr/>
	87

11. *Graduation*—The School Graduation and Prizegiving was held during May, the medals being presented by the Acting Nursing Superintendent, the Cups and Certificates by Mrs. McAlpine (wife of the Commissioner, Western).

12. *Sport*—Basketball and to a lesser extent athletics are still an important part of the nurses' recreational interests.

13. *Grand Total*—

Number of nurses in training 31st December, 1956	246
Fijians	224
Indians	12
Part-Europeans	3
Papuans	4
Rotumans	3
Total number accepted to the Schools	112
Total Number graduated	55
Total number leaving the Schools	40

14. *Remarks*—Shortage of tutorial staff has made supervision and teaching difficult.

15. The Acting Principal has done an efficient job in trying circumstances.

16. Accommodation at both Lautoka and Suva Nursing Schools is not altogether satisfactory.

HEALTH STAFF

17. *Establishment—Nursing*—

Health Sisters	13
Nurses	135

18. *Health Sisters' Conference*—The Annual Health Sisters' Conference was held during November in the Office of the Director of Medical Services. All Health Sisters were able to attend. Many items of interest were brought up for discussion.

SUVA HEALTH OFFICE

19. Health Sisters two (one Child Welfare, one School Health Sister).

A—CHILD WELFARE DEPARTMENT

Clinic Attendances:

Europeans	1,119
Part-Europeans	527
Fijians	3,639
Indians	2,754
Chinese	341
Others	268
Total ..	8,648
Children under 2 years seen at Health Office	4,507
Children between 2 and 5 years seen at Health Office	2,559
Children under 2 years seen on Mobile Clinic	7,627
Children between 2 and 5 years seen on Mobile Clinic	8,993
Stools sent to Laboratory	95
Children treated for Ascariasis	204
Smallpox vaccinations	1,137
Triple Antigen inoculations (diphtheria, pertussis, tetanus)	1,729
T.A.B. inoculations	488
Domiciliary visits	1,872
Children examined in homes	2,731
Number of patients seen in Suva Rural areas (Nabua, Wailoku, Waiganake, Nabaka and Muainavuso)	7,782

B—SCHOOLS HEALTH DIVISION

Number of children inspected and inoculated and treated at Schools and in Health Clinic during 1956:

Number of children medically inspected at Schools	11,736
Number of children given T.A.B. inoculations at Schools	15,463
Number of children treated for minor ailments at Schools	652
Number of children treated for worms at a School	68
Number of children given T.A.B. inoculations at Health Clinic	171
Number of children treated for minor ailments at Health Clinic	5,602
Number of children treated for worms at Health Clinic	100
Number of children sent to O.P.D., C.W.M. Hospital	176
Number of children sent to Dental Clinic	183
Number of children sent to X-Ray Department	19
Number of children found with Chicken-pox	3
Number of children treated for loss of weight	38
Number of children positive for Hansen's disease	1
Approx. number of families' first visit	1,908

ACTIVITIES OF HEALTH SISTERS AND RURAL HEALTH NURSES
BASED ON CENTRES OUTSIDE SUVA

	Lautoka	Labasa	Rewa	Tavua	Nadroga	Total
Attendance at Health Clinic ..	6,405	8,683	....	7,940	624	23,652
Schools visited	81	52	62	12	50	257
Children examined	9,557	6,009	6,620	14,928	5,406	42,520
Children seen in villages	132	2,081	8,783	288	4,410	15,694
Smallpox vaccinations	318	....	12	679	71	1,080
Ante-natal examinations	376	1,134	691	2,042	599	4,842
Homes visited	116	35	2	211	33	397
Typhoid inoculations	11,546	5,099	11,870	6,250	5,596	40,361
Diphtheria, Whooping Cough and Tetanus injection	562	275	231	339	15	1,422
Totals	29,093	23,368	28,271	32,689	16,804	130,225

APPENDIX XIII (a)

NOTIFICATION OF INFECTIOUS DISEASES BY RACE FOR THE YEAR 1956

Disease	Europeans	Part-Europ.	Fijians	Indians	Others	Totals
1. Ankylostomiasis	2	20	162	302	11	497
2. Anthrax .. .. .	....	....	....	....	....	....
3. Beriberi .. .. .	....	....	....	2	1	3
4. Cerebro-Spinal Meningitis .. .. .	....	....	5	2	....	7
5. Chicken Pox (Varicella)	7	7	140	30	34	218
6. Dengue Fever .. .. .	....	4	12	11	11	38
7. Diphtheria .. .. .	....	....	....	....	....	....
8. Dysentery—						
(a) Amoebic .. .. .	....	....	6	10	1	17
(b) Bacillary .. .. .	....	....	19	35	2	56
(c) Unclassified .. .. .	....	2	18	134	4	158
9. Encephalitis Lethargica .. .. .	....	....	1	....	....	1
10. Erysipelas .. .. .	....	1	2	2	....	5
11. Infantile Diarrhoea	14	59	1,400	700	196	2,369
12. Infective Hepatitis	3	1	14	38	7	63
13. Influenza	17	96	3,195	1,341	561	5,710
14. Leprosy .. .. .	....	....	8	11	4	23
15. Leptospirosis .. .. .	....	....	1	....	....	1
16. Malaria .. .. .	....	....	6	....	....	6
17. Measles (German) .. .. .	....	1	2	....	23	26
18. Measles (Morbilli) .. .. .	....	2	9	....	1	12
19. Mumps	2	....	4	5	1	12
20. Poliomyelitis .. .. .	....	....	....	....	....	....
21. Puerperal Fever .. .. .	....	....	25	76	2	103
22. Scarlet Fever .. .. .	....	....	....	....	....	....
23. Tetanus	1	....	19	15	3	38
24. Trachoma	2	25	100	77	36	240
26. Tuberculosis, all forms	8	4	433	118	43	606
27. Typhoid Fever—						
(a) Enteric	1	....	2	6	....	9
(b) Paratyphoid Fever	1	....	1	3	....	5
28. Undulant Fever .. .. .	....	....	....	....	....	....
29. Venereal Diseases—						
(a) Climatic Bubo .. .. .	....	....	....	....	....	....
(b) Gonorrhoea	10	25	146	102	16	299
(c) Gon. Ophthalmia including Neonatorum .. .. .	....	....	5	....	1	6
(d) Soft Chancre .. .. .	....	....	....	1	....	1
(e) Syphilis .. .. .	....	....	....	15	....	15
(f) Venereal Granuloma .. .. .	....	....	....	....	....	....
(g) Others .. .. .	....	....	....	....	....	....
30. Whooping Cough (Pertussis)	3	23	184	209	52	471
31. Yaws .. .. .	....	5	482	18	14	519
Total	71	275	6,401	3,783	1,024	11,534

