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COUNCIL PAPER NO. 39 OF 1962



Colony of Fiji

MEDICAL DEPARTMENT
ANNUAL REPORT

FOR THE YEAR

1961

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Colony of Fiji

MEDICAL DEPARTMENT

ANNUAL REPORT

FOR THE YEAR

1961

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1961



MEDICAL DEPARTMENT

(ANNUAL REPORT FOR 1961)

PART I—GENERAL REVIEW

APART from a minor outbreak of poliomyelitis at the close of the year, the health of the community remained reasonably good and no major epidemics of infectious disease gave cause for alarm.

2. The notifications of chickenpox and whooping cough were slightly higher than in the previous year whereas those for measles showed a decrease. The apparent increase in incidence of ankylostomiasis, dysentery (all forms) and infantile diarrhoea, is probably without real significance and merely indicates improvement in reporting. It is not suggested, however, that these figures should be ignored as they are indicative of a poor standard of sanitation, particularly in the rural areas from which most of the cases were notified.

3. Tuberculosis continued to be the major public health problem and it is encouraging to see the fall in the number of new cases registered during the year despite intensified case finding. It is too early, however, to say whether this heralds any major advance in the control of the disease. The B.C.G. campaign continued throughout 1961 and with the exception of some six or seven small islands, was completed at the end of the year. Mopping up operations will have to be kept up for a further twelve months, but thereafter it is probable that infant vaccination can be continued by district medical staff.

4. The situation in regard to leprosy remained fairly static, the number of admissions to Makogai, 45 as against 39 in the previous year, being at about the same level. The total number of patients at the leprosarium at the end of the year was 269 and it is probable that more patients from other island territories will be repatriated in the near future. It is clear, therefore, that the need for an island leprosarium is rapidly diminishing.

5. The small outbreak of poliomyelitis which occurred in November and December was of interest from the epidemiological point of view and gave rise for a short time to some anxiety. Over a three-week period, six cases were notified, two from Sigatoka, one from Labasa, one from Nausori, one from Nasinu, and one from Suva. Over the next few weeks further cases were notified up to a total of eleven but showed the same scatter (Rabi, Taveuni, Ba) and no link, even remote, could be traced between them. It must be assumed, therefore, that a fairly high level of immunity exists amongst the population, which is understandable following the large scale epidemic in 1958, but that all other factors favoured an outbreak of the disease. Unfortunately, it was not possible to type the organism responsible. In June there was a small outbreak of the disease in Tonga, but no spread to Fiji occurred.

6. There were no major building activities during the year and owing to shortage of architectural staff, it was not possible to commence work on the new out-patients and operating theatre block at the Colonial War Memorial Hospital. However, plans are now complete and building is likely to commence in 1962. A Colonial Development and Welfare grant of £Stg.12,163 was obtained for major additions and alterations to the hospital laundry and work was progressing at the close of the year. The fabric of the maternity annexe at the hospital was shown, on survey, to be in such a poor state that extensive repairs were necessary with demolition of certain parts. The opportunity was taken to re-design those sections which had to be reconstructed.

7. The high standard of efficiency at the Colonial War Memorial Hospital was more than maintained throughout the year and the Medical Superintendent introduced a number of improvements. Hospital Week funds were used to provide additional amenities and labour saving devices.

8. Considerable maintenance and constructional work has been undertaken at the Lautoka Hospital over the past two years and although the work of the hospital is still difficult to organise owing to the scattered nature of the buildings, the standard of accommodation and general facilities are now of very reasonable standard. The two most undesirable features are the children's ward and the out-patients department. The Trustees of the Anti-Tuberculosis Fund have kindly voted £15,000 for the construction of a new tuberculosis ward, which will release the building now used for that purpose for conversion to an excellent children's ward. Sisters' new quarters are nearing completion at Labasa, these being designed as self-contained flats for members of the senior nursing staff. The Sisters' present quarters will then be available for other purposes and allow of enlargement of the out-patients department and extension of the administrative block. At both these hospitals a high standard of professional work was maintained.

9. Minor improvements were made at a number of the smaller hospitals but a great deal remains to be done once funds become available. An X-ray apparatus has been installed at Rotuma, half the cost being met from funds subscribed locally. Another set has been installed at Savusavu, purchased from money raised during Hospital Week and a third set is on order for Taveuni, funds having been raised following a special appeal by public-spirited citizens for the purpose.

10. Probably the most outstanding feature of the year has been the development of the mental health services. In December, 1960, a medical officer with psychiatric experience was posted, on a part-time basis, to the Mental Hospital and under her guidance and with the whole-hearted co-operation of the staff, considerable advances have been made in the care and treatment of those with mental illness. Modern therapy is now available and increased use has been successfully made of domiciliary treatment. While the number of patients admitted to the hospital during the year showed an increase, 154 against 107 in 1960, the number of patients discharged far exceeded that of previous years, 226 as against 80 in 1960 or 87 in 1959. The World Health Organisation has kindly granted three fellowships to allow two Assistant Medical Officers (one Fijian and one Indian) and one Nurse to study mental health under the direction of the Mental Hygiene Authority in the State of Victoria, Australia, during 1962.

11. The year marked the Golden Jubilee of the establishment of the leprosy hospital on Makogai island, and the event was celebrated on 11th November. His Excellency the Governor attended the celebrations and opened an exhibition of handicrafts prepared by the patients.

12. The number of patients under treatment on the island continued to diminish and in consequence the relative importance of St. Elizabeth Home in Suva, where much of the rehabilitation work is undertaken, became more apparent. Through the kindness of the New Zealand Leper Trust Board, enlargements to the Home were carried out as well as funds and gifts being made available for patients on Makogai. Mr. P. J. Twomey, the Secretary to the Board, who has devoted the greater part of his life to leprosy work, paid a most welcome visit to Fiji during the year.

13. A high standard of work was maintained at the Tuberculosis Hospital at Tamavua. This hospital is the main centre for treatment of tuberculosis patients and the Medical Superintendent and his staff see, at some time or another, almost all patients diagnosed as suffering from the disease. Dr. G. D. Murphy who has been in charge of the hospital for a number of years was promoted to the rank of Senior Medical Officer. Close liaison is maintained with the Tuberculosis Control Officer who is responsible for the public health measures used in the control of the disease and supervises domiciliary treatment.

14. The staff position in respect of Medical Officers, gave rise to some anxiety during the year and as many as five vacancies existed during the latter half. However, recruitment seemed to improve during the last few months once a decision had been reached regarding acceptance of Her Majesty's Government's Overseas Aid Scheme. Recruitment of nursing sisters continued to be difficult, but this was to some extent off-set by the increase in the number of local girls available for appointment. Nearly 30 per cent of the nursing sisters are now local appointees.

15. Training of medical and dental students at the Medical School continued on the same lines as formerly. The staff position at the School was satisfactory until the end of the year when the Assistant Lecturer in Anatomy and the Lecturer in Physiology, both locally born men, resigned having accepted lectureships in Australian Universities. A tentative appointment has been made to fill the vacancy in the Anatomy post, but no suitable candidate has yet been found for the Physiology lectureship.

16. The post-graduate course in public health was held again during the year. Students attended from a number of island territories and the one student from Fiji was successful in obtaining the Certificate. The South Pacific Commission kindly arranged and paid for the services of an external examiner in public health for this course and the final examination of the medical course. Three Assistant Medical Officers were granted fellowships by the World Health Organisation, one to study maternal and child health, another tuberculosis, and a third, radiology. In addition, one Assistant Medical Officer attended, on a short-term fellowship, a seminar on integrated rural health, organised jointly by the World Health Organisation and the South Pacific Commission.

17. The Assistant Medical Officers' Association organised during August, a successful seminar on "Diseases of Childhood" which was well attended. Weekly broadcasts to Assistant Medical Officers arranged by the Principal of the Medical School continued. These are now transmitted over the Fiji Broadcasting Commission's network by the courtesy of the Commissioners and the coverage has greatly improved.

18. The training of nurses proceeded on much the same lines as in 1960, teaching being at two levels, on a local curriculum and on that of New Zealand. The first group of the students taught on the New Zealand curriculum graduated during the year, four out of the five sitting the examination being successful. Shortage of teaching staff remained as in previous years and the Principal of the School and Sister Tutors are in consequence to be congratulated even more on the results achieved.

19. The training courses for other auxiliary medical staff remained unaltered except that for Health Inspectors. Recognition for the local training of these Inspectors has now been granted by the Royal Society of Health and the course started in February. It is of two years' duration being partly academic and partly practical. It is anticipated that the recruitment of Health Inspectors from overseas will no longer be necessary.

20. There was no major change in the organisation of the Dental Division during the year, but extension of the work was greatly handicapped by shortage of staff. For reasons not readily apparent, students for training in dentistry are not coming forward and for the past four or five years the intake at the School has been below the required level. In addition one of the Australian Universities now grants exemption from educational entry qualifications and one year of training to Assistant Dental Officers and a number of officers have availed themselves of this and left the service to take the fully registrable qualification. It is hoped that increased salaries sanctioned by Legislative Council at the end of the year will have a favourable effect.

21. Some progress was made in the field of health education during the year. The Assistant Medical Officer, who attended a course on this subject in London in 1960 and who on return was appointed Health Educator, has now had a year of useful work. A small long-term scheme of continuous health education has been started in one pilot area and in addition, several *ad hoc* courses of one week's duration have been held for officials of the Fijian Provincial administrations and leaders of the Fijian Women's Committees. Considerable interest has been stimulated in some areas and has led to the remedying of the more glaring defects in village sanitation. Close liaison has been maintained with the appropriate staff of the Nasinu Teachers' Training College and with the Women's Interests Officer of the Education Department. During the year the Health Education Committee was revived, largely on the initiative of the Health Officer of Suva City, and the principal subject concentrated on for propaganda purposes was Family Planning.

22. The various voluntary organisations, individual mention of which is made in Part II of this report, gave invaluable assistance to the Department during the year and the work done is gratefully acknowledged.

23. Finally I would like to express my gratitude to all members of the staff of the Department for the high standard of service which they have given and maintained and for their continued loyalty.

C. H. GURD,
Director of Medical Services.

PART II—ADMINISTRATION

24. The departmental establishment is:—	1961
1. MEDICAL AND ADMINISTRATIVE SECTION—	
Director of Medical Services	1
Deputy Director of Medical Services	1
Secretary	1
Senior Medical Officers	4
Physician Specialist	1
Surgeon Specialist (1) Surgeon (1)	2
Medical Officers	15
Ophthalmologist	1
Radiologist (1) Pathologist (1)	2
Anaesthetist	1
Gynaecologist/Obstetrician	1
Senior Dental Officer (1) Dental Officer (1)	2
Assistant Medical Officers	131
Assistant Dental Officers	12
Physiotherapists	2
2. NURSING SECTION—	
Nursing Superintendent	1
Matrons and Assistant Matrons	5
Sisters in Charge	4
Nursing Sisters (53) Health Sisters (12)	65
Principal (1) Tutors (6) Nursing School	7
Nurses	418
3. TECHNICAL SECTION—	
Laboratory Superintendent	1
Chief Laboratory Assistant	1
Laboratory Assistants	13
Chief Health Inspector	1
Health Inspectors (10) Assistant Inspectors (Health and Mosquito) (66)	76
Chief Pharmacist and Medical Storekeeper	1
Pharmacists (2) Assistants (8)	10
Radiographers (3) Assistant Radiographers (5)	8
Supervising Dietitian	1
Dental Hygienist (1) Assistant Dental Hygienists (7)	8
Assistant Dental Mechanics	3
4. CLERICAL SECTION—	
Departmental Accountant	1
Clerical Staff	58
5. SUPERVISORY SECTION—	
Head Attendant, Mental Hospital	1
Assistant Head Attendant (1), Orderlies, Mental Hospital (31)	32
Caretaker, Quarantine Island	1
Storekeepers and Storemen	9
Assistant Dietitians and Housekeepers (8) Cooks (4) Laundry Supervisors (2) Head Seamstress (1)	15
Subordinate Staff	637
6. CENTRAL MEDICAL SCHOOL—	
Principal	1
Medical Officer	1
Anatomy and Surgery Lecturer	1
Lecturers and Assistant Lecturers	5
Medical Officer (Lecturer in Public Health)	1
Dental Officer	1
Assistant Medical Officer	1
Housekeeper (1) Clerical Staff (3) Cook (1) Subordinate Staff (16)	21
7. FIJI LEPROSY HOSPITAL—	
Senior Medical Officer	1
Clerical Staff	2
Overseer (1) School Teachers (2) Constables (5)	8
Subordinate Staff	41
Nursing Sisters	23
Assistant Nursing Sisters	11
8. CENTRAL MEDICAL RESEARCH LIBRARY—	
Assistant Librarian	1
Clerical Staff	1

FINANCE

25. Revenue and expenditure of the Department:—

	1959	1960	1961
	£	£	£
Gross Expenditure	901,285	951,432	975,552
Revenue	86,867	108,274	105,639
Net Expenditure	814,418	843,158	869,913
Percentage of Colony's Expenditure	10.0%	13.4%	12.1%
Expenditure per head of population	42s. 2d.	42s. 0d.	42s. 0d.

26. Expenditure on Medical and Health Services per head of the population over the past ten years:—

Year	Total Population	Expenditure per head
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.
1957	361,038	42s. 7d.
1958	374,284	44s. 0d.
1959	387,646	42s. 2d.
1960	401,018	42s. 0d.
1961	413,872	42s. 0d.

27. Value of issues of Medical Stores and Equipment:—

	Drugs and Instruments	Clothing and Bedding	Totals
	£	£	£
Cash Sales	3	....	3
Private Accounts	135	....	135
*Special Hospitals	8,466	3,959	14,474
*General Hospitals	33,167	13,440	55,230
*Rural Hospitals	6,026	1,603	7,705
Dispensaries	6,515	115	6,630
Health Sisters	2,139	173	2,312
Nurses	4,402	290	4,692
Other Medical	2,112	639	2,751
Missions	78	5	83
Other Departments	516	....	516
	<u>£63,559</u>	<u>£20,224</u>	<u>£94,531</u>

* Values for Special, General and Rural Hospitals, also include £2,049, £8,623 and £76, for X-ray films.

LEGISLATION

28. Legislation of medical interest was as follows:—

- 1961—Ordinance No. 6: Amends the Pure Food Ordinance.
 1961—Ordinance No. 7: Amends the Leper Ordinance.
 1961—Ordinance No. 31: Amends the Public Health Ordinance.
 1961—Legal Notice No. 27: Proclamation concerning the Burial and Cremation Ordinance
 1961—Legal Notice No. 32: Amends the Rotuma (Public Health) Regulations.
 1961—Legal Notice No. 44: Amends the Rabe Island (Buildings, Villages and Sanitation) Regulations.
 1961—Legal Notice No. 48: Amends the Public Health Regulations.
 1961—Legal Notice No. 53: Provides for the duty free entry of certain drugs under the Customs Ordinance.
 1961—Legal Notice No. 67 }
 1961—Legal Notice No. 66 } Proclamations under the Burial and Cremation Ordinance.
 1961—Legal Notice No. 72 }
 1961—Legal Notice No. 73: Provides for the duty free entry of certain drugs under the Customs Ordinance.
 1961—Legal Notice No. 85: The Pure Food Regulations, 1961.
 1961—Legal Notice No. 87: Provides for the duty free entry of surgical, medical and dental appliances under certain conditions.
 1961—Legal Notice No. 89: Provides for the duty free entry of certain drugs.
 1961—Legal Notice No. 101: Applies the Public Health (Sanitary Services) Regulations to the Savusavu area.
 1961—Legal Notice No. 102: Concerns a new tariff item dealing with electro-medical equipment.

- 1961—Legal Notice No. 113: Amends the Burial and Cremation Regulations.
 1961—Legal Notice No. 116: Provides for the duty free entry of certain drugs.
 1961—Legal Notice No. 117: Amends Legal Notice No. 101.
 1961—Legal Notice No. 120: Deals with the appointment of Quarantine Officers.
 1961—Legal Notice No. 127: Amends the Pure Food Regulations.
 1961—Legal Notice No. 142: Provides for the duty free entry for certain drugs.
 1961—Legal Notice No. 155: Delegates certain powers under the Pharmacy and Poisons Ordinance to the Director of Medical Services.
 1961—Legal Notice No. 157: Adds a new drug to Schedule III of the Pharmacy and Poisons Regulations.
 1961—Legal Notice No. 158: Amends the Poisons Regulations.
 1961—Legal Notice No. 175: Amends the Public Hospitals and Dispensaries Regulations.
 1961—Legal Notice No. 177: Delegates certain powers under the Public Hospitals and Dispensaries Ordinance to the Colonial Secretary.

PUBLIC HEALTH—ORGANISATION

29. The organisation of the public health services remained much the same as in former years, there being close integration of public health and curative services. The medical services are administered by the Director of Medical Services as head of the Medical Department. He is assisted at headquarters by a Deputy Director of Medical Services, Administrative Secretary, Nursing Superintendent, Chief Health Inspector, Accountant and clerical staff. For administrative purposes, the Colony is divided into four divisions corresponding with the general administrative divisions and each is in the charge of a Divisional Medical Officer, who is responsible for the organisation of the curative and preventive arrangements of his area. He controls the work of junior Medical Officers and Assistant Medical Officers, Health Inspectors, Assistant Health Inspectors, Health Sisters, District Nurses and other medical personnel in his division. The two exceptions to this pattern are in the Central Division in which the Colonial War Memorial Hospital, as specialist centre, and the Tamavua Tuberculosis Hospital, as central sanatorium, are administered by Medical Superintendents and not by the Divisional Medical Officer; and in the Western Division, where the hospital is in the charge of the Surgical Specialist acting also in the capacity of Medical Superintendent, while the Divisional Medical Officer is responsible for the public health and all other curative centres in his division. A conference of Divisional Medical Officers was held during the year under the Chairmanship of the Director of Medical Services, to decide upon policy and co-ordinate activities. During one day of the conference, specialist staff attended to advise on matters in their particular field.

COMMUNICABLE DISEASES

30. The trend of certain notifiable diseases in the last six years is shown in the following table:—

	1956	1957	1958	1959	1960	1961
Dengue	38	12	8	28	5	19
Dysentery (all forms)	231	233	163	113	203	360
Enteric Group ..	14	25	29	29	5	8
Infantile Diarrhoea .	2,369	2,117	1,991	2,092	3,295	3,538
Pertussis	471	261	1,000	1,154	509	741
Influenza	5,710	12,190	11,626	20,041	13,030	12,163
Measles	12	7,066	15	60	712	98
Poliomyelitis .. .	....	6	328	6	....	15
Infective Hepatitis..	63	123	279	396	206	214
Tuberculosis* .. .	654	654	721	644	648	566
Leprosy*	40	44	39	42	39	44
Gonorrhoea	299	375	335	281	380	227
Syphilis	15	26	10	8	2	11
Yaws	519	159	135	82	26	30
Tetanus	38	38	56	47	41	52

* These figures are obtained from the Central Registry and not from notification records as those from the Registry are considered to be more accurate. A full table of all notifiable diseases is given at Table III. Certain of the diseases listed deserve special mention:—

31. *Intestinal Diseases:* The number of cases of dysentery and infantile diarrhoea during the year showed yet another increase. It is considered, however, that this was due to improvement in reporting. It does indicate a poor standard of sanitation, particularly in the rural areas from which most of the cases were notified.

32. *Poliomyelitis:* Over a period of three weeks, six cases were notified from widely separated parts of the Colony. Over the next few weeks, further cases up to a total of eleven were notified, but no link, even remote, could be traced between them. Although the total number was small, this outbreak for a short time, gave rise to some anxiety.

33. *Tuberculosis:* The reduction in numbers registered in the Central Registry is encouraging, but it is too early to say whether this indicates a major advance in the control of the disease.

34. *Yaws:* Only 30 cases of yaws were notified during the year. All cases were followed up and given treatment: contacts were also treated.

VITAL STATISTICS

35. Full details of vital statistics are given in tables and a graph attached to this report, and are available also in the report of the Registrar-General.
36. The crude birth rate per thousand of population was 40, that for Fijians being 37 and Indians 45.
37. The crude death rate was 6.3 per thousand, for Fijians 7 and for Indians 6 per thousand.
38. The infant and child mortality rate once again has decreased—for Fijians 30 per thousand and Indians 37 per thousand.
39. The rates for the past twenty years are shown in graphs attached to the report.

HYGIENE AND SANITATION

40. The Director of Medical Services is *ex officio* Chairman of the Central Board of Health. This Board advises on all health matters and holds executive powers in areas where there are no local authorities. It also can exercise such powers should a local authority default in its duty. There are 25 local authorities of which 16 are concerned with rural areas and the remainder responsible for the administration of Suva City, Lautoka Town, Nadi International Airport and the townships of Nausori, Ba, Nadi, Levuka, Labasa and Sigatoka.
41. The minutes of meetings of the local authorities are sent to the Secretary of the Central Board of Health and advice is given by the Board on all matters referred to it. All requests for legal aid are passed through the Board to the Law Officers of the Crown.
42. The health staff of all local authorities, except the City of Suva, are employed by the Medical Department and seconded to the various authorities as is found necessary for carrying out the duties laid down under the public health legislation. A detailed analysis of work done by the health staff is shown in Table V.

SEAPORT AND AIRPORT HEALTH AND QUARANTINE

43. The only ports of entry for shipping from malarious countries are Suva and Lautoka and for aircraft, at Nadi and Laucala Bay, although special arrangements can be made for aircraft landing at Nausori. Levuka is a port of entry for shipping from non-malarious areas.
44. Medical Officers of Health are available at each of these ports together with a complement of Health Inspectors and Assistant Health Inspectors. In addition to normal port health duties this staff is also engaged in anti-mosquito measures as the territory being free from anopheline mosquitoes it is essential to maintain this freedom. Special measures are also necessary to control *Aedes Aegypti* which are indigenous in the islands.
45. The need for special vigilance to ensure the exclusion of the anopheles mosquito is frequently not understood by a number of persons, but there is no doubt that if the vector of malaria were to establish itself the disease would be rife as the reservoir of parasites is present following service of Fiji Military Forces in malarious countries.

HOSPITALS AND DISPENSARIES

46. The centres available for the treatment of the sick remained—(a) 45 dispensaries, in the charge of Assistant Medical Officers, located at centres of populations, both rural and urban, throughout the Colony. (b) 14 rural hospitals, all except one being administered by Assistant Medical Officers, situated at points convenient for the collection of patients who require treatment from the immediate environs or from outlying dispensaries. (c) 4 divisional hospitals, including the specialist hospital at Suva, situated at the divisional centres and drawing their patients either from the immediate surroundings or from rural hospitals if greater facilities for diagnosis and treatment were required than were available at the latter. (d) Specialised hospitals for tuberculosis leprosy and mental cases. The actual locations of hospitals and dispensaries is shown in Table I.
47. The size of the rural hospitals varies from 52 to 9 beds. They provide accommodation for patients, the diagnosis of whose condition can be made clinically and who require only short-term treatment. They are also useful in providing accommodation for convalescent cases from the larger divisional hospitals. It is hoped to provide a simple form of X-ray apparatus and a small laboratory at some of these hospitals situated in the larger population centres in order to limit the amount of travelling required of patients to major centres and also relieve the pressure on these larger units. X-ray apparatus has been installed at Rotuma and Savusavu and a third set has been ordered for Taveuni.
48. Of the 4 divisional hospitals, the Colonial War Memorial Hospital, Suva, is the specialist centre for the Colony. The specialist staff consists of a physician, surgeon, obstetrician/gynaecologist, anaesthetist, ophthalmologist, radiologist, and laboratory facilities are provided by the Central Laboratory which is within the precincts of the hospital and under the control of a pathologist. The hospital also functions as a training centre for medical and nursing students and as a divisional hospital for the Central Division. A very high standard of work was maintained and a number of improvements to the hospital facilities were made during the year. Plans for the new out-patients and operating theatre block are complete and building is likely to commence in 1962. A grant from Colonial Development and Welfare funds was made for major additions and alterations to the hospital laundry. The maternity annexe was re-designed and major reconstruction of this section of the hospital was commenced.

49. The next largest hospital is that at Lautoka. Considerable maintenance has been undertaken over the past two years and the standard of accommodation and general facilities are now of very reasonable standard. The work of the hospital is still difficult to organise owing to the scattered nature of the buildings.

50. A Surgeon, who also acted as Medical Superintendent, is stationed at the Lautoka Hospital and is supported by a staff of Medical Officers and Assistant Medical Officers. The hospital is also a training centre for nurses. The Trustees of the Anti-Tuberculosis Fund have voted £15,000 for a new tuberculosis ward; this will release the present ward for conversion to a children's ward.

51. Despite the difficulties, a high standard of professional work was achieved.

52. The Labasa and Levuka hospitals functioned satisfactorily during the year. These hospitals are also of old design, but can be adapted to cover requirements for some little time yet. The Sisters' new quarters at Labasa were completed during the course of the year, but improved quarters for Assistant Medical Officers are urgently required. The completion of the new quarters for the Sisters will enable the present block used for this purpose, to be available for enlargement of the out-patients' department and administrative block. The space occupied by these latter departments in the main building of the hospital will allow for improvement in the facilities offered for the treatment of in-patients.

53. Specialised institutions are—the Tuberculosis Hospital at Tamavua, the Leprosy Hospital at Makogai and St. Elizabeth Home, Suva, and the Mental Hospital, Suva, which require separate discussion.

54. Tables showing a summarised analysis of patients seen at hospitals and dispensaries throughout the Colony, are as follows:—

CENTRAL AND DISTRICT HOSPITALS—ADMISSIONS INCLUDING BABIES BORN IN HOSPITAL—
RACIAL DISTRIBUTION

Race	C.W.M. Hospital	Tamavua Hospital	Mental Hospital	Lautoka Hospital	Labasa Hospital	Levuka Hospital	Totals
Fijians	3,572	471	43	1,269	568	435	6,358
Indians	5,982	72	92	4,210	2,409	66	12,831
Europeans	873	13	12	174	38	40	1,150
Others	1,007	46	7	248	92	45	1,445
Totals	11,434	602	154	5,901	3,107	586	21,784

HOSPITAL ADMISSIONS, BED OCCUPANCY RATES AND AVERAGE LENGTH OF STAY
(NOT INCLUDING BABIES BORN IN HOSPITAL)

Hospitals	No. of beds	Admissions	Daily average patients	Bed Occupancy Rate (Per cent)	Average Length of Stay in days
Colonial War Memorial Hospital—					
General	216	} 8,662 {	194	90	10
Paying	55		37	67	8
Tamavua Hospital	374	602	360	96.3	185
Mental Hospital	150	154	161	107.3	197
Lautoka Hospital—					
General	175	} 4,712 {	146	83.7	12
Paying	23		9	39.2	10
Labasa Hospital	95	2,628	88	93.1	12
Levuka Hospital	42	495	22	52.4	18
14 Rural Hospitals	367	10,095	229	62.4	8

OUT-PATIENTS THROUGHOUT THE COLONY—RACIAL DISTRIBUTION

Race	C.W.M. Hospital	3 District Hospitals	14 Rural Hospitals	45 Dispensaries	Totals
Fijians	50,097	32,608	82,292	195,000	359,997
Indians	82,014	72,522	110,902	141,556	406,994
Europeans	2,525	3,140	} 11,202	28,573	59,404
Others	9,894	4,070			
Totals	144,530	112,340	204,396	365,129	826,395

DENTAL DIVISION

55. The Dental Division has its headquarters at Suva and is under the control of a Senior Dental Officer. The department has 3 main functions:—

1. Training of dental personnel
2. Provision of dental treatment, particularly to children of school age
3. Dental health education and preventive dentistry

56. The general pattern of activity in this division followed that of previous years, but the amount of dental treatment which could be provided was severely curtailed by a continuing fall in personnel. A most significant increase, however, was in the number of dentures provided. This followed upon the introduction of a means test to assist the department in its overall policy of improving health collectively and individually; in this case, it was the improvement of nutrition for the individual who has lost all or most of his teeth, who was previously unable to afford the cost of replacement and whose health was being impaired as a result. The overall policy of concentrating our limited resources on providing conservative dentistry for children was still paramount and only one Assistant Dental Officer was engaged in the constructions of dentures and he was not engaged full time in this field.

57. Adult treatment, with the exception of dentures was as before, restricted to relief of pain and specialized treatment such as oral surgery for cases referred from private practitioners. Despite this restriction the demand for relief of pain, usually necessitating extraction of teeth, took up much of the time which should have been spent on providing conservative treatment for children. The only reasonably worthwhile school dental service was that provided by means of the Mobile Dental Clinic and this caters only for Viti Levu schools.