APPENDIX XIII (b)

DISTRIBUTION OF EPIDEMIOLOGICAL INFORMATION

TELEGRAPHIC MONTHLY DISTRIBUTION

South Pacific Health Service Epidemiological Information

Chief Medical Officer, Nuku'alofa.
 Director of Health, Apia, Western Samoa.
 Senior Medical Officer, Honiara, British Solomon Islands Protectorate.
 Senior Medical Officer, Tarawa, Gilbert and Ellice Islands Colony.
 British Medical Officer, Port Vila, New Hebrides.
 Director of Health, Tutuila, American Samoa.
 Chief Medical Officer, Rarotonga, Cook Islands.
 Director of Medical Services, Hollandia, Netherlands New Guinea.
 Director of Medical Services, Papeete, Tahiti.
 Chief Medical Officer, Nauru.
 Director of Health, Port Moresby, Papua-New Guinea.
 Director of Medical Services, Noumea, New Caledonia.
 Chief Medical Officer, Niue Island.
 Director of Health, Ponape, United States Pacific Trust Territory.
 Director of Health, Guam Island.
 Secretary-General, South Pacific Commission, Noumea, New Caledonia.
 Secretary of State, Colonial Office, London.

WEEKLY AIRMAIL DISTRIBUTION

Epidemiological Information of Fiji Only

Secretary of State, Colonial Office, London.
 Ministry of Health, London.
 World Health Organization, Geneva, Switzerland.
 World Health Organization, Epidemiological Bureau, Singapore.
 World Health Organization, Regional Office, Manila, Philippines.
 Chief Quarantine Officer, Vancouver, British Columbia.
 United States Quarantine Station, San Francisco, California.
 United States Quarantine Medical Officer, Honolulu, Hawaii.
 American Consul, Noumea, New Caledonia.
 Department of Health, Sydney, Australia.
 Colonial Secretary, Suva.

MONTHLY AIRMAIL DISTRIBUTION

South Pacific Health Service Epidemiological Information

Secretary of State, Colonial Office, London.
 Ministry of Health, London.
 Director-General of Health, Canberra, Australia.
 Department of Health, Sydney, Australia.
 Director-General of Health, Wellington, New Zealand.
 World Health Organization, Geneva, Switzerland.
 World Health Organization, Manila, Philippines.
 World Health Organization, Epidemiological Bureau, Singapore.
 South Pacific Commission, Noumea, New Caledonia.
 Pacific Science Board, Honolulu, Hawaii.
 Quarantine Officer, Vancouver, Canada.
 United States Quarantine Medical Officer, Honolulu, Hawaii.
 Director of Public Health, Guam.
 Director of Public Health, Ponape, Caroline Islands.
 Director of Public Health, Honolulu, Hawaii.
 President, Board of Health, Territory of Hawaii.
 United States Public Health Service, Honolulu, Hawaii.
 British Resident Commissioner, Port Vila, New Hebrides.
 Medical Director, Pan American World Airways, San Francisco, California.
 United States Quarantine Officer, San Francisco.
 American Embassy, Wellington, New Zealand.
 American Consul, Noumea, New Caledonia.
 Consul-General, Papeete, Tahiti.
 Royal New Zealand Air Force, Laucala Bay, Suva, Fiji.
 Medical Officer of Health, Suva.
 Medical Officer-in-Charge, Colonial War Memorial Hospital, Suva.
 District Medical Officer, Western, Lautoka.
 District Medical Officer, Southern, Suva.
 Medical Officer, Nadi Airport, Nadi.

SIX MONTHLY AIRMAIL DISTRIBUTION

South Pacific Health Service Epidemiological Information

The Director, World Health Organization, Epidemiological Intelligence Section, 8 Oxley Rise, Singapore, Federated Malay States.
 The Director of Public Health, Port Moresby, Papua-New Guinea.
 The Director-General of Health, Canberra, A.C.T., Australia.
 The Secretary-General, South Pacific Commission, Noumea, New Caledonia.
 The Director-General of Medical and Sanitary Services for French Oceania, Papeete, Tahiti.
 The Director of Medical and Sanitary Services, Noumea, New Caledonia.
 The Resident Commissioner, Rarotonga, Cook Islands.
 His Excellency the High Commissioner for Western Samoa, Government House, Vailima, Apia, Western Samoa.
 The Resident Commissioner, Administration of Niue, Niue Island.
 Her Britannic Majesty's Agent and Consul, Nuku'alofa, Tonga.
 The Senior Medical Officer, Honiara, British Solomon Islands Protectorate.
 The Senior Medical Officer, Tarawa, Gilbert and Ellice Islands Colony.
 The British Resident Commissioner, Port Vila, New Hebrides.

- The Public Health Officer, Pagopago, Tutuila, American Samoa.
- The Medical Director of Pan American World Airways System, Pacific Alaska Division, San Francisco, California, U.S.A.
- The American Ambassador, American Embassy, Wellington, New Zealand.
- The Deputy Chairman, Research Council, South Pacific Commission, Pentagon, Noumea, New Caledonia.
- The Ministry of Health, Epidemiological Section, Whitehall, London, S.W.1, England.
- The President and Executive Officer, Territory of Hawaii Board of Health, Honolulu, Hawaii.
- The Consul General, Papeete, Tahiti.
- The American Consul, Noumea, New Caledonia.
- The Port Medical Officer, Hollandia, Netherlands New Guinea.
- The Chief Medical Officer, Nauru Island.
- The Deputy Director-General of Health, Department of Health, Post Office Box 5013, Wellington, New Zealand.
- The Director, World Health Organization, Epidemiological Intelligence Section, Geneva, Switzerland.
- The Chief Medical Officer, Colonial Office, Sanctuary Buildings, Great Smith Street, London, S.W.1, England.
- The Chief of Epidemiological Information Section, World Health Organization, Western Pacific Regional Office, Manila, Philippines.
- The Public Health Department, Guam.
- The Notifications Service, Division of Epidemiology, World Health Organization, Palais des Nations, Geneva, Switzerland.
- The World Health Organization, P.O. Box 2932, Manila, Philippines.
- The Public Health Officer, Department of Public Health, Guam.
- The Section of Endemo-Epidemic Diseases, Division of Communicable Disease Services, W.H.O., Palais des Nations, Geneva, Switzerland.
- The Regional Manager New Zealand Airways Corporation, Suva.
- The District Medical Officer, Southern, Suva.
- The District Medical Officer, Western, Lautoka.
- The Medical Officer, Nadi Airport, Nadi.
- The Medical Officer of Health, Suva City Council.

APPENDIX XIV
 VITAL STATISTICS

(1) ESTIMATED POPULATION AT 31st DECEMBER, 1956

Race	Male	Female	Total	(1955)	Difference	Per cent increase	Population per sq. mile
Fijians	76,851	74,254	151,105	146,842	+ 4,263	3	21
Indians	90,552	82,115	172,667	166,262	+ 6,405	4	25
Europeans	6,138	4,486	10,624	10,391	+ 233	2	2
Part-Europeans	4,220	3,970	8,190	7,956	+ 234	3	1
Polynesians	3,422	2,513	5,935	5,689	+ 246	4	} density of less than 1 person per sq. mile.
Rotumans	2,244	2,145	4,389	4,247	+ 142	3	
Chinese	2,859	1,510	4,369	4,183	+ 186	4	
Others	334	268	602	594	+ 8	1	
Totals	186,620	171,261	357,881	346,164	+11,717	3		51

(2) BIRTHS RECORDED DURING YEARS 1953-1956

Race	1953	1954	1955	1956	Population 1955	Crude Birth-rate per mille of 1955 population
Fijians	4,903	5,294	5,017	5,378	146,842	37
Indians	7,133	6,921	7,127	7,679	166,262	46
Europeans	139	145	148	155	10,391	16
Part-Europeans	243	286	241	272	7,956	34
Rotumans	194	191	166	213	5,689	30
Polynesians	169	184	194	190	4,247	48
Chinese	148	103	153	154	4,183	39
Others	7	80	21	35	594	..
Totals	12,936	13,204	13,067	14,076	346,164	41

(3) DEATHS RECORDED DURING YEARS 1953-1956

Race	1953	1954	1955	1956	Crude death-rate per mille of 1955 population
Fijians	1,478	1,531	1,411	1,136	8
Indians	1,257	1,378	1,193	1,241	7
Europeans	20	34	30	43	4
Part-Europeans	45	34	34	38	5
Rotumans	49	47	53	65	11
Polynesians	48	60	51	48	11
Chinese	28	16	15	21	5
Others	1	6	1	3	5
Totals	2,926	3,106	2,787	2,595	7

(4) MARRIAGES, BIRTHS, DEATHS AND NATURAL INCREASE—1956

Race	Marriages	Births	Deaths	Net Increase	1955 Total	Increase per mille.
Fijians	926	5,378	1,136	4,242	151,105	28
Indians	1,307	7,679	1,241	6,438	172,667	37
Europeans	50	155	43	112	10,624	10
Part-Europeans	33	272	38	234	8,190	29
Rotumans	29	213	65	148	5,935	25
Polynesians	19	190	48	142	4,389	36
Chinese	25	154	21	133	4,369	33
Others	28	35	3	32	602	53
Totals	2,417	14,076	2,595	11,481	357,881	32

(5) INFANT AND CHILD MORTALITY

	Births	DEATHS UNDER 5 YEARS						Infant Mortality Rate per mille
		Under 1	1-2	2-3	3-4	4-5	Total	
1954—Fijians	5,294	267	131	44	20	13	475	50
Indians	6,921	340	44	20	15	12	431	49
1955—Fijians	5,017	368	82	33	10	14	507	73
Indians	7,127	312	35	12	5	11	375	40
1956—Fijians	5,378	259	85	31	11	15	401	48
Indians	7,679	342	29	21	8	7	407	45

APPENDIX XV

Return of Diseases and Deaths for the year 1956, at the Colonial War Memorial Hospital, Lautoka, Labasa and Levuka Hospitals.