58. One very encouraging feature in the preventive dentistry field was the growth of interest and participation in the school toothbrushing project. Being preventive in its nature this scheme assumes great importance and its successful expansion is very pleasing.

59. Talks on dental health and toothbrush demonstrations were given in as many schools as possible.

60. Copies of the new poster illustrating the fight against dental disease were received from the printer and distributed by the Education Department to all schools in the Colony. Copies of the booklet " Good Teeth " and dental health teaching charts were supplied to schools on request. The Dental Division, with the assistance of the Education Department encouraged Head Teachers to introduce daily toothbrushing by pupils at their schools.

61. A total of 3,384 dozen brushes were distributed to 240 schools and 103 toothbrush cabinets were sold to 37 schools.

62. There were no students in the final year in 1961. The first year students numbered 14 when the term commenced, but only 6 completed the year satisfactorily to be promoted to the second year course in 1962.

63. Five students who were doing the second year course in 1961, have continued into the third and final year in 1962. These students are from all the territories in the South Pacific, including Fiji, which send their students to the Fiji School of Medicine.

64. Three girls were under training in the course for Assistant Dental Hygienists.

65. The following tables show details of the work carried out by officers of this division.

ATTENDANCES

	Suva	Lautoka	Ba	Labasa	Mobile	Total
Adults	9,180	2,810	2,016	1,752	454	16,212
Children	11,858	6,549	4,784	1,463	7,708	32,362
Total	21,038	9,359	6,800	3,215	8,162	48,574

WORK CARRIED OUT

	Suva	Lautoka	Ba	Labasa	Mobile	Total
Fillings	5,542	2,168	779	780	5,465	16,766
Scalings	423	140	173	62	581	1,379
Surgery	108	29	3	8	—	148
Extractions	12,094	7,203	6,744	3,202	9,873	39,116
General Anaesthetics	41	28	1	40	—	110
Fractured Mandible Fixations	41	9	—	—	—	50
Films taken	406	73	—	41	—	520
Denture Treatments	325	—	—	—	—	325
Total	18,980	6,650	7,700	4,133	15,919	58,414

66. The staff of the Dental Division consisted of:—

Senior Dental Officer	1
Dental Officers	2
Assistant Dental Officers	8
Dental Hygienist	Nil
Assistant Dental Hygienists	4
Assistant Dental Mechanics	3
Nursing Sister	1
Nurse	1

LABORATORY DIVISION

67. The Central Laboratory is under the control of the Pathologist and specimens are sent to it from medical units in the Colony as well as from outside territories. It serves also as the laboratory for the Colonial War Memorial Hospital.

68. There are branch laboratories at Tamavua Tuberculosis Hospital and Lautoka Hospital. Simple "side room" investigations are done by Medical Officers and Assistant Medical Officers in the other hospitals.

69. A wide range of investigations can be carried out at the Central Laboratory and apart from virology, there are few occasions when help from larger laboratory centres is necessary.

70. The Pathologist is also responsible for a large proportion of the medico-legal work of the Colony, a task which is most time-consuming. He not only supervises the instruction of students taking the Laboratory Assistant Course, but also teaches pathology, bacteriology, chemical pathology and forensic medicine to medical and dental students at the Fiji School of Medicine. During the year, post-graduate lectures in the Certificate of Public Health were also given.

71. During the year, a total of 1,257 bottles of blood were collected at the Central Laboratory. It was, however, still necessary to call on 153 personal donors to meet the demands for blood. A refrigerator was installed at Lautoka Hospital and the means of maintaining a blood bank there are now available.

72. The summary of work done at the Central Laboratory during 1961 indicates its scope:—

TABLE I

Details of specimens, etc., examined during 1961

1. Histology	2,235	6. Serology—	
2. Haematology—		Kahn Reactions	1,552
Routine Blood counts	21,670	Agglutination tests	109
Blood grouping	6,263	7. Vaccine Prepared—	
Pre-transfusion cross-matching	1,798	T.A.B. 50cc bottles	956
Donors bled for transfusion	1,257	8. Biochemistry—	
Marrow smears	161	Routine examinations	4,241
3. Seminal Fluids—		9. Animal Inoculations—	
Examination for fertility	71	Toads for pregnancy tests	116
4. Parasitology—		10. Rats—	
Faeces—		For Plague	5
Microscopic	5,176	11. Forensic Medicine—	
Blood—		Clothing, weapons, etc.	273
Malaria and Microfilariae	181	12. Post Mortem Examinations—	
5. Bacteriology—		Police	62
Routine microscopic and culture	7,289	Colonial War Memorial Hospital	104
Drinking water supplies	598	Tamavua Tuberculosis Hospital	8
Milk	2	Mental Hospital	1
Other foodstuffs	20		

73. At the branch laboratory, Lautoka, a total of 19,222 examinations were carried out: 2 assistants staffed the laboratory throughout 1961.

MENTAL HOSPITAL

74. The year 1961 has been one of considerable change at the Mental Hospital. Following upon the appointment, late in 1960, of a part-time Medical Officer with psychiatric experience, it became possible to envisage the use of psychotropic drugs in treatment. Supplies started to arrive early in 1961 and treatment was commenced on a large scale, as soon as patients had been reassessed. The regime used was that of bringing patients rapidly under control with large doses of the appropriate drug, followed by a gradual reduction to the minimal dose compatible with social integration within the hospital environment. Provided that the patient remained reasonably well on this maintenance dosage, he was retained in hospital for as long as improvement of his condition continued and was then, wherever possible, released on trial to continue therapy on a domiciliary basis.

75. The immediate results of this policy were firstly, a considerable improvement in the behaviour of the patients and secondly, a marked drop in the number of patients in the hospital. As a consequence, it proved possible to increase and improve the amenities available for the patients and to give more individual attention to those patients who remained in the hospital. Indeed, this greater emphasis on nursing, rather than discipline and restraint, required from the staff was brought about, in part, by the side effects of the drugs used, since some patients felt these effects to quite a marked degree.

76. What the long-term results of this treatment will be, it is difficult to forecast. Psychotherapy, in its more usually understood sense is, in all cases, difficult and, in some, well-nigh impossible where there are such differences in language and culture between medical staff and patients as presently exist. It is therefore difficult to give the supporting treatment that is required. Whether the use of drugs alone in the social milieu of Fiji will prove sufficient to result in long maintained improvement, is a question that must await the results of follow-up over a period of years.

77. As already indicated, the reduction in numbers allowed for more individual attention to be given by the nursing staff. Until this year, the emphasis had been custodial care and it was necessary for the nurses to change their whole outlook. They have responded well to the demands made on them and their interest in the results of treatment has in turn had a beneficial effect on the patients.

78. There were at the end of the year, 120 patients who had left the hospital on maintenance therapy. There are the problems arising from the necessity of a more meticulous follow-up, particularly in view of the distances at which some patients live. Although the reliance which is placed on Assistant Medical Officers in this respect is, as always, well justified, there can be little doubt that great benefit would derive if staff were available to carry out enquiries into the patients' social conditions, both before and after release on trial.

79. *Buildings:* During 1961, a considerable amount of internal repainting was carried out by the patients and staff.

80. A new mess hall was built in the women's compound during the year.

81. Such amenities as curtains, floor mats, pictures and chairs were more widely introduced. For the first time, dining tables and chairs were provided and there was cutlery for those who wished to use it.

82. These improvements, too, played their part in the overall treatment of patients.

83. *Statistics:* (1) Admissions and Discharges—

In hospital at 31/12/60	..	..	..	..	235	
Admitted 1961	..	..	..	..	154	
					<hr/>	389
Discharged 1961	..	..	..	..	18	
Released on trial	..	..	..	..	208	
Died in hospital	..	..	..	..	10	
Remaining in hospital at 31/12/61	..	..	..	..	153	
					<hr/>	389
Number of beds	..	..	..	..	150	
Occupancy rate	..	..	..	..	107.3%	
Average length of stay	..	..	..	..	197.2 days	

(2) Length of stay—patients in hospital at 31/12/61:—

	<i>Years</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-1	29(32)	17(31)	46(63)
1-2	6(12)	6(20)	12(32)
2-3	5(13)	4(5)	9(18)
Over 3	55(68)	31(54)	86(122)
		<hr/>	<hr/>	<hr/>
		95	58	153

Figures in brackets are those for 1960.

(3) Racial and Sex Distribution:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
European	13	20	33
Fijian	56	37	93
Indian	116	121	237
Other	19	7	26
	<hr/>	<hr/>	<hr/>
	204	185	389

These figures may be further analysed as follows:—

	European		Indian		Fijian		Other		Total	
	M	F	M	F	M	F	M	F	M	F
In hospital at 31/12/60	9	12	70	14	32	18	14	5	125	110
Admitted in 1961	4	8	46	46	24	19	5	2	79	75
Released on trial	5	9	57	73	25	32	5	2	92	116
Discharged	1	3	7	4	1	—	1	1	10	8
Died	—	—	2	3	3	—	1	1	6	4
In hospital at 31/12/61	7	8	50	41	27	5	12	3	96	57
Total number on trial including those released in 1961	16	13	116	154	56	62	18	5	206	234

(4) These have been classified as follows:—

Diagnosis	Number	Deaths
Mania	115	4
Schizophrenia	192	1
Mental Defective	18	—
Delusions	1	—
Epilepsy	21	—
Senility	19	4
Spastic diplegia	2	—
G.P.I.	3	—
Idiocy	6	—
Involuntional melancholia	3	—
Psychosis with arteriosclerosis	1	—
Alcoholism	2	—
Anxiety Hysteria	1	—
Confusional state	3	—
Depression	2	—
	389	10

(5) Deaths: The deaths which occurred at the institution were as follows:—

General Condition	Cause of Death
Mania	Cerebral thrombosis
Mania	Arteriosclerotic heart failure
Mania	Arteriosclerotic heart failure
Mania	Arteriosclerotic heart failure
Senility	Coronary occlusion
Senility	Arteriosclerotic heart failure
Senility	Arteriosclerotic heart failure
Senility	Terminal pneumonia
Schizophrenia	Pulmonary tuberculosis
G.P.I.	Asphyxia due to food lodged in larynx.

LEPROSY

84. The Central Leprosy Hospital, Makogai, is the main hospital for treatment of leprosy.

85. The reef-encircled island of Makogai, is about three miles in length from North to South and about two miles across from East to West. Volcanic in origin, it largely consists of a number of peaks, rising to a maximum height of 876 feet, and leading down to sea level by a series of rocky ridges. The latter divide the more useful land into a number of flat areas stretching inland for various distances. Since 1911 these level areas have been used for the establishment and maintenance of a hospital devoted to the treatment of leprosy.

86. The main hospital is situated in Dalice Bay, protected by the small islands of Makodraga and Tabaka. The male patients' villages are along the shore of the bay to the north and around the adjacent bay of Yaroi to the south. The island is divided roughly in half by a line running from the southern point of Yaroi bay inland to the summit and thence northwards to "Black Head", the northernmost tip of the island. All the land to the north and west of this line is devoted to the hospital and it includes a large "flat" at Takewa, north of the hospital, which is separated by a ridge running from the centre of the island to Sogotokalau point in a more or less north-westerly direction. This flat area is used entirely for gardening by the patients.

87. The land to the south and east of the dividing line is used for the staff village, for the dairy farm and for copra. The staff quarters are situated in Nasau village on the southern tip of the island. Here also are the Post and Wireless Telegraphy Office, the Sub-Accountancy, the Power House, Bakery, Dairy and Copra Drying shed. Nasau is connected to the hospital at Dalice by a three-mile motor road. The road also extends beyond the hospital for a further two miles, through Takewa to another level area thickly covered with coconuts, called Vagabia.

88. The medical and nursing staff consist of the Medical Superintendent, Missionary Sisters of the Society of Mary and Fijian Sisters of the Sisters of Nazareth. In addition to the general nursing in the hospital wards, Sisters visit the villages daily for general inspection and for dressings of individual cases; patients appearing to require further attention or special treatment are referred to the Medical Superintendent for advice or admission to hospital. The Sisters train a number of patients as dressers in the village dressing rooms and in the hospital proper. They also carry out dispensing and laboratory work, give anaesthetics and assist at operations; they run the X-ray and Physiotherapy Departments and supervise occupational therapy; they help with the medical records and the more medical aspects of the clerical work; they control the issue of rations, the hospital kitchen and the hospital laundry, they run the patients' co-operative store and operate the hospital cinema. Their duties are, in fact, all-embracing and a very large proportion of any success attained at Makogai is undoubtedly due to their efficiency, versatility and selfless devotion.

89. The main hospital area is divided into a large women's section and a smaller one for men. The only men in the hospital area, apart from the ward orderlies and dressers, are those too sick or crippled to be able to look after themselves, those with acute reactions or other medical conditions and those admitted for special surgical or other treatment.

90. The able-bodied male patients live in villages outside the central hospital, each race having its own village. Here they are encouraged to lead as normal a village life as possible so as to reduce the likelihood of their becoming "institutionalised" and incapable of looking after themselves upon being discharged. Apart from sleeping and—for reasons of individual dietary and culinary tastes—cooking and eating, they are at liberty to mix freely with patients of other races and racial harmony on the island is very good. The various villages each have a headman of their own race who receives a small stipend for acting as "liaison officer" between patients and staff and for being generally responsible for the cleanliness of his village and the co-operation of his people.

91. During the 50 years of its existence 3,899 patients have been registered in the Fiji Leprosy Hospital. One thousand nine hundred and sixteen patients have been discharged, all but two of them with their disease apparently cured: the exceptions being two patients who are being permitted to continue their treatment on a domiciliary basis. Five hundred and sixteen patients have been repatriated to their homelands and there have been 1,198 deaths. At the end of 1961, there were 269 patients still in hospital. During the year under review, there were 45 admissions which is the highest during the last four years—40 in 1958, 42 in 1959, 39 in 1960; 77 patients were discharged and there were 4 deaths. This excess was predicted by the Medical Superintendent in his 1960 report. From now on it will probably level out as the number of patients admitted and discharged will be more or less the same.