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

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Others	Totals	Deaths
I—INFECTIVE AND PARASITIC DISEASES								
A 1	001-008	Tuberculosis of respiratory system	6	187	82	12	287	23
A 2	010	Tuberculosis of meninges and central nervous system ..	1	16	9	1	27	7
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands ..	..	8	7	..	15	..
A 4	012, 013	Tuberculosis of bones and joints .. .. .	..	25	8	2	35	1
A 5	014-019	Tuberculosis, all other forms .. .. .	..	23	7	3	33	1
A 6	020	Congenital syphilis .. .. .	..	..	..	..	..	..
A 7	021	Early syphilis .. .. .	..	..	..	..	..	..
A 8	024	Tabes dorsalis .. .. .	..	..	1	..	1	1
A 9	025	General paralysis of insane .. .. .	..	..	..	..	..	..
A 10	022, 023 026-029	All other syphilis .. .. .	..	..	..	..	..	..
A 11	030-035	Gonococcal infections .. .. .	..	10	7	..	17	1
A 12	040	Typhoid fever	1	2	4	..	7	2
A 13	041, 042	Paratyphoid fever and other Salmonella infections ..	..	3	3	..	6	1
A 14	043	Cholera .. .. .	..	..	..	..	..	..
A 15	044	Brucellosis (undulant fever) .. .. .	..	2	..	..	2	..
A 16	(a) 045 (b) 046 (c) 047, 048	Bacillary dysentery	2	6	11	1	20	..
		Amoebiasis	7	10	14	1	32	..
		Other unspecified forms of dysentery	3	3	9	..	15	1
A 17	050	Scarlet fever .. .. .	..	..	..	..	..	..
A 18	051	Streptococcal sore throat .. .. .	..	1	3	..	4	..
A 19	052	Erysipelas .. .. .	..	..	3	..	3	..
A 20	053	Septicaemia and pyaemia .. .. .	..	1	3	..	4	1
A 21	055	Diphtheria	2	..	..	1	3	..
A 22	056	Whooping cough	1	7	4	..	12	1
A 23	057	Meningococcal infections	1	5	1	3	10	1
A 24	058	Plague .. .. .	..	..	..	..	..	..
A 25	060	Leprosy .. .. .	..	2	3	1	6	..
A 26	061	Tetanus .. .. .	..	10	11	2	23	6
A 27	062	Anthrax .. .. .	..	2	6	4	12	4
A 28	080	Acute poliomyelitis .. .. .	..	..	..	1	1	..
A 29	082	Acute infectious encephalitis .. .. .	..	1	1	..	2	1
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis .. .. .	..	..	1	..	1	..
A 31	084	Smallpox .. .. .	..	..	..	..	..	..
A 32	085	Measles .. .. .	..	..	..	..	..	..
A 33	091	Yellow fever .. .. .	..	..	..	..	..	..
A 34	092	Infectious hepatitis	4	15	25	1	45	3
A 35	094	Rabies .. .. .	..	..	..	..	..	..
A 36	(a) 100 (b) 101 (c) 104 (d) 105 (e) 102, 103 106-108	Louse-borne epidemic typhus .. .. .	..	..	..	..	..	..
		Flea-borne endemic typhus (murine) .. .. .	..	..	..	..	..	..
		Tick-borne epidemic typhus .. .. .	..	..	..	..	..	..
		Mite-borne typhus .. .. .	..	..	..	..	..	..
		Other and unspecified typhus .. .. .	..	..	..	..	..	..
A 37	(a) 110 (b) 111 (c) 112 (d) 115 (e) 113, 114 116, 117	Vivax malaria (benign, tertian) .. .. .	..	5	2	..	7	..
		Malariae malaria (quartan) .. .. .	..	..	..	..	..	..
		Falciparum malaria (malignant tertian) .. .. .	..	..	..	..	..	..
		Blackwater fever .. .. .	..	..	..	..	..	..
		Other and unspecified forms of malaria .. .. .	..	1	..	..	1	1
A 38	(a) 123-0 (b) 123-1 (c) 123-2 (d) 123-3	Schistosomiasis vesical (<i>S. haematobium</i>) .. .. .	..	..	1	..	1	1
		Schistosomiasis intestinal (<i>S. Mansoni</i>) .. .. .	..	..	..	..	..	..
		Schistosomiasis pulmonary (<i>S. japonicum</i>) .. .. .	..	..	..	..	..	..
		Other and unspecified schistosomiasis .. .. .	..	..	..	..	..	..
A 39	125	Hydatid disease .. .. .	..	1	1	..	2	..
A 40	(a) 127 (b) .. (c) .. (d) ..	Onchocerciasis .. .. .	..	2	..	..	2	..
		Loiasis .. .. .	..	3	..	..	3	..
		Filariasis (<i>bancrofti</i>)	1	16	2	3	22	..
		Other filariasis .. .. .	..	13	2	1	16	..
A 41	129	Ankylostomiasis	1	21	57	..	79	..
A 42	(a) 126 (b) 130-0 (c) 130-3 (d) 124, 128 130-1, 130-2	Tapeworm (infestation) and other cestode infestations ..	..	..	4	..	4	..
		Ascariasis	2	3	20	1	26	..
		Guinea worm (<i>dracunculosis</i>) .. .. .	..	..	..	..	..	..
		Other diseases due to helminths .. .. .	..	..	1	..	1	..
A 43	(a) 037 (b) 038 (c) 039 (d) 049 (e) 071	Lymphogranuloma venereum .. .. .	..	..	..	..	..	..
		Granuloma inguinale, venereal .. .. .	..	1	1	..	2	..
		Other and unspecified venereal diseases .. .. .	..	2	..	..	2	..
		Food poisoning infection and intoxication	1	14	1	..	16	..
		Relapsing fever .. .. .	..	..	..	..	..	..

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Others	Totals	Deaths
(f)	072	Leptospirosis icterohaemorrhagica (Weil's disease)	1	..	1	1	3	..
(g)	073	Yaws .. .. .. ..	..	4	1	..	5	..
(h)	087	Chickenpox .. .. .. ..	..	2	..	1	3	..
(i)	090	Dengue	1	14	1	..	16	..
(j)	095	Trachoma .. .. .. ..	..	..	..	..	..	..
(k)	096-7	Sandfly fever .. .. .. ..	..	..	..	..	..	..
(l)	120	Leishmaniasis .. .. .. ..	..	..	..	..	..	..
(m)	121 (a)	Trypanosomiasis gambiensiis .. .. .. ..	..	..	..	..	..	..
	(b)	Trypanosomiasis rhodesiensiis .. .. .. ..	..	..	..	..	..	..
	(c)	Other and unspecified Trypanosomiasis .. .. ..	..	..	2	..	2	..
(n)	131	Dermatophytosis .. .. .. ..	..	2	5	..	7	..
(o)	135	Scabies	2	6	9	1	18	..
(p)	036, 054, 059, 063, 064, 070, 074, 086, 088, 089, 093, 096-1-096-6, 096-8, 096-9, 122, 132-134, 136-138	All other diseases classified as infective and parasitic	2	9	12	4	27	..
II—NEOPLASMS								
A 44	140-148	Malignant neoplasm of buccal cavity and pharynx .. ..	..	1	1	..	2	..
A 45	150	Malignant neoplasms of oesophagus .. .. .. ..	..	2	1	1	4	..
A 46	151	Malignant neoplasm of stomach	1	8	11	2	22	4
A 47	152, 153	Malignant neoplasm of intestine, except rectum	1	2	4	..	7	2
A 48	154	Malignant neoplasm of cervix uteri	1	1	1	..	3	..
A 49	161	Malignant neoplasm of larynx .. .. .. ..	..	1	1	..	2	..
A 50	162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	1	..	1	1	3	..
A 51	170	Malignant neoplasm of breast	6	5	8	1	20	2
A 52	171	Malignant neoplasm of cervix uteri	2	3	37	5	47	3
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus ..	1	4	2	..	7	1
A 54	177	Malignant neoplasm of prostate	1	2	..	..	3	..
A 55	190, 191	Malignant neoplasm of skin	8	2	2	..	12	..
A 56	196, 197	Malignant neoplasm of bone and connective tissue	1	5	6	..	12	..
A 57	155, 160, 164, 165, 175, 176, 178-181, 192-195, 198, 199	Other and unspecified sites	3	12	14	5	34	5
A 58	204	Leukaemia and aleukaemia .. .. .. ..	..	2	2	..	4	1
A 59	200-203, 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	2	1	3	..	6	1
A 60	210-239	Benign neoplasms and neoplasms of unspecified nature ..	13	28	36	3	80	2
III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES								
and								
IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS								
A 61	250, 251	Nontoxic goitre	2	3	8	1	14	..
A 62	252	Thyrotoxicosis with or without goitre	2	1	16	..	19	..
A 63	260	Diabetes mellitus	4	14	108	4	130	9
A 64 (a)	280	Beriberi	1	1	8	1	11	..
(b)	281	Pellagra .. .. .. ..	..	..	3	..	3	..
(c)	282	Scurvy .. .. .. ..	..	..	1	..	1	..
(d)	283-286	Other deficiency states .. .. .. ..	..	8	8	1	17	4
A 65 (a)	290	Pernicious and other hyperchromic anaemias .. .. ..	..	1	39	2	42	4
(b)	291	Iron deficiency anaemias (hypochromic) .. .. .. ..	..	15	114	5	134	6
(c)	292, 293	Other specified and unspecified anaemias .. .. .. ..	..	5	51	2	58	7
A 66 (a)	241	Asthma	5	18	74	1	98	3
(b)	240, 242-245, 253, 254, 270-277, 287-289, 294-299	All other allergic disorders endocrine, metabolic and blood diseases	15	14	29	1	59	5
V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS								
A 67	300-309	Psychoses	3	3	6	..	12	..
A 68	310-324, 326	Psychoneuroses and disorders of personality	5	13	30	..	48	..
A 69	325	Mental deficiency .. .. .. ..	..	5	3	..	8	..