92. The patients under treatment in Makogai on 31st December, 1961, were divided racially as follows:—

Fijians	..	..	..	..	..	122
Indians	..	..	..	..	..	86
Europeans and Part-Europeans					..	13
Chinese and others		..	..	..	..	48
				Total	..	269

93. *Establishment:* The staff of the hospital consisted of the following:—

Senior Medical Officer (Medical Superintendent)
 Local Superior and 14 Sisters of the Missionary Sisters of the Society of Mary
 7 Sisters of the Sisters of Nazareth
 Higher Executive Officer
 Class III Clerk
 Supervisor (Mechanical)
 Overseer (Stock, Farm and Labour)
 Sergeant, Corporal and 3 Police Constables
 Master of A.K. *Makogai* and 5 members of crew
 41 Labourers.

94. The Medical Superintendent also acted as Sub-Accountant, Postmaster and Magistrate. He maintained a daily surgery for members of the staff and their families. During 1961, 1,095 patients were seen in the surgery and a further 360 were seen by the Sisters during the Medical Superintendent's absence on duty from the island. There were nine confinements among wives of staff during the year.

95. During the first three months under review, Dr. D. W. Beckett was Medical Superintendent on Makogai only, then from April to August, he conjointly held the post of Divisional Medical Officer, Eastern, as the then Divisional Medical Officer had been transferred to Headquarters, Suva. In August, Dr. Beckett was transferred to Apia, Western Samoa and was replaced by Dr. Dovi. This double responsibility involved a good deal of travelling between Makogai and Levuka. During December a tour of some of Lomaiviti islands was carried out in conjunction with the Commissioner, Eastern. The Eastern Division generally had suffered at the expense of Makogai, partly due to being the Golden Jubilee year and partly to the necessity of maintaining discipline among the patients; these required the Medical Superintendent to remain mostly on the island.

96. *Golden Jubilee*: It was only thirty-five years after Cession when the powers-that-be of those days, were apparently aware of the prevalence of leprosy in the islands and conceived a hospital for those who were affected. Following a tentative trial in one of the islands in the Group, Makogai was ultimately selected and patients were moved there on the 11th November, 1911. The Roman Catholic Mission was approached to provide the nursing staff. The Mission appointed the Missionary Sisters of the Society of Mary and the Sisters of Nazareth to assist. The two Societies have served the hospital continuously and devotedly *ab initio* to the present day. The members of the two Societies have served unstintingly and selflessly and so more than lived up to their motto—"Hidden and Unknown".

97. Through the years, various doctors have occupied the post of Medical Superintendent, some of whom will be mentioned. The history of Makogai is not complete without mentioning Dr. de Boissiere who established the hospital but left before it was opened. Dr. Hall (1911-1919) followed and was responsible for drawing up various rules and regulations, most of which exist to-day. Next came Drs. Harper (1920-24), Neff (1924-30) and Austin (1930-54) who guided the hospital for nearly half of its existence. It was during Dr. Austin's period that the new drugs were introduced which revolutionised the treatment. The effect reached its peak during the last five years when Dr. Beckett was in charge and it was the most opportune occasion, especially when the year under review was the Golden Jubilee year of the hospital. The Jubilee was duly celebrated as befitted such an occasion by patients and staff both at Dalice and Nasau. The most outstanding exhibits were the handicrafts produced by the patients. Makogai was honoured by the presence of His Excellency Sir Kenneth Maddocks and Lady Maddocks, the members of the Lepers' Trust Board and their wives, Sir Hugh and Lady Ragg, Mr. Maurice Scott, Speaker, Legislative Council, Mr. W. E. Donovan, Secretary of the Lepers' Trust Board, the Director of Medical Services, Dr. P. W. Dill-Russell and Mrs. Dill-Russell, the Commanding Officer and members of the Sergeants' Mess, Royal New Zealand Air Force, Laucala Bay. Ever since the Air Force base was established at Laucala Bay some 20 years ago, members of the Sergeants' Mess have nurtured Makogai, making an annual pilgrimage to present gifts to the patients. The Jubilee year was no exception. It is regretted that neither the members of the New Zealand Lepers' Trust Board nor its Secretary, Mr. Twomey, were able to be present. It was also a matter of extreme regret that it was not possible to invite some of the ex-patients owing to transport difficulties and the lack of accommodation.

98. *Teaching*: Eight Assistant Medical Officers from various administrations who were attending the course for the Certificate in Public Health (Fiji) in the Fiji School of Medicine spent two weeks in Makogai. They were given a refresher course of lectures in leprosy and shown cases of various types of the disease. They also underwent instruction in the laboratory techniques involved in the diagnosis of the disease and assessment of progress under treatment.

99. No under-graduates visited Makogai for instruction during the year—they received lectures and saw patients in Suva.

100. *Statistics*: The classification used in Makogai is a simplification of the Madrid classification. Cases are divided as follows:—

Tuberculoid 1	..	Cases with a few macules and minor disturbances of sensation only (i.e. maculo-anaesthetic leprosy)
Tuberculoid 2	..	Cases with infiltrated leprides and/or thickened or painful nerves (i.e. infiltrated tuberculoid leprosy)
Tuberculoid 3	..	Cases of tuberculoid leprosy with deformities or trophic lesions
Lepromatous 1	..	Cases with macules or with no skin lesions but with positive smears (i.e. macular lepromatous leprosy)
Lepromatous 2	..	Cases with lepromata and/or nodules (i.e. infiltrated lepromatous leprosy)
Lepromatous 3	..	Cases of lepromatous leprosy with advanced skin lesions, lesions of mucous membranes or eyes and with or without neuritic signs
Dimorphous T/L	..	Dimorphous cases indicative of tuberculoid rather than lepromatous leprosy
Dimorphous L/T	..	Dimorphous cases indicative of lepromatous rather than tuberculoid leprosy

101. The total number of admissions over the last five years, divided into the classes described above were as follows:—

	1961	1960	1959	1958	1957
Total No. of Admissions	45	39*	41	38	49
Adults	36	32	33	29	42
Children (under 14)	9	7	8	9	7
Tuberculoid 1	9	13	11	6	16
2	5	7	5	8	11
3	4	0	4	2	2
Lepromatous 1	4	3	3	5	4
2	13	11	9	9	10
3	1	3	0	3	0
Dimorphous L/T	9	0	4	2	3
T/L	0	1	5	3	3

Re-admissions (6)

* One case unclassified.

102. The figures submitted show very little variation from year to year in the last quinquennium. Leprosy appears to continue to smoulder in Fiji. As far as one is able to judge from the above figures, the condition is more or less levelling out but the end is not yet in sight.

103. The progress of the various patients, divided by classification, is shown below:—

	T.1	T.2	T.3	L.1	L.2	L.3	DT/L	DL/T
Improved	30	14	7	63	36	5	2	1
Stationary	6	3	2	51	45	7	6	4
Worse	6	1	—	13	4	3	1	—

104. As in former years, this table includes all those cases discharged during the year who are shown as having improved and also those admitted during the year, all except the very earliest who are shown as stationary. The proportion of lepromatous cases to tuberculoid ones is very high, rising from 2.46 to 1, to 3.28 to 1. The drop in the year before is probably an isolated phenomenon. Seven tuberculoid cases deteriorated as compared with twenty lepromatous cases and of the total number of tuberculoid cases 73.9 per cent improved during the year in comparison with 45.81 per cent of the lepromatous cases. This confirms the generally accepted opinion that the prognosis in tuberculoid leprosy is considerably better than that in the lepromatous type of the disease.

105. The racial division of discharges and deaths during 1961 was as follows:—

<i>Discharges</i>	
(All patients notified as suffering from leprosy)	
1. Fijians	25
2. Indians	35
3. Europeans and Part-Europeans	2
4. Chinese and others	15
	77

<i>Deaths</i>	
1. Fijians (2)	
(a) Massive coronary thrombosis	
(b) Amyloid degeneration due to leprosy	
2. Indians (1)	
Terminal pneumonia; carcinoma of bladder	
3. Cook Islander (1)	
Chronic nephritis; atherosclerosis; aplastic anaemia	
4. Europeans and Part-Europeans (0)	
Nil	
5. Chinese and others (0)	
Nil	

106. *Treatment:* Diamino-diphenyl-sulphone (DDS) remained the standard treatment during the year under review, and has been so for several years now. In spite of trials of more modern drugs it remains, according to the authorities, by far the most efficacious drug in the treatment of leprosy. The customary maximum dosage remained at 400 mg. twice weekly. In most cases the drug was given by mouth but in a certain proportion of cases it was administered parenterally owing to frequent lepra reactions or to continuous gastro-intestinal discomfort resulting from oral administration.

107. *Research:* A trial of Diphenylthiourea (DPT) in combination with Diamino-diphenyl-sulphone was repeated during the year under review. Again, the result more or less emphasised the fact that DPT is inferior to DDS in the treatment of leprosy.

108. *Tuberculosis:* All patients undergo a routine chest X-ray on admission and again at intervals of three years. During 1961 no new cases of pulmonary tuberculosis were discovered. At the end of the year there were four patients undergoing treatment for pulmonary tuberculosis and there were 15 who were having more frequent chest X-rays than normal—usually every six months—either because they were patients who had been discharged from the tuberculosis ward or because their skiagrams appeared somewhat abnormal.

109. *X-Ray and Physiotherapy Department:* In spite of the decreasing number of patients, these departments continued to be used extensively. The Sisters in charge of these departments also took, developed and printed 820 photographs for record purposes. During 1961, 393 X-rays were taken, 2,950 patients underwent various forms of electrotherapy and physiotherapy and 4,070 sessions of exercises were supervised.

110. *Surgery*: Owing to the fact that all surgery must be performed single-handed, local or spinal anaesthesia is used wherever possible. If general anaesthesia cannot be avoided, the simplest type of open ether inhalation is administered by a Sister under the supervision of the Surgeon. Fifty-seven operations were performed during the year, as follows:—

Appendicectomy	1
Hydrocoele	1
Removal of nails	2
Trimming of ears	10
Incision and draining of abscess	3
Decapsulation of ulnar nerve	2
Circumcision	1
Exploration for foreign body (hand)	1
Excision and scraping of trophic ulcer	6
Pterygium	7
Excision of cyst	3
Removal and cauterisation of proud flesh	1
Trichiasis	4
Syringing lachrymal ducts	1
Biopsy (eye)	1
Amputation of toe	1
Removal of necrotic bone	2
Cauterisation of eye	4
Removal of ganglion	2
Excision of nodules	1
Amputation of digit	1
Repairing laceration	1
Biopsy	1
	<hr/>
	57

111. *Dentistry*: Makogai was not visited by a Dental Officer during 1961. The Sister in charge of the Dental Department carried out the following:—

Extractions	224
Fillings	145
Scalings	33
Treatment of gums	81

112. *Laboratory*: The laboratory was again kept busy during the year with ordinary day-to-day work of the "clinical sideroom" variety. The following special work was also carried out:—

Skin smears for <i>M. leprae</i>	2,989
Blood tests	1,632
Vaccinations—T.A.B. and Tetanus Toxoid	360 (Nasau people)

113. *Occupational Therapy*: This therapy is carried out in Makogai with two primary objects. In the first place it is used to keep the patients occupied, make them exercise their bodies and limbs and, particularly their hands, and to enable them to earn a little pocket money. With this object in view, extensive repairs, painting and improvements were carried out through the hospital compound. This work and all other running repairs were carried out entirely by the patients. Most of the major works were completed before November and Makogai was really at its best during the Jubilee celebrations.

114. In the second place, it is the wish of those in charge of Makogai, that every patient leaves Makogai better fitted to earn a living than he had been when he entered hospital. For this purpose, the technical school (Ernest Wolfram Technical Institute) and the Alice Austin Arts and Crafts Centre are provided. The standard of joinery attained by the patients is second to none. Apart from these, the following subjects are taught to those interested: Practical building techniques of all kinds from concrete block making, brick laying, plastering, carpentry, plumbing, electrical and mechanical engineering, metal work and boat-building, to lorry driving. The women learn mat-making, basket-making, native dancing and singing, cookery, laundering, sewing and knitting. In addition to the above, Sisters run classes in English, painting, pottery-making, shorthand and typing. Included among the patients annually discharged are some of our best teachers. The various branches naturally suffer and this is inevitable in an institution such as Makogai.

115. *Lepers' Trust Board*: This Board continued to treat Makogai with their customary generosity during 1961. Other smaller gifts and donations were also made. The usual supply of gift cases and films continued to arrive from New Zealand. Indeed, the never-ending charity of the people of New Zealand makes all the difference in changing the environment to a haven for those who are afflicted alike in body and mind. The Fiji Branch of the Lepers' Trust Board met in Makogai during June. The Medical Superintendent and the Sisters would like to record here their very sincere thanks to Mr. W. E. Donovan, the Secretary, for his sympathetic understanding, help and advice at all times which made it possible for them to overcome many difficulties and without which the Golden Jubilee would not have been a success.

116. *Visitors:* The usual large number of visitors, both official and casual, came to Makogai during the year. There were 130 in all and among them were:—

His Excellency the Governor, Sir Kenneth Maddocks, K.C.M.G. and Lady Maddocks
 Sir Hugh and Lady Ragg
 The Honourable Mr. H. Maurice Scott, C.B.E., D.F.C., Speaker, Legislative Council
 The Director of Medical Services, Dr. P. W. Dill-Russell, C.B.E. and Mrs. Dill-Russell
 The Most Rev. Bishop Foley, D.D.
 Wilbur E. Donovan, Esq., K.S.G., I.S.O., Secretary, Lepers' Trust Board (Fiji)
 J. Amputch, Esq., M.B.E., Commissioner of Labour
 P. J. Twomey, Esq., M.B.E., Secretary, Lepers' Trust Board (N.Z.) and Mrs. Twomey
 Superintendent E. R. Smith, A.D.C.
 Members of the Broadcasting Commission
 Public Relations Officer
 Representative of the Fiji Times
 Group Captain John D. Robins, D.F.C., Commanding Officer, R.N.Z.A.F.
 Members of Sergeants' Mess, R.N.Z.A.F.
 Lt.-Col., R. McK. Patterson, Commander, Fiji Military Forces
 George Witchell, Esq., Travelling Commissioner of Scouts, London
 Eliki Seru, M.B.E., Scout Trainer, Fiji
 R. H. T. Beaumont, Esq., Commissioner of Police
 T. A. Handford, Esq., Deputy Commissioner of Police
 F. S. Wigley, Senior Superintendent of Police
 Medical Officers from within the Colony, United Kingdom, Australia, New Zealand and New Guinea.

117. In 1961 two patients were conditionally discharged to their homes where they continued domiciliary treatment and came under the supervision of the Divisional Medical Officer within their area. Scheduled two weeks' leave plus travelling time continued in its second year and every patient looked forward to going out to visit his relatives and friends. The privilege is greatly appreciated.

118. The ready assistance at all times of the Sisters, the lay-staff and the patients is once again gratefully acknowledged.

ST. ELIZABETH HOME—KOROVOU, SUVA

119. St. Elizabeth Home in Suva, which previously served only as a reception centre for patients proceeding to or from Makogai, again expanded its functions, 236 patients staying there for survey, treatment, leave, or other matters, an increase of 70 from 1960. This was in addition to those patients housed whilst awaiting transfer to Makogai or awaiting transport after discharge from Makogai. More discharged patients reported for minor treatment.

120. Discharged patients from Makogai housed at St. Elizabeth Home until transport was arranged to their various destinations in and outside the Colony:—

	Male	Female	Total
Fijians	14	10	24
Indians	29	7	36
Cook Islanders	2	2	4
Samoans	4	2	6
Tongans	1	1	2
Euronesian	1	—	1
	51	22	73

One male Indian was discharged from Makogai to have home treatment.

121. Total number of discharged patients from Suva, rural and urban:—

	Male	Female	Total
Urban area	2	1	3
Rural area	2	4	6
	4	5	9

122. Patients housed at St. Elizabeth Home pending removal to Makogai:—

	Male	Female	Total
Fijians	20	8	28
Indians	6	4	10
Rotumans	2	—	2
Samoan	1	—	1
	29	12	41

123. Patients on survey, treatment, leave, or other matters, housed during the year:—

	Male	Female	Total
Fijian	90	24	114
Indian	62	27	89
Euronesian	6	—	6
Chinese	4	—	4
Solomon Islander	1	1	2
Rotuman	1	2	3
Gilbertese	4	4	8
Tongan	1	1	2
Samoan	4	1	5
New Hebridian	—	3	3
	173	63	236

124. The Divisional Medical Officer, Central, who is responsible for St. Elizabeth Home, reported that at the Health Office, Suva, there were—

216 reviews
51 contacts examined
341 attendances for treatment

TUBERCULOSIS

125. Tuberculosis is the major public health problem in Fiji. It is therefore convenient to devote a section of the annual report to the work done throughout the Colony.

126. The number of cases of tuberculosis registered in the last six years ranged from 721 in 1958 to 564 in 1961, with 654 in 1956 and 1957, 644 in 1959, 648 in 1960. There has been intensified case-finding, particularly during the last few years, but it is too early to say whether the fall in numbers in 1961 represents a major advance in control.

127. An analysis of the new cases, registered in 1961, by race, age and sex, is of interest:—

Age Groups	0-5	6-15	16-25	26-35	36-45	46-60	61+	Totals	%
Fijian—									
Males	26	37	39	32	31	23	9	197	
Females	20	33	58	32	28	16	7	194	69.6
Indian—									
Males	4	8	10	13	11	13	10	69	
Females	3	9	13	12	5	5	3	50	21.2
European—									
Males	0	1	0	0	0	0	2	3	
Females	0	0	0	0	0	0	0	0	0.5
Part-European—									
Males	0	1	1	3	0	0	1	6	
Females	1	1	2	2	1	0	0	7	2.3
Others—									
Males	3	1	9	6	4	3	5	31	
Females	0	1	3	0	0	1	0	5	6.4
Totals	57	91	136	100	80	61	37	562	

128. Tamavua Hospital completed its fifteenth year as the main hospital for treatment of tuberculosis. Comparative figures for the years 1951 to 1961 are:—

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
In-Patients—December 31st each year ..	220	241	270	304	304	320	325	350	341	333	342
Admissions	220	257	360	487	513	482	705	568	534	654	632
Discharges	118	137	248	373	465	392	412	464	517	630	560
Deaths (all causes)	86	46	53	42	27	29	26	13	15	24	23
Percentage Deaths to Discharges	73	33	21	11	6	7	6	3	2.9	3.8	4.1
Out-Patients (for full review)	832	1,285	1,756	2,048	2,227	2,790	3,620	3,302	3,784	4,885	4,926

129. Admissions and discharges by age groups were:—

Age	ADMISSION			DISCHARGE		
	Male	Female	Total	Male	Female	Total
0-9	37	34	71	28	35	63
10-19	60	61	121	41	49	90
20-29	62	59	121	75	82	157
30-39	53	49	102	40	42	82
40-49	53	40	93	53	30	83
50-59	23	21	44	20	23	43
60-69	26	15	41	18	16	34
70+	8	1	9	8	0	8
Totals	322	280	602	283	277	560

130. Admissions and discharges by race were:—

Race	Admission	Discharge
Fijians	471	424
Indians	72	65
Europeans & Part- Europeans . . .	13	14
Rotumans	22	24
Others	24	33
Total	602	560

131. Re-admissions—(less than 1/5th of total admissions):—

Race	Total	Relapse	Haphazard Treatment	Investigation	Final Nursing
Fijian	82	26	33	22	1
Indian	16	5	5	4	2
European and Part-European	2	1	—	—	1
Rotumans	5	2	2	1	—
Others	9	3	—	5	1
Total	114	37	40	32	5

132. There were 23 deaths in hospital—of these two were unconnected with tuberculosis and in 3 further cases, the pulmonary tuberculosis present was incidental. There were two fatal miliary cases—one in a Fijian boy aged 13, the other with extensive tuberculosis infection of lungs and bowel who developed miliary spread as a terminal event. As has been recorded in previous reports, most of the deaths occurred in middle aged to elderly Fijian or Indian women with advanced disease admitted to hospital too late or who had defaulted from treatment.

133. It is gratifying to be able to report that in 1961, there were virtually no waiting lists for infectious cases. Approximately half of the admissions were admitted on the day of first attendance. Those on the waiting lists were usually already under treatment elsewhere or had moved and were being traced.

134. Of the 602 admissions, 37 were "relapses" for treatment, 40 were re-admitted to ensure adequate treatment and 32 were cases re-admitted for investigation.

135. The average number of beds occupied daily was 360.

136. There were 4,926 out-patient attendances during 1961.

137. During the year 7,783 Tamavua Hospital reports were sent out to Government medical officers and private medical practitioners. Seven thousand eight hundred and thirty X-rays were taken at the hospital and a total of 2,961 films were received at the Central Film Registry for review. Of the 2,961, 1,685 films of tuberculosis patients were received at Tamavua. This figure is less than in previous years because the officers at Lautoka and Labasa hospitals have been encouraged to read and report on their routine cases and forward to Tamavua only first reviews, problem cases, or where admissions to Tamavua were to be considered. The Central Film Registry at Tamavua now holds approximately 240,000 films.

138. The Dental Clinic at the hospital was attended by 424 patients on whom 609 procedures were carried out—the procedures were extractions, fillings and oral prophylaxis.

139. The occupational therapy section was fully used: films and concerts were given in the recreation hall.

140. The hospital plantation produced crops to the value of £1,050: pork worth £685, eggs valued at £352 and poultry worth £376 were delivered to the kitchen.

141. Although Tamavua Hospital is the main centre for treatment of tuberculosis, all hospitals, particularly district and rural hospitals treated patients. At Lautoka, there were 152 admissions during the year and 112 discharges: the officer in charge of the Chest Clinic not only supervised the in-patients but also had 129 patients on domiciliary treatment. One thousand seven hundred and four reviews were carried out and 121 new-born babies given B.C.G. vaccination.

142. At Labasa in the Northern Division, similar work was done. The Tuberculosis ward was full during the year and from time to time patients overflowed into the general wards.

143. The Divisional Medical Officer (Eastern) reported that he had 33 cases notified during 1961 from eight islands in the division.

144. The Assistant Medical Officer at Wainibokasi Rural Hospital had 148 patients under his care, the majority having domiciliary treatment.

145. The Health Office, Suva, dealt with 408 patients who were continuing domiciliary treatment after discharge from Tamavua Hospital.

146. The Tuberculosis Control Officer continued the organisation of the domiciliary treatment, working in close liaison with the Medical Superintendent, Tamavua Hospital. Wherever possible, patients continue treatment on this domiciliary basis and district Assistant Medical Officers supervise them.

147. The three B.C.G. vaccination teams continued during the year, testing 43,231 persons and vaccinating 29,090. Since the campaign commenced in 1958, 125,100 persons have been tested and 88,241 given B.C.G. vaccination.

148. The Mobile X-ray Unit operated in Viti Levu during the year mainly in the follow-up of Heaf positive reactors and routine X-rays. Five thousand seven hundred and twenty-seven pictures were taken—4 per cent of these (248) showed evidence which required further investigation.

COLONIAL WAR MEMORIAL HOSPITAL

149. Details of the work performed at the Colonial War Memorial Hospital are shown in the accompanying tables. This hospital serves as the specialist hospital for the Colony, as district hospital for the Central Division and also as training centre for Assistant Medical Officers and student nurses of the Central Nursing School.

150. Each unit of the clinical side of the hospital has now a Specialist in charge, a highly trained Assistant Medical Officer as Senior Registrar and junior registrars in varying stages of training.

SUMMARY OF OUT-PATIENTS ATTENDANCES

Clinic	Fijians	Indians	Europeans	Others	Total
General Medical	864	1,959	231	235	3,289
Diabetic	179	1,192	11	58	1,440
Acute Rheumatic	136	1,192	1	90	1,419
General Surgical	1,090	1,500	133	347	3,070
Gynaecology	343	930	48	141	1,462
Orthopaedic	708	1,158	161	251	2,278
Eyes	3,496	7,053	378	1,025	11,952
Ante-natal	6,389	11,128	—	1,010	18,527
Family Planning	119	1,195	17	47	1,378
Paying Out-patients Department and Civil Servants	3,101	3,891	1,051	904	8,947
Free Out-patients Department	33,672	50,816	494	5,786	90,768
	50,097	82,014	2,525	9,894	144,530

TABLE II
SUMMARY OF IN-PATIENTS

Clinic	Fijians	Indians	Europeans	Others	Total
General Hospital	1,709	2,688	633	305	5,335
Free Maternity Hospital	906	1,607	....	188	2,701
Paying Maternity Hospital	69	261	118	178	626
	2,684	4,556	751	671	8,662

The following figures for newly born infants are not included in the above table:—

Clinic	Fijians	Indians	Europeans	Others	Total
Free Maternity Hospital	824	1,204	....	163	2,191
Paying Maternity Hospital	64	222	122	173	581
	888	1,426	122	336	2,772

TABLE III
DELIVERIES

	Fijians	Indians	Others	Total
Total Number of Women delivered	888	1,472	450	2,810
Admissions	974	1,871	487	3,332
Discharges	974	1,867	484	3,325
Deaths	2	....	....	2
Normal Labour	576	746	296	1,618
Abnormal Labour	312	726	154	1,192
	3,726	6,682	1,871	12,279

Note: Domiciliary, Suva: Number of women delivered—Fijians 47, Indians 72, Others 4, Total 123.

TABLE IV

BIRTHS AND DEATHS

	Fijians	Indians	Others	Total
Live Births	888	1,426	458	2,772
Premature Births	36	90	14	140
Multiple Births	15	15	2	32
Stillbirths	15	48	3	66
Neonatal Deaths	9	41	1	51
	963	1,620	478	3,061

ABNORMALITIES

	Fijians	Indians	Others	Total
Anaemia (10G and under) ..	171	695	36	902
Pre-Eclamptic Toxaemia ..	25	84	12	121
Eclampsia .. .. .	.....	6	1	7
Ante-partum Haemorrhage ..	20	29	6	55
Post-partum Haemorrhage ..	71	46	41	158
Forceps	27	75	32	134
Caesarean Section	19	30	8	57
Breech Delivery	15	33	4	52
Manual Removal of Placenta ..	11	23	6	40
Essential Hypertension	7	9	1	17
Persistent occipitoposterior ..	13	22	5	40
Puerperal pyrexia	24	41	4	69
Puerperal Sterilization	10	57	3	70
	413	1,150	159	1,722

OPHTHALMIC UNIT

151. Eleven thousand nine hundred and fifty-two out-patients were seen, 198 minor operations were carried out within the unit and 304 more major procedures in the main operating theatre were undertaken.

SURGICAL DIVISION

152. The operating theatre was used for 2,610 patients and the plaster room for 1,784 patients.

153. The work of this division and also the anaesthetic unit is shown in the graphs on pages 22 and 23.

FAMILY PLANNING

154. It was in 1956 that it was agreed that family planning information should be made available by staff of the Medical Department. By the end of 1961, family planning advice was available at 15 departmental establishments and two non-Government organisations as well as Child Welfare Mobile Clinics.

155. Of necessity, the proportion of the Departments' overall resources which can be devoted to this work must be limited and bear a reasonable relationship to the remainder of the departmental programme of work. In view of this and also because it is considered that family planning should not be the long-term responsibility of a Government department, efforts were directed during the year to interest the public in the formation of a voluntary organisation to undertake this work. The Council for Social Services in Fiji was invited to consider this suggestion.

156. Since 1957, the number of persons attending the clinics has increased, e.g. 37 attended in Suva 1957 at the Colonial War Memorial Hospital as compared with 1,500 in 1960. Total attendance at all Government clinics were 2,242 in 1959, 2,700 in 1960 and 2,256 in 1961—approximately 90 per cent are Indians. Although the majority attended for advice on family spacing, there were those who requested investigation for sub-fertility and a few attended for premarital advice.

157. Each year since 1957, A.M.Os. Health Sisters and Nurses have attended the family planning clinic at the Colonial War Memorial Hospital, Suva, for training in family planning methods. In 1961, eight A.M.Os. one Health Sister and seven Nurses received this tuition and returned to their districts with supplies. In 1960 family planning was a subject in the A.M.Os. annual seminar.