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Totals	Deaths
VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS								
A 70	330-334	Vascular lesions affecting central nervous system	5	10	39	1	55	20
A 71	340	Nonmeningococcal meningitis .. .. .	..	28	8	..	36	12
A 72	345	Multiple sclerosis .. .. .	..	..	2	..	2	..
A 73	353	Epilepsy	3	10	12	..	25	1
A 74	370-379	Inflammatory diseases of eye	5	40	65	7	117	..
A 75	385	Cataract	8	29	139	4	180	..
A 76	387	Glaucoma .. .. .	..	3	13	1	17	..
A 77 (a)	390	Otitis externa	1	2	9	..	12	..
(b)	391-393	Otitis media and mastoiditis	2	21	18	3	44	..
(c)	394	Other inflammatory diseases of ear .. .. .	..	3	5	..	8	..
A 78 (a)	380-384, 386, 388, 389	All other diseases and conditions of eye	5	30	50	..	85	1
(b)	341, 344, 350-352, 360-369, 395-398	All other diseases of the nervous system and sense organs	8	30	53	9	100	6
VII—DISEASES OF THE CIRCULATORY SYSTEM								
A 79	400-402	Rheumatic fever	4	13	95	..	112	1
A 80	410-416	Chronic rheumatic heart disease	5	32	89	..	126	14
A 81	420-422	Arteriosclerotic and degenerative heart disease	8	12	40	4	64	15
A 82	430-434	Other diseases of heart	3	17	124	2	146	34
A 83	440-443	Hypertension with heart disease	7	1	36	3	47	6
A 84	444-447	Hypertension without mention of heart	7	6	30	2	45	..
A 85	450-456	Disease of arteries	8	5	27	1	41	9
A 86	460-468	Other diseases of circulatory system	14	16	48	3	81	7
VIII—DISEASES OF THE RESPIRATORY SYSTEM								
A 87	470-475	Acute upper respiratory infections	9	19	28	2	58	..
A 88	480-483	Influenza	6	68	83	9	166	1
A 89	490	Lobar pneumonia	16	97	101	14	228	6
A 90	491	Bronchopneumonia	17	166	181	11	375	45
A 91	492, 493	Primary atypical, other and unspecified pneumonia .. .. .	..	24	47	1	72	3
A 92	500	Acute bronchitis	3	76	88	7	174	..
A 93	501, 502	Bronchitis, chronic and unqualified	2	7	29	1	39	..
A 94	510	Hypertrophy of tonsils and adenoids	12	10	60	..	82	..
A 95	518, 521	Empyema and abscess of lung	3	2	8	..	13	..
A 96	519	Pleurisy	2	16	14	..	32	2
A 97 (a)	523	Pneumoconiosis	4	6	..	..	10	..
(b)	511-517, 520-522, 524-527	All other respiratory diseases	12	24	41	3	80	4
IX—DISEASES OF THE DIGESTIVE SYSTEM								
A 98 (a)	530	Dental Caries .. .. .	..	3	3	1	7	..
(b)	531-535	All other diseases of teeth and supporting structures	1	11	11	2	25	..
A 99	540	Ulcer of stomach	2	4	41	3	50	1
A 100	541	Ulcer of duodenum	8	5	31	3	47	..
A 101	543	Gastritis and duodenitis	6	25	58	3	92	1
A 102	550-553	Appendicitis	30	36	136	3	205	3
A 103	560, 561, 570	Intestinal obstruction and hernia	21	48	82	6	157	6
A 104 (a)	571-0	Gastro-enteritis and colitis between 4 weeks and 2 years	2	55	72	6	135	11
(b)	571-1	Gastro-enteritis and colitis, ages 2 years and over	12	39	104	3	158	1
(c)	572	Chronic enteritis and ulcerative colitis	4	3	4	2	13	2
A 105	581	Cirrhosis of liver .. .. .	..	5	4	1	10	6
A 106	584, 585	Cholelithiasis and cholecystitis	13	8	50	6	77	1
A 107	536-539	Other diseases of digestive system	29	66	119	12	226	4
	542, 544, 545, 573-580, 582, 583, 586, 587							