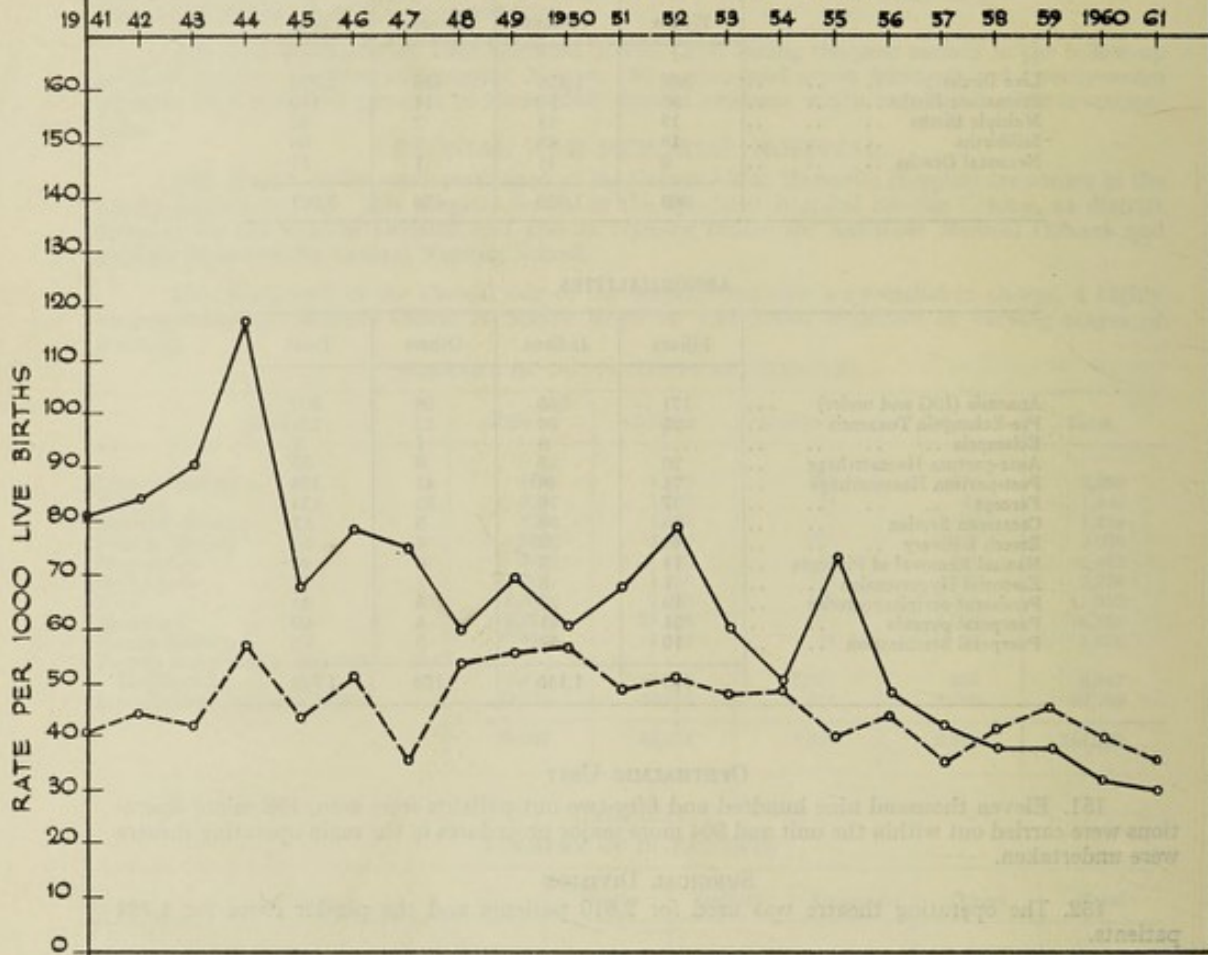
158. Since 1957, leaflets have been available in English, Fijian and Hindustani; there have also been broadcasts in Fijian and Hindustani, on the subject of family planning.

159. In 1961, a Health Education Sub-committee was formed and the first subject chosen for publicity was family planning. A suitable film was purchased and arrangements made for it to be shown throughout the Colony.

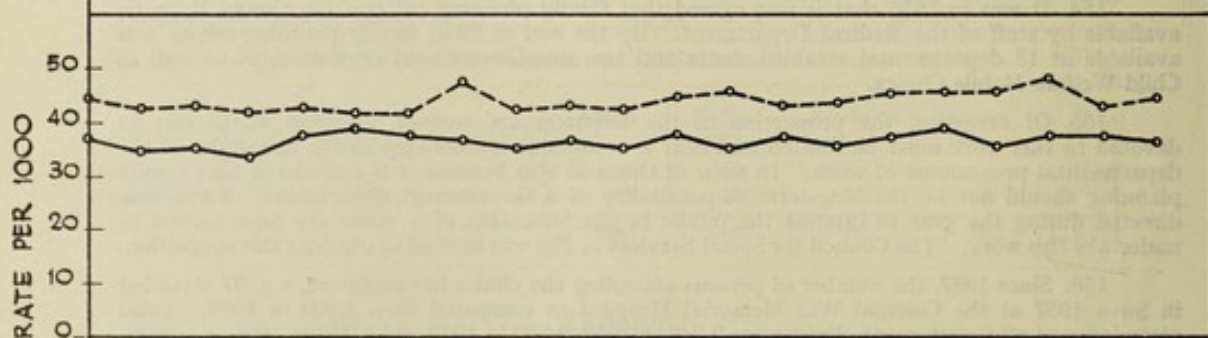
FIJIANS ———

INDIANS - - - - -

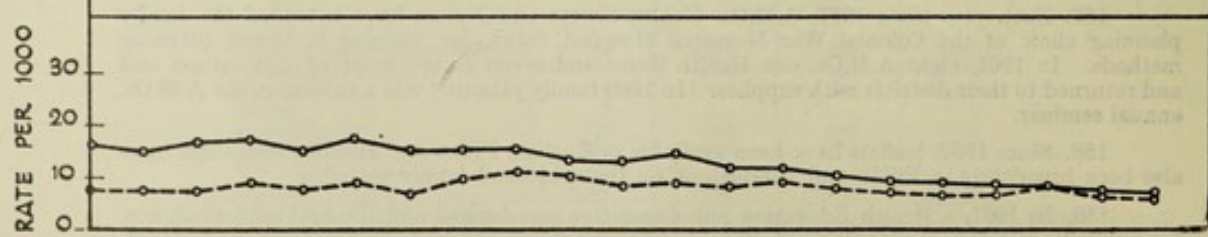
INFANT MORTALITY



CRUDE BIRTH RATES

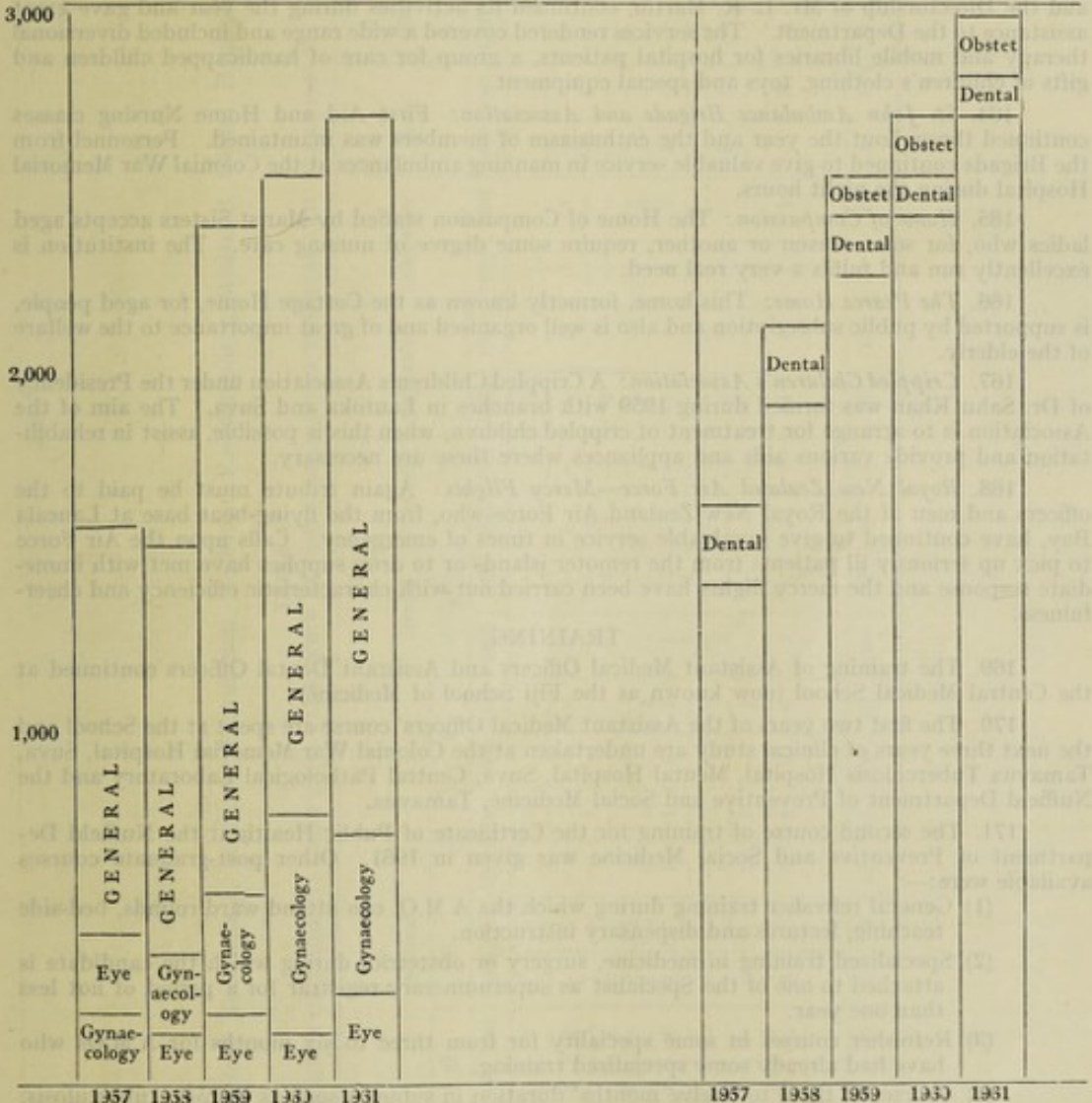


CRUDE DEATH RATES



PHILANTHROPIC ORGANIZATIONS
 191. The money is used to provide grants for those ex-servicemen patients who may need assistance and also for a variety of capital works on Matawai and at St. Elizabeths House.

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PHILANTHROPIC ORGANIZATIONS

160. *New Zealand and Fiji Lepers Trust Board*: The Fiji Board, under the Chairmanship of Sir Hugh Ragg, continued to disburse funds allocated to Fiji by the parent body in New Zealand. A generous allocation—this year amounting to £NZ.5,000 was made available, and very sincere thanks are due to Mr. P. J. Twomey, M.B.E., J.P., the Secretary of the New Zealand Board for his tireless efforts; to the other members of the Board for their support and the people of New Zealand for their generosity.

161. The money is used to provide grants for those ex-leprosy patients who may need assistance and also for a variety of capital works on Makogai and at St. Elizabeth Home.

162. *War Memorial Anti-Tuberculosis Fund*: This Fund, which accumulated as a result of voluntary contributions, is administered by a Board of Trustees of which Sir Hugh Ragg is the Chairman and Mr. W. E. Donovan, K.S.G., I.S.O. is Secretary. Funds have been made available for buildings and equipment used in the campaign against tuberculosis. The general expenses of the B.C.G. vaccination campaign are also being borne by the Fund.

163. *British Red Cross Society*: The Fiji Branch, under the Presidency of Lady Maddocks and the Directorship of Mr. L. R. Martin, continued its activities during the year and gave great assistance to the Department. The services rendered covered a wide range and included diversional therapy and mobile libraries for hospital patients, a group for care of handicapped children and gifts of children's clothing, toys and special equipment.

164. *St. John Ambulance Brigade and Association*: First Aid and Home Nursing classes continued throughout the year and the enthusiasm of members was maintained. Personnel from the Brigade continued to give valuable service in manning ambulances at the Colonial War Memorial Hospital during the night hours.

165. *Home of Compassion*: The Home of Compassion staffed by Marist Sisters accepts aged ladies who, for some reason or another, require some degree of nursing care. The institution is excellently run and fulfils a very real need.

166. *The Pearce Home*: This home, formerly known as the Cottage Home, for aged people, is supported by public subscription and also is well organised and of great importance to the welfare of the elderly.

167. *Crippled Children's Association*: A Crippled Children's Association under the Presidency of Dr. Sahu Khan was formed during 1959 with branches in Lautoka and Suva. The aim of the Association is to arrange for treatment of crippled children, when this is possible, assist in rehabilitation and provide various aids and appliances where these are necessary.

168. *Royal New Zealand Air Force—Mercy Flights*: Again tribute must be paid to the officers and men of the Royal New Zealand Air Force who, from the flying-boat base at Laucala Bay, have continued to give invaluable service in times of emergency. Calls upon the Air Force to pick up seriously ill patients from the remoter islands or to drop supplies have met with immediate response and the mercy flights have been carried out with characteristic efficiency and cheerfulness.

TRAINING

169. The training of Assistant Medical Officers and Assistant Dental Officers continued at the Central Medical School (now known as the Fiji School of Medicine).

170. The first two years of the Assistant Medical Officers' course are spent at the School and the next three years of clinical study are undertaken at the Colonial War Memorial Hospital, Suva, Tamavua Tuberculosis Hospital, Mental Hospital, Suva, Central Pathological Laboratory and the Nuffield Department of Preventive and Social Medicine, Tamavua.

171. The second course of training for the Certificate of Public Health at the Nuffield Department of Preventive and Social Medicine was given in 1961. Other post-graduate courses available were:—

- (1) General refresher training during which the A.M.O. can attend ward rounds, bed-side teaching, lectures and dispensary instruction.
- (2) Specialized training in medicine, surgery or obstetrics during which the candidate is attached to one of the Specialist as supernumerary registrar for a period of not less than one year.
- (3) Refresher courses in some speciality for from three to six months for A.M.Os who have had already some specialized training.
- (4) Courses of three to twelve months' duration in subjects such as leprosy, tuberculosis, ophthalmology and anaesthetics.

172. The three-year comprehensive training in conservative dentistry continued. Pre-clinical subjects are taught at the Medical School. During 1961, the dental staff was depleted by the absence of one dental officer.

173. The weekly broadcasts to Assistant Medical Officers continued and the Council of the Assistant Medical Officer's Association organised once again their annual seminar. The Association also made preliminary plans to publish a medical journal.

174. The Student Nurses' Training Schools continued at Tamavua, Lautoka and the Ba Mission Hospital.

175. The other courses for auxiliary personnel continued during 1961. The first course for Health Inspectors a course, recognised by the Royal Society for the Promotion of Health, commenced during the year; two Assistant Health Inspectors from Fiji were among the students. No course for Assistant Health Inspectors was conducted in 1961 as the senior course took its place.

TABLE I

Course	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Medical	129	123	100	88	86	92	90	89	81	75
Dental	30	23	31	28	16	14	6	6	10	17
Pharmacy	9	6	6	6	4	2	4	3	5	4
Sanitation	20	13	12	7	14	11	16	26	16	10
Laboratory	12	8	8	10	6	4	6	7	8	9
Filariasis and Mosquito Control	21	9	8	24	.....	.....	.....	.....	.....	.....
X-ray	1	3	5	5	1	1	.....	2	3	4
Dietetics .. .. .	.....	.....	.....	.....	2	3	1	2	3	6
Physiotherapy .. .. .	.....	.....	.....	.....	.....	.....	.....	.....	3	3
Post-Graduate .. .. .	.....	.....	.....	.....	.....	.....	.....	.....	12	9
Total	222	185	170	168	129	127	123	135	141	137

STUDENTS ENROLLED IN AUXILIARY MEDICAL COURSES DURING 1960 AND 1961

Administration	Physiotherapy	Pharmacy	Sanitation	Laboratory	X-Ray	Dietetics	Total
	1960/61	1960/61	1960/61	1960/61	1960/61	1960/61	1960/61
Gilbert and Ellice Islands Colony	— —	1 —	— —	1 —	— —	— —	2 —
British Solomon Islands Protectorate	— —	— —	— 2	1 1	— —	— —	1 3
Niue Island	— —	— —	— —	— —	— 1	— —	— 1
Cook Islands	— —	1 —	2 —	— —	— —	— —	3 —
American Samoa	— —	— 1	1 —	1 2	— —	— —	2 3
Papua New Guinea	— —	— —	— 3	4 5	2 —	— —	6 8
Tonga	— —	— —	— 1	— —	1 1	— —	1 2
New Hebrides	— —	— —	— —	— —	— —	— —	— —
Fiji	3 3	3 3	13 4	1 1	— 2	3 6	23 19
Total	3 3	5 4	16 10	8 9	3 4	3 6	38 36

NURSING DIVISION

177. Staffing of the main hospitals and health centres by fully qualified and registered Nurses continued to be below establishment in spite of extensive advertising through the Australian press and through the Director, Division of Nursing, New Zealand. All suitably qualified local Nurses were appointed. It is hoped, however, that with the increasing number of girls covering the New Zealand curriculum at the Central Nursing School, Tamavua, the position will greatly improve during the next few years.

178. The nursing staff have uncomplainingly continued to give a high standard of service to the community in general. The staffing of rural hospitals and districts showed an improvement during the year.

179. *Post-Graduate Training:* A Government bursary was granted to the Health Sister, Nausori, to enable her to undertake a course in public health nursing at the Post-Graduate School of Nursing, New Zealand, leading to a Diploma in public health nursing.

180. Three Charge Nurses who completed their general training under the New Zealand curriculum at the Central Nursing School, Tamavua, left for New Zealand during December for further post-graduate training in obstetrics, and two Nurses returned to Fiji, having completed the course.

181. *Accommodation:* Overcrowding continues at both the Central Nursing School, Tamavua and Lautoka Nursing School.

182. It was not possible to fill the vacancy of Health Sister, Lautoka, as no suitable accommodation was available. The Health Sister, Ba, was required to cover both areas in addition to Vatukoula-Tavua, where previously a Health Sister was stationed. Nurses attached to the Vatukoula Maternity Annexe now occupy the Health Sister's house. Accommodation for Nurses on district work in some areas is most unsatisfactory although a great deal of money has been spent by Government in re-thatching and replacement of bures.

183. *Nursing Schools:* Graduation at the Central Nursing School took place during May when 35 Nurses received their Medals and Certificates from the Nursing Superintendent. The Director of Medical Services addressed the Nurses.

184. During December four Nurses who qualified under the New Zealand curriculum were congratulated by the Director of Medical Services and received their Certificates and Medals from the Nursing Superintendent.

185. Lautoka Nursing School Graduation took place during May, when 23 Nurses were presented with their Medals and Certificates by the Nursing Superintendent. The Director of Medical Services addressed the Nurses.

186. *Training:* Student Nurses from the Methodist Mission Hospital, Ba, continued to spend nine months of their training at the Lautoka Nursing School as required by the Fiji Nurses and Midwives Board. Two week's practical district work at Sigatoka and Nausori has stimulated interest, and is of much value to Nurses who are posted to district work following registration.

187. The need for post-graduate training is a very real one.

188. *Nurses' and Midwives' Board:* The Nurses' and Midwives' Board met during February.

189. *Health Sisters' Conference:* The Health Sisters' annual conference took place during October.

NURSING ESTABLISHMENT

	<i>Posts</i>	<i>Filled</i>	<i>Vacant</i>
Nursing Superintendent	1	1	—
Matrons	4	4	—
Assistant Matron	1	1	—
Sister-in-Charge	4	4	—
Health Sisters	12	7	5
Sisters, Ward and Departmental	53	41	12
Principal, Nursing School	1	1	—
Tutor Sisters	6	4	2
Charge Nurses	16	14	2
Staff Nurses	70	67	3
Nurses male and female	332	310	22
Appointment of Sisters on contract—			
from New Zealand			2
from Australia			11
Appointment of Sisters locally—			
permanent			1
temporary			8
Promoted to Sister			2
Promoted to Charge Nurse			3
Appointment to Charge Nurse			5
Resignation of Charge Nurses			7
Total number accepted on 2-year contract			13
Total number accepted on temporary appointment			8
Total number accepted on permanent appointment			1
Total number completing contract			8
Total number of resignations, including 10 temporary appointees			28

FIJI QUALIFIED NURSES

Total number of Nurses including male and female Tuberculosis trained Nurses employed as at 31st December	383
Total number employed in hospitals—Fijians and others	236
Indians	29
Total number employed in districts—Fijians and others	112
Indians	6
Total number of Nurses qualified during the year (including 5 Tuberculosis trained Nurses)	67
First appointments	67
Re-appointed	22
Resumed duties following leave of absence	2
Resigned	66
Promoted to Charge Nurse	3
Promoted to Staff Nurse	12

NURSING SCHOOLS—CENTRAL NURSING SCHOOL AND LAUTOKA

<i>Supervisory trained staff</i>	<i>Posts</i>	<i>Filled</i>	<i>Vacant</i>
Principal	1	1	—
Tutors	6	4	2
Nurses	3	3	—

STUDENT NURSES—NEW ZEALAND CURRICULUM

Number in training as at 31st December	28
Number entering class—transferred from general preliminary class	12
Number who left during the year	6
Number who passed first professional	15
Number in Final State Registration Examination	4
The roll included:—	
Fijians	12
Rotumans	6
Indians	6
Part-Europeans	2
Samoan	1
Part-Chinese	1

STUDENT NURSES—COLONY CURRICULUM

Number in training at 31st December 1961	199
Number accepted to the Schools, January 1961	79
Number graduated in May 1961	62
Number leaving the Schools	18
Number transferred to the New Zealand curriculum ..	12

The Roll includes:—

Fijians	177
Rotumans	5
Indians	13
Part-Chinese	1
Part-Europeans	3
	—
	199

190. *Health Staff:* The establishment was 12 Health Sisters and 118 Nurses: there were, however, 5 vacant Health Sister posts during the year.

191. The work done by these Health Sisters and District Nurses is shown in the following tables:—

PERSONS SEEN BY HEALTH SISTERS

Persons seen	Suva	Lautoka Nadi and Yasawas	Ba, Ra and Vatukoula	Macuata	Nadroga and Navosa	Rewa Naitasiri Tailevu and Kadavu	Cakaudrove	Totals
Pre-school children ..	34,239	5,155	483	8,140	5,875	6,169	3,524	63,585
School children ..	17,575	9,988	5,897	11,941	10,916	2,615	3,821	62,753
Adults	2,474	3,358	1,630	4,953	2,035	305	883	15,638
Total	54,288	18,501	8,010	25,034	18,826	9,089	8,228	141,976

CONDITIONS SEEN BY HEALTH SISTERS

Condition Seen	Suva	Lautoka Nadi and Yasawas	Ba, Ra and Vatukoula	Macuata	Nadroga and Navosa	Rewa Naitasiri Tailevu and Kadavu	Cakaudrove	Totals
Malnutrition	44	—	—	—	—	—	79	123
Tinea—all types ..	222	546	215	202	783	459	—	2,427
Scabies	251	746	30	343	2,303	294	920	4,887
Eye Conditions ..	408	488	163	—	84	145	51	1,339
Lice and Nits ..	2,021	1,006	443	463	686	360	490	5,469
Other conditions ..	22,253	1,057	5,983	1,622	5,818	4,839	2,086	43,658
Ante-natal	—	1,305	1,309	—	1,643	217	966	5,340
Family Planning Clinics	50	302	252	152	93	—	29	878
T.A.B. inoculations ..	5,348	9,708	6,045	7,448	7,134	14	2,687	38,384
D.P.T. inoculations ..	744	141	19	6,333	5,433	792	2,694	16,156
T.T. inoculations ..	500	76	—	5,757	—	—	3,602	9,935
Polio inoculations ..	1,280	215	66	—	4	—	—	1,565
Cholera	223	118	23	—	—	—	—	364
Smallpox vaccinations ..	1,729	435	250	—	10	—	—	2,424
Totals	35,073	16,143	14,798	22,320	23,991	7,120	13,504	132,949

PERSONS SEEN BY DISTRICT NURSES

Persons Seen	Lautoka Nadi and Yasawas	Ra, Ba and Vatukoula	Macuata	Nadroga and Navosa	Rewa Naitasiri Tailevu and Kadavu	Lau Lomaiviti and Rotuma	Cakaudrove	Totals
Pre-school children ..	28,510	29,763	15,021	25,798	78,128	47,315	25,569	250,104
School children ..	7,605	6,763	6,579	6,902	16,195	8,159	7,033	59,236
Adults	6,098	7,658	1,519	3,482	14,949	6,051	3,039	42,796
Totals	42,213	44,184	23,119	36,182	109,272	61,525	35,641	352,136

CONDITIONS SEEN BY DISTRICT NURSES

Conditions Seen	Lautoka Nadi and Yasawas	Ra, Ba and Vatukoula	Macuata	Nadroga and Navosa	Rewa Naitasiri Tailevu and Kadavu	Lau, Lomaiviti and Rotuma	Cakaudrove	Totals
Malnutrition	163	143	—	151	1,102	38	167	1,764
Tinea—all types	928	921	872	1,676	1,855	1,342	1,003	8,597
Scabies	2,846	2,249	1,157	4,740	6,172	4,793	3,701	25,658
Sores and Boils	6,948	3,678	3,393	3,912	18,549	6,635	5,585	48,700
Ear Conditions	736	208	—	371	1,725	212	359	3,611
Eye Conditions	656	1,007	120	624	1,656	1,923	740	6,726
Diarrhoea and vomiting	1,299	336	—	554	2,556	112	581	5,438
Other conditions	8,494	10,025	3,800	6,067	15,058	19,911	6,578	69,933
Ante-Natal	3,301	6,707	1,318	2,391	4,857	4,587	1,523	24,684
Maternity Cases	151	628	201	382	569	530	311	2,772
Totals	25,522	25,902	10,861	20,868	50,499	40,083	20,548	197,883

TABLE I

HOSPITALS AND DISPENSARIES

	<i>Beds</i>
MAIN AND SPECIALIST HOSPITALS—	
Colonial War Memorial Hospital, Suva	271
Tamavua Tuberculosis Hospital, Suva	374
Mental Hospital, Suva	150
Fiji Leprosy Hospital, Makogai	622
DISTRICT HOSPITALS—	
Lautoka	189
Labasa	95
Levuka	42
SUBSIDIZED HOSPITALS—	
Methodist Mission Hospital, Ba	43
RURAL HOSPITALS—	
Nailaga, Ba	21
Wainibokasi	52
Waiyevo, Taveuni	48
Vunidawa	20
Koromumu, Sigatoka	30
Vaileka, Rakiraki, Ra	18
Nadi	36
Savusavu	36
Vunisea, Kadavu	24
Lomaloma, Lau	16
Rotuma	18
Lakeba, Lau	11
Matuku	9
Nabouwalu, Bua	28

DISPOSITION OF URBAN AND RURAL DISPENSARIES

Suva Gaol	Police Station
Samabula	Nabua
Nuffield Clinic	

Central Division (under Divisional Medical Officer Central)—

Beqa Island	Nausori Clinic
Korovou, Tailevu North	Navua
Lodoni	Nayavu
Lomanikoro	Korovisilou
Mokani	Viria
Namosi	Laselevu

Eastern Division (under Divisional Medical Officer, Levuka)—

Gau	Koro
Kabara	Moala
Ono-i-Lau	Yaro, Kadavu

Western Division (under Divisional Medical Officer, Lautoka)—

Korolevuiwai	Natuatuacoko
Nadarivatu	Naviti, Yasawa
Nadi Airport (administered from Suva)	Tau
Namarai	Nanukuloa
Tavua	Nasau
Vatukoula	

Northern Division (under Divisional Medical Officer, Labasa)—

Dreketi	Visoqo
Lekutu	Wainunu
Naduri	Rabe Island Community
Kioa Island	Saqani
Tukavesi	Korotasere
Natewa	

Total Rural Dispensaries—45.