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Totals	Deaths
X—DISEASES OF THE GENITO-URINARY SYSTEM								
A 108	590	Acute nephritis .. .. .	..	9	22	8	39	2
A 109	591-594	Chronic, other and unspecified nephritis	4	15	35	1	55	3
A 110	600	Infections of kidney	13	22	123	2	160	5
A 111	602, 604	Calculi of urinary system	10	11	50	1	72	..
A 112	610	Hyperplasia of prostate	2	6	16	3	27	1
A 113	620, 621	Diseases of breast	1	5	7	1	14	..
A 114 (a)	613	Hydrocele	4	28	20	1	53	..
(b)	634	Disorders of menstruation	15	23	55	3	96	..
(c)	601, 603 605-609 611, 612 614-617 622-633 635-637	} All other diseases of the genito-urinary system	43	96	194	11	344	3
XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM								
A 115	640-641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium .. .. .	..	5	27	1	33	..
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium	4	8	66	2	80	5
A 117	643, 644 670-672	Haemorrhage of pregnancy and childbirth	5	10	48	5	68	1
A 118	650	Abortion without mention of sepsis or toxæmia	15	60	121	4	200	..
A 119	651	Abortion with sepsis	3	10	20	6	39	..
A 120 (a)	645-649 673-680	} Other complications of pregnancy, childbirth and the puerperium	16	46	143	5	210	6
(b)	683, 687-689 690	Delivery without complications	39	190	650	55	934	5
XII—DISEASES OF THE SKIN AND CELLULAR TISSUE								
and								
XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT								
A 121	690-698	Infections of skin and subcutaneous tissue	46	235	251	31	563	3
A 122	720-725	Arthritis and spondylitis	3	23	31	..	57	2
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	3	10	28	..	41	..
A 124	730	Osteomyelitis and periostitis	3	39	22	2	66	..
A 125	737, 745-749	Ankylosis and acquired musculo-skeletal deformities	4	9	9	..	22	..
A 126 (a)	715	Chronic Ulcer of Skin (including tropical ulcer)	7	5	15	2	29	..
(b)	700-714, 716	All other diseases of skin	8	9	18	4	39	1
(c)	731-736, 738-744	} All other diseases of musculo-skeletal system	19	63	45	..	127	1
XIV—CONGENITAL MALFORMATIONS								
A 127	751	Spina bifida and meningocele .. .. .	..	..	7	..	7	2
A 128	754	Congenital malformations of circulatory system	2	11	21	..	34	3
A 129	750, 752, 753, 755-759	} All other congenital malformations	1	7	7	1	16	3
XV—CERTAIN DISEASES OF EARLY INFANCY								
A 130	760, 761	Birth injuries .. .. .	..	2	..	..	2	1
A 131	762	Postnatal asphyxia and atelectasis .. .. .	..	3	..	..	3	2
A 132 (a)	764	Diarrhoea of newborn (under 4 weeks) .. .. .	..	2	2	..	4	1
(b)	765	Ophthalmia neonatorum .. .. .	..	1	..	..	1	..
(c)	763, 766-768	Other infections of newborn .. .. .	..	4	8	..	12	..
A 133	770	Haemolytic disease of newborn	1	1	..	..	2	..
A 134	769, 771, 772	All other defined diseases of early infancy .. .. .	..	4	11	2	17	3
A 135	773, 776	Ill-defined diseases peculiar to early infancy, and immaturity unqualified .. .. .	..	7	35	..	42	12

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Total	Deaths
XVI—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS								
A 136	794	Senility without mention of psychosis	6	..	5	..	11	..
A 137	788-8	Pyrexia of unknown origin	3	14	33	5	55	1
	793	Observation, without need for further medical care	74	241	269	30	614	1
	780-787	} All other ill-defined causes of morbidity	32	134	628	47	841	19
	788-1-788-7							
	788-9, 789-792, 795							

" E " CODE—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (EXTERNAL CAUSE)

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Totals	Deaths							
AE 138	E810-E835	Motor vehicle accidents	14	30	53	6	103	3							
AE 139	E800-E802 E840-E866	} Other transport accidents	4	14	22	..	40	2							
AE 140	E870-E895														
AE 141	E900-E904	Accidental poisoning	10	21	38	1	70	..							
AE 142	E912	Accidental falls	33	73	125	15	246	2							
AE 143	E916	Accident caused by machinery	2	26	46	7	81	..							
AE 144	E917, E918	Accident caused by fire and explosion of combustible material	1	12	17	1	31	2							
		Accident caused by hot substance, corrosive liquid, steam and radiation	8	29	48	5	90	4							
AE 145	E919	Accident caused by firearm	1	..	3	..	4	..							
AE 146	E929	Accidental drowning and submersion . . . . .	..	..	..	..	..	..	
AE 147	(a) E920	Foreign body entering eye and adnexa	2	15	2	..	19	..							
	(b) E923	Foreign body entering other orifice	1	1	3	..	5	..							
	(c) E927	Accidents caused by bites and stings of venomous animals and insects . . . . .	..	16	4	2	22	..						
	(d) E928	Other accidents caused by animals . . . . .	..	9	51	5	65	..						
	(e) E910, E911 E913-E915 E921-E922 E924-E926 E930-E965	} All other accidental causes	38	124	120	6	288	3							
AE 148	E970-E979								Suicide and self-inflicted injury	2	..	2	..
AE 149	E980-E985								Homicide and injury purposely inflicted by other persons (not in war)	4	37	36	5	82	1
AE 150	E990-E999								Injury resulting from operations of war	1	7	8	1

" N "—ALTERNATIVE CLASSIFICATION OF ACCIDENTS, POISONINGS AND VIOLENCE (NATURE OF INJURY)

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Other	Totals	Deaths
AN 138	N800-N804	Fracture of skull	6	21	24	3	54	3
AN 139	N805-N809	Fracture of spine and trunk	2	10	8	1	21	..
AN 140	N810-N829	Fracture of limbs	18	99	164	18	299	4
AN 141	N830-N839	Dislocation without fracture	4	15	5	..	24	..
AN 142	N840-N848	Sprains and strains of joints and adjacent muscle	9	14	15	..	38	..
AN 143	N850-N856	Head injury (excluding fracture)	14	30	22	1	67	2
AN 144	N860-N869	Internal injury of chest, abdomen and pelvis	1	1	5	..	7	..
AN 145	N870-N908	Laceration and open wounds	20	93	109	16	238	..
AN 146	N910-N929	Superficial injury, contusion and crushing with intact skin surface	4	19	45	5	73	..
AN 147	N930-N936	Effects of foreign body entering through orifice	4	8	22	3	37	..
AN 148	N940-N949	Burns	10	44	71	3	128	7
AN 149	N960-N979	Effects of poisons	11	28	46	1	86	1
AN 150	N950-N959 N980-N999	} All other and unspecified effects of external causes	16	32	34	2	84	1

APPENDIX XVI

URBAN/TOWNSHIP/RURAL SANITARY DISTRICTS OF FIJI
REPORT OF HEALTH INSPECTORS FOR THE YEAR 1956

1—SUMMARY OF INSPECTIONS

Type of Premises, etc.	Inspections	Re-Inspections	Total
House-to-house Inspection of District	28,393	11,363	39,756
Investigations of Complaints, Nuisance, etc.	703	318	1,021
New Buildings Sites before Approval	1,186	191	1,377
New Buildings—Works in Progress	3,517	1,056	4,573
Investigation of Infectious Diseases and Disinfection	774	194	968
Shipping	114	3	117
Aircraft	772	58	830
Houses let as lodgings and lodging houses	328	169	497
Factories and Workshops	486	247	733
Cemeteries	183	67	250
Schools	585	95	680
Checking Sanitary Services (A/cs, etc.)	1,429	104	1,533
Laundries	825	201	1,026
Hairdressers, Chiropodists, etc.	853	439	1,292
Foodshops, Foodstores, Markets, etc.	2,747	1,365	4,112
Eating Houses and Ice Cream Premises	1,389	762	2,151
Aerated Water and Ice Factories	297	196	493
Kava Saloons	100	52	152
Bakehouses	387	250	637
Slaughterhouses	101	56	157
Butchers' Shops	244	125	369
Food Vehicles	606	309	915
Dairies, Hotels, Boarding Houses	31	18	49
Inspection of Gang Works	424	121	545
Sanitary Survey of Ships	55	11	66
Theatres	53	21	74
Miscellaneous	2,866	166	3,032
Total	53,612	17,957	71,569

2—WRITTEN NOTICES, ETC., ISSUED

Intimation Notices served	6,323
Statutory Notices served	838
Buildings Surveyed for Closure or Demolition	149
Closing Orders served	92
Demolition Orders served	20
Buildings Demolished after service of Orders:—	
By Owners	42
By Local Authority .. .. .	.....
Notice of Intention to Demolish served	20

3—BUILDING APPLICATIONS DEALT WITH

	Number	Value
Applications in respect of New Buildings	2,115	£2,497,058
Applications in respect of repairs and alterations	441	£180,846
Applications in respect of Septic Tanks	177	£24,946
Total	2,733	£2,702,850
Buildings Completed and Passed during the year		1,008
Applications Outstanding in Register (work not completed)—		
New Buildings		17,327
Alterations and Repairs		1,023
Septic Tanks		1,010
Buildings applications lapsed		242
Buildings applications rejected		9
Buildings applications withdrawn		18

4—SUMMARY OF SANITARY IMPROVEMENTS, ETC. (ALL TYPES OF PREMISES)

Items	Ordered	Completed
Repairing of Buildings	433	234
Improvement of Lighting and Ventilation of Buildings	227	114
Removal of Unauthorized Erections	507	169
Abatement of Overcrowding	427	117
New Privies (All Types)	1,673	1,018
Repairing, Cleansing or Flyproofing of Privies	3,093	2,268
Filling in of Insanitary Privies	1,050	708
New Bathrooms or Washing Places	235	144
Repairing or Cleansing of Bathrooms and Washing Places	939	607
New Kitchens	157	63
Repairing or Cleansing of Kitchens	511	382
Provisions of New Drains	933	434
Repairing or Cleansing of Existing Drains	2,882	1,757
New Wells	222	127
Repairing or Improvement of Wells	680	322
New Water Tanks	127	68
Repairing, Screening or Cleansing of Water Tanks	624	406
Removal of Accumulations of Refuse, etc.	5,480	3,590
Clearing of Overgrowth of Long Grass	4,877	2,836
Provision of Garbage Tins	1,878	831
Abatement of Nuisances from Animals or Poultry	1,941	1,008
Abatement of Mosquito Breeding	2,162	1,692
Cleansing of Food Premises	1,092	882
Structural Improvement to Food Premises	392	468
Cleansing of Food Vehicles	340	301
Improvements to Food Vehicles	218	165
Cleansing or Improvement of Hairdressers' Premises	252	207
Cleansing or Improvement of Laundries	105	85
Cleansing or Improvement of Schools	95	47
Cleansing or Improvement of Shipping	27	24
Impounding of Straying Cattle	28	28
Removal of Tins and Bottles	8	8
Disposal of dead Animals	4	3
Miscellaneous	500	282
Total	<u>34,119</u>	<u>21,395</u>

5—MOSQUITO CONTROL

Premises inspected for Mosquito Larvae	39,756
Premises at which Larvae found	2,680
Larvae Index	6.74 per cent

6—DISINFECTION, DISINFESTATION AND FUMIGATION

Type of Premises or Vessels	Method	Number
Overseas Vessel	H.C.N.	3
Overseas Vessel	Aerosol Bomb	14
Local Vessel	H.C.N.	80
Local Vessel	Formalin, Cyllin, Zaldicide, etc.	2
Dwellings	Formalin, Cyllin, Zaldicide, etc.	58
Dwellings	Aerosol Bomb	24
Aircraft	Aerosol Bomb	576
Hospital .. .. .	.. .. .	11
Wells .. .. .	.. .. .	25
Latrines .. .. .	.. .. .	22
Miscellaneous .. .. .	.. .. .	12,263
International Deratization Certificates Issued .. .. .	.. .. .	4
International Deratization Exemption Certificates Issued .. .. .	.. .. .	3
Certificate of Pratique granted .. .. .	.. .. .	240
Overseas Vessel Malarial Inspection .. .. .	.. .. .	38

7—ANTI-RAT MEASURES

		<i>Rattus</i> <i>Rattus</i>	<i>Rattus</i> <i>Norvegicus</i>	Total
Rat Poisons Set	1,930			
Traps Set	9,528			
Rats Destroyed by Poisoning	204	177	381	
Rats Destroyed by Trapping	312	891	1,203	
Rats Destroyed by Fumigation—				
Overseas Shipping	6	6	12	
Local Shipping	107	4	111	
Aircraft .. ..	.....	.....	.....
Rats submitted for Laboratory				
Examination	49	9	58	
Rats Found Infected .. ..	..	..	..
Mice (unidentified) .. ..	..	..	625

8—SUPERVISION OF LABOUR GANGS, ETC.

Number of men employed, Clearing and draining work done, Loads of refuse removed, etc.—				
Number of men employed .. ..	..	..	..	824
Clearing and Draining work done .. ..	..	..	..	2,086
Loads of refuse removed .. ..	..	..	..	20,371
Latrine pans dealt with .. ..	..	..	..	22,260

9—FOOD INSPECTION AND SAMPLING

Unsound Foodstuffs Condemned and Destroyed—101,712 pounds.

Food and Water Samples taken—

Milk—Genuine	76	Aerated Water .. ..	..
Non-Genuine	10	Water (Chemical) . . .	..
Ice Cream—Genuine	5	Butter .. ..	..
Non-Genuine	2	Margarine . . .	..
Fresh Water (Bact.)	612	Sea Water and Baths, etc.	18
Miscellaneous .. ..	..	

10—LEGAL PROCEEDINGS

Defendants, Offences and Results of Action—

Public Health Ordinance		Pure Food Ordinance	
Cases	250	Cases	40
Convictions	243	Convictions	35
Penalties	£881 12s. 6d.	Penalties	£245 0s. 0d.

11—REMARKS AND DETAILS OF ANY OTHER SPECIAL WORKS CARRIED OUT DURING THE YEAR UNDER REVIEW

Sanitation Campaign

	Number	Amount		
		£	s.	d.
Squatting Slabs Sold	549	274	10	0
Latrine Plugs Sold	313	31	6	0
Pedestal sets sold	52	104	0	0
Pedestal seats sold	5	5	0	0
Total	919	£414	16	0

APPENDIX XVII

SUVA GAOL

Dr. G. O. Hallman was Visiting Medical Officer to the Suva Gaol until 4th March, 1956, when Dr. H. W. Conran took over from him. Assistant Medical Practitioner, Maika Vuki, was in charge of the Infirmary during the year. Routine weekly visits were made to the prison and cases referred by the Assistant Medical Practitioner were examined and treated at the Gaol or sent to the appropriate local hospital. Special visits were made at the request of the Court. All prison buildings, including bakery and kitchen, and warders' compounds were regularly inspected and maintained in a very sanitary condition throughout the year. The total new prisoners numbered 534 and were examined on admission and those who remained in gaol for a period exceeding one month were subjected to routine chest X-rays.

2. Sick parades were held once daily during the year. The following illnesses were treated at the Prison Infirmary during the year:—

Asthma	..	..	..	..	1
Furunculosis	..	..	..	..	2
Bronchiectasis	..	..	..	..	1
Influenza	..	..	..	..	14
Myositis	..	..	..	..	1
Arthritis	..	..	..	..	1

3. The following cases were transferred to the Colonial War Memorial Hospital:—

Varicose Veins	..	..	..	..	1
Hernia	..	..	..	..	2
Ankylosis of Lumbar Spine	..	..	..	..	1
Renal Calculus	..	..	..	..	1
Two cases for investigation—					
(a) Retention of Urine.					
(b) Haemoptysis.					

4. Twenty-two cases of infectious diseases were notified during the year. These consisted of:—

Influenza	..	..	..	..	14
Yaws	..	..	..	..	1
Gonorrhoea	..	..	..	..	5
Pulmonary Tuberculosis	..	..	..	..	2

5. Two cases of Pulmonary Tuberculosis were transferred to Tamavua Hospital. No death due to disease or accident occurred in prison. Two corporal punishments were inflicted.

6. The total number of prisoners for the year ending December, 1956, was 534 which number consisted of:—

Male	..	..	..	..	514
Female	..	..	..	..	20

APPENDIX XVIII
METEOROLOGICAL REPORTS

The following meteorological reports for the year 1956 have been supplied by the Meteorological Office.

LAUCALA BAY		SUVA	
Rainfall—		Rainfall—	
Total	135.20*	Total	134.55*
Normal for 14 years	117.83*	Normal for 68/69 years	124.25*
Departure from normal	+17.37*	Departure from normal	+10.30*
Wet days (0.01" or more)	210*	Wet days (0.01" or more)	211
Wettest day—		Wettest day—	
February 26th	6.73*	February 26th	8.00*
Temperatures—		Temperatures—	
Mean Maximum	83.1°F.	Mean Maximum	83.8°F.
Highest Recorded—		Highest Recorded—	
February 10th	89.8°F.	January 11th	92.0°F.
Mean Minimum	71.4°F.	Mean Minimum	71.3°F.
Lowest Minimum—		Lowest Minimum—	
July 6th	62.2°F.	July 9th	60.3°F.
Mean Temperature $\frac{1}{2}$ (Max. + Min.)	77.2°F.	Mean Temperature $\frac{1}{2}$ (Max. + Min.) ..	77.6°F.
Departure from normal	+0.2°F.	Departure from normal	+0.4°F.
Mean Temperature at 9 a.m.	78.5°F.	Mean Temperature at 9 a.m.	79.0°F.
Humidity—		Humidity—	
Mean humidity at 9 a.m.	81%	Mean humidity at 9 a.m.	78%
Bright Sunshine—			
Total hours	2,084.4 hours		
Mean Daily	5.70 hours		

NOTES

The total rainfall over the area was from 10.30" to 17.37" above average. There were, however, a considerable number of dry spells the most extensive occurring from May 22nd to June 8th when no measurable rain fell in the 18 consecutive days, though 16 points fell in Suva during the period. March was the wettest month with 28.30" and August the driest with 3.28".

It was the sunniest year since records began in 1943 with 222.2 hours bright sunshine above average.

The mean temperature was only slightly above average. Between January and April it ranged from 0.5°F to 2.0°F below average. From May, which was one of the hottest Mays on record, it ranged from just on average to 2.0°F above same. December was the hottest month and July the coolest.

The prevailing wind direction was East with 30 per cent frequency; the mean speed 6.8 knots and the maximum gust 48 knots from the N.E., on January 31st.

Tropical storms affected the Group only slightly as far as winds were concerned. The first, January 30th to February 3rd passed 50 miles West of Nadi causing gale force winds in the North and West of Viti Levu. On February 16th and 17th a depression passed over the N.E. of the Group. A complex depression developed to the N.W. on the 20th, finally developing into a hurricane by 26th but passed away to the W.S.W. The last occurred from March 4th to 6th, moved in from the W.N.W. passing about 35 miles S.W. of Sigatoka. Some gale force winds were experienced particularly in Western Vanua Levu.

During this period, January 30th to March 6th, moderate to severe floodings of the main rivers occurred resulting in heavy losses to crops and stock. Heaviest floodings appeared to be at Ba where the river rose to within 2 feet 4 inches of the record 1931 flood.

APPENDIX VIII

WETLANDS AND REPORTS

Wetland Name	Location	Area (Acres)	Report No.	Date
Wetland A	Location A	100	101	1970
Wetland B	Location B	200	102	1971
Wetland C	Location C	300	103	1972
Wetland D	Location D	400	104	1973
Wetland E	Location E	500	105	1974
Wetland F	Location F	600	106	1975
Wetland G	Location G	700	107	1976
Wetland H	Location H	800	108	1977
Wetland I	Location I	900	109	1978
Wetland J	Location J	1000	110	1979

NOTES

The following notes describe the wetlands listed in the table above. Each wetland was surveyed and reported on by a different team of researchers. The data provided in the table is based on the most recent report for each wetland.

Wetland A is located in the northern part of the study area. It is a small, shallow wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland B is located in the central part of the study area. It is a larger wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland C is located in the southern part of the study area. It is a large wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland D is located in the northern part of the study area. It is a small, shallow wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland E is located in the central part of the study area. It is a larger wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland F is located in the southern part of the study area. It is a large wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland G is located in the northern part of the study area. It is a small, shallow wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland H is located in the central part of the study area. It is a larger wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland I is located in the southern part of the study area. It is a large wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

Wetland J is located in the northern part of the study area. It is a small, shallow wetland that is primarily composed of emergent vegetation. The area is currently being used for agriculture, but it is still considered a wetland due to its hydrological characteristics.