TABLE II

VITAL STATISTICS

(1) ESTIMATED POPULATION AT 31st DECEMBER, 1961

Race	Male	Female	Total	(1960)	Difference	Per cent increase	Population per sq. mile
Fijians	87,731	84,724	172,455	167,473	4,982	2.86	24.50
Indians	105,308	99,760	205,068	197,952	7,116	3.6	29.13
Europeans	5,438	4,979	10,417	10,667	250	2.35	1.48
Part-Europeans	4,552	4,406	8,958	8,696	262	3.0	1.27
Other Islanders	3,503	3,120	6,623	6,175	448	7.25	0.94
Rotumans	2,637	2,558	5,195	5,009	186	3.7	0.74
Chinese	3,020	2,019	5,039	4,943	96	1.94	0.72
Others	52	65	117	103	14	13.6	0.02
Totals	212,241	201,631	413,872	401,018	12,854	3.2	58.80

(2) BIRTHS RECORDED DURING YEARS 1958-1961

Race	1958	1959	1960	1961	1961 Population	Crude Birth-rate per mille of population 1961
Fijians	5,587	5,909	6,164	6,362	172,455	36.89
Indians	8,196	8,890	8,515	9,177	205,068	44.75
Europeans	193	293	209	189	10,417	18.14
Part-Europeans	278	229	266	292	8,958	32.60
Other Islanders	217	234	227	237	6,623	35.78
Rotumans	159	182	171	222	5,195	42.73
Chinese	171	178	201	117	5,039	31.13
Others	4	4	—	—	117	—
Totals	14,805	15,919	15,753	16,595	413,872	40.24

(3) DEATHS RECORDED DURING YEARS 1958-1961

Race	1958	1959	1960	1961	1961 Population	Crude Death-rate per mille of population 1961
Fijians	1,193	1,235	1,182	1,205	172,455	6.99
Indians	1,204	1,474	1,270	1,252	205,068	6.11
Europeans	44	41	35	38	10,417	3.65
Part-Europeans	43	38	34	30	8,958	3.35
Other Islanders	45	40	46	37	6,623	5.59
Rotumans	37	28	24	36	5,195	6.93
Chinese	18	26	31	24	5,039	4.76
Others	—	1	—	—	117	—
Totals	2,584	2,883	2,622	2,622	413,872	6.3

(4) MARRIAGES, BIRTHS, DEATHS AND NATURAL INCREASE—1961

Race	Marriages	Births	Deaths	Net Increase	1960 Population	Increase per mille
Fijians	1,116	6,362	1,205	4,657	167,473	27.9
Indians	1,427	9,177	1,252	7,925	197,952	40.0
Europeans	51	189	38	151	10,667	14.2
Part-Europeans	53	292	30	262	8,696	30.3
Other Islanders	30	237	37	200	6,175	32.4
Rotumans	48	222	36	186	5,009	37.1
Chinese	22	177	24	153	4,943	31.0
Others	—	—	—	—	103	—
Totals	2,747	16,656	1,622	15,034	401,018	37.5

(5) INFANT AND CHILD MORTALITY

	Births	DEATHS UNDER 5 YEARS					Total	Infant Mortality Rate per mille
		Under 1	1-2	2-3	3-4	4-5		
1958—Fijians	5,587	211	82	34	19	17	363	38
Indians	8,196	345	19	14	6	9	393	42
1959—Fijians	5,909	226	81	29	16	16	368	38
Indians	8,890	415	39	18	14	11	497	47
1960—Fijians	6,164	195	75	30	23	16	339	32
Indians	8,515	344	39	8	17	13	321	40
1961—Fijians	6,362	193	90	24	15	12	334	30
Indians	9,177	336	28	20	19	....	403	37

TABLE III

NOTIFICATION OF INFECTIOUS DISEASES BY RACE FOR THE YEAR 1961

Disease	Europeans	Part-Europ.	Fijians	Indians	Others	Totals
1. Ankylostomiasis	2	12	407	444	15	880
2. Anthrax	—	—	—	—	—	—
3. Beriberi	—	—	3	—	—	3
4. Cerebro-Spinal Meningitis	—	—	4	—	4	8
5. Chicken Pox (Varicella)	3	6	290	47	95	441
6. Dengue Fever	2	—	3	12	2	19
7. Diphtheria	—	1	—	3	2	6
8. Dysentery—						
(a) Amoebic	—	—	6	9	1	16
(b) Bacillary	—	1	54	161	3	219
(c) Unclassified	—	—	13	110	2	125
9. Encephalitis Lethargica	1	—	2	6	1	10
10. Erysipelas	—	—	4	1	7	12
11. Infantile Diarrhoea	1	29	2,020	1,371	117	3,538
12. Infective Hepatitis	5	4	99	101	5	214
13. Influenza	15	55	6,470	4,634	989	12,163
14. Leprosy	—	—	28	11	5	44
15. Leptospirosis	—	—	—	—	—	—
16. Malaria	—	—	1	—	—	1
17. Measles (German)	—	—	21	28	10	59
18. Measles (Morbilli)	4	5	62	19	8	98
19. Mumps	1	2	37	41	8	89
20. Poliomyelitis	—	1	3	10	1	15
21. Puerperal Fever	—	—	25	46	6	77
22. Scarlet Fever	1	—	—	—	—	1
23. Tetanus	—	4	20	26	2	52
24. Trachoma	—	7	96	25	47	175
25. Tuberculosis—Pulmonary	3	12	351	106	32	504
26. Tuberculosis—Other forms	—	1	42	16	3	62
27. Typhoid Fever—						
(a) Enteric	—	—	5	2	1	8
(b) Paratyphoid Fever	—	—	—	—	—	—
28. Undulant Fever	—	—	—	—	—	—
29. Venereal Diseases—						
(a) Climatic Bubo	—	—	—	—	—	—
(b) Gonorrhoea	3	14	129	74	7	227
(c) Gon. Ophthalmia including Neonatorum	—	—	6	6	2	14
(d) Soft Chancre	—	—	—	—	—	—
(e) Syphilis	2	1	2	6	—	11
(f) Venereal Granuloma	—	—	—	—	—	—
(g) Others	—	—	—	—	—	—
30. Whooping Cough (Pertussis)	1	5	384	328	23	741
31. Yaws	—	—	19	1	10	30
Total	44	160	10,606	7,644	1,408	19,862

TABLE IV

Return of Discharges, Diseases and Deaths for the year 1961, at the Colonial War Memorial Hospital, Tamavua, Lautoka, Labasa and Levuka Hospitals.

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	18	524	110	61	713	35
A 2	010	Tuberculosis of meninges and central nervous system ..	—	18	2	1	21	4
A 3	011	Tuberculosis of intestines, peritoneum and mesenteric glands	—	7	1	—	8	—
A 4	012, 013	Tuberculosis of bones and joints	2	39	6	3	50	1
A 5	014-019	Tuberculosis, all other forms	1	28	9	—	38	2
A 6	020	Congenital syphilis	—	—	—	—	—	—
A 7	021	Early syphilis	1	—	—	—	1	—
A 8	024	Tabes dorsalis	—	—	1	—	1	—
A 9	025	General paralysis of insane	—	—	1	—	1	—
A 10	022, 023 026-029	All other syphilis	—	—	—	—	—	—
A 11	030-035	Gonococcal infections	1	16	7	—	24	—
A 12	040	Typhoid fever	1	5	2	1	9	—
A 13	041, 042	Paratyphoid fever and other Salmonella infections ..	—	1	—	—	1	—
A 14	043	Cholera	—	—	—	—	—	—
A 15	044	Brucellosis (undulant fever)	—	—	—	—	—	—
A 16	(a) 045 (b) 046 (c) 047, 048	Bacillary dysentery	3	18	30	1	52	1
		Amoebiasis	—	9	14	1	24	6
		Other unspecified forms of dysentery	—	8	10	1	19	—
A 17	050	Scarlet fever	—	—	1	—	1	—
A 18	051	Streptococcal sore throat	5	3	2	1	11	—
A 19	052	Erysipelas	—	—	1	—	1	—
A 20	053	Septicaemia and pyaemia	—	3	1	—	4	2
A 21	055	Diphtheria	1	—	4	—	5	2
A 22	056	Whooping cough	2	2	3	—	7	—
A 23	057	Meningococcal infections	—	8	1	1	10	6
A 24	058	Plague	—	—	—	—	—	—
A 25	060	Leprosy	1	1	6	—	8	—
A 26	061	Tetanus	4	12	36	1	53	29
A 27	062	Anthrax	—	—	—	—	—	—
A 28	080	Acute poliomyelitis	1	5	7	—	13	—
A 29	082	Acute infectious encephalitis	1	2	3	—	6	2
A 30	081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis	—	—	1	1	2	—
A 31	084	Smallpox	—	—	—	—	—	—
A 32	085	Measles	—	—	—	—	—	—
A 33	091	Yellow fever	—	—	—	—	—	—
A 34	092	Infectious hepatitis	8	43	44	1	96	10
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)	—	—	—	—	—	—
		Malariae malaria (quartan)	—	—	—	—	—	—
		Falciparum malaria (malignant tertian)	—	—	—	—	—	—
		Blackwater fever	—	—	—	—	—	—
		Other and unspecified forms of malaria	—	—	—	—	—	—
A 38	(a) 123-0 (b) 123-1 (c) 123-2 (d) 123-3	Schistosomiasis vesical (<i>S. haematobium</i>)	—	—	—	—	—	—
		Schistosomiasis intestinal (<i>S. Mansoni</i>)	—	—	—	—	—	—
		Schistosomiasis pulmonary (<i>S. japonicum</i>)	—	—	—	—	—	—
		Other and unspecified schistosomiasis	—	—	—	—	—	—
A 39	125	Hydatid disease	—	—	—	—	—	—
A 40	(a) 127 (b) .. (c) .. (d) ..	Onchocerciasis	—	—	—	—	—	—
		Loiasis	—	—	—	—	—	—
		Filariasis (<i>bancrofti</i>)	—	13	2	2	17	—
		Other filariasis	—	6	—	—	6	—
A 41	129	Ankylostomiasis	1	9	16	—	26	—
A 42	(a) 126 (b) 130-0 (c) 130-3 (d) 124, 128 130-1, 130-2	Tapeworm (infestation) and other cestode infestations	—	—	—	—	—	—
		Ascariasis	—	1	14	1	16	—
		Guinea worm (<i>dracunculosis</i>)	—	—	—	—	—	—
		Other diseases due to helminths	—	—	2	—	2	—
A 43	(a) 037 (b) 038 (c) 039 (d) 049 (e) 071	Lymphogranuloma venereum	—	1	—	—	1	—
		Granuloma inguinale, venereal	1	2	5	1	9	—
		Other and unspecified venereal diseases	—	—	—	1	1	—
		Food poisoning infection and intoxication	—	1	2	—	3	1
		Relapsing fever	—	—	—	—	—	—

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Indian	Others	Totals	Deaths
(f)	072	Leptospirosis icterohaemorrhagica (Weil's disease)	—	—	—	—	—	—
(g)	073	Yaws	—	1	—	—	1	—
(h)	087	Chickenpox	—	3	1	1	5	—
(i)	090	Dengue	—	—	—	—	—	—
(j)	095	Trachoma	—	7	—	—	7	—
(k)	096-7	Sandfly fever	—	—	—	—	—	—
(l)	120	Leishmaniasis	—	—	—	—	—	—
(m)	121 (a)	Trypanosomiasis gambiensiis	—	—	—	—	—	—
	(b)	Trypanosomiasis rhodesiensiis	—	—	—	—	—	—
	(c)	Other and unspecified Trypanosomiasis	—	—	—	—	—	—
(n)	131	Dermatophytosis	—	4	2	1	7	—
(o)	135	Scabies	—	6	1	—	7	—
(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 ..	7	5	7	—	19	1
II—NEOPLASMS								
A 44	140-148	Malignant neoplasm of buccal cavity and pharynx	1	3	8	1	13	1
A 45	150	Malignant neoplasms of oesophagus	—	1	2	—	3	1
A 46	151	Malignant neoplasm of stomach	5	7	8	1	21	6
A 47	152, 153	Malignant neoplasm of intestine, except rectum	—	2	2	—	4	1
A 48	154	Malignant neoplasm of rectum	—	9	4	—	13	3
A 49	161	Malignant neoplasm of larynx	—	2	3	—	5	5
A 50	162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	—	5	1	2	8	4
A 51	170	Malignant neoplasm of breast	—	6	7	3	16	3
A 52	171	Malignant neoplasm of cervix uteri	1	15	24	—	40	1
A 53	172-174	Malignant neoplasm of other and unspecified parts of uterus	1	4	1	—	6	—
A 54	177	Malignant neoplasm of prostate	1	—	3	—	4	1
A 55	190, 191	Malignant neoplasm of skin	2	3	2	—	7	—
A 56	196, 197	Malignant neoplasm of bone and connective tissue	2	4	9	1	16	3
A 57	155, 160, 164, 165, 175, 176, 178-181, 192-195, 198, 199	Other and unspecified sites	6	19	17	8	50	9
A 58	204	Leukaemia and aleukaemia	—	1	6	—	7	2
A 59	200-203, 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	—	10	4	1	15	2
A 60	210-239	Benign neoplasms and neoplasms of unspecified nature ..	13	35	60	10	118	4
III—ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES								
and								
IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS								
A 61	250, 251	Nontoxic goitre	—	6	21	2	29	—
A 62	252	Thyrotoxicosis with or without goitre	—	—	18	1	19	4
A 63	260	Diabetes mellitus	12	51	256	5	324	14
A 64 (a)	280	Beriberi	—	—	—	—	—	—
(b)	281	Pellagra	—	1	3	—	4	—
(c)	282	Scurvy	—	—	—	—	—	—
(d)	283-286	Other deficiency states	—	11	9	—	20	2
A 65 (a)	290	Pernicious and other hyperchromic anaemias	—	2	17	—	19	—
(b)	291	Iron deficiency anaemias (hypochromic)	2	29	178	4	213	6
(c)	292, 293	Other specified and unspecified anaemias	1	8	11	1	21	4
A 66 (a)	241	Asthma	3	18	85	6	112	2
(b)	240, 242-245, 253, 254, 270-277, 287-289, 294-299	All other allergic disorders endocrine, metabolic and blood diseases	5	25	42	1	73	6
V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS								
A 67	300-309	Psychoses	1	8	7	—	16	—
A 68	310-324, 326	Psychoneuroses and disorders of personality	9	5	24	1	39	—
A 69	325	Mental deficiency	3	4	10	—	17	1

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	15	52	2	74	25
A 71	340	Nonmeningococcal meningitis	3	23	22	2	50	12
A 72	345	Multiple sclerosis	1	1	4	—	6	—
A 73	353	Epilepsy	—	6	17	—	23	—
A 74	370-379	Inflammatory diseases of eye	3	24	38	5	70	—
A 75	385	Cataract	7	22	166	5	200	—
A 76	387	Glaucoma	2	5	9	2	18	—
A 77 (a)	390	Otitis externa	1	1	1	—	3	—
(b)	391-393	Otitis media and mastoiditis	1	11	18	—	30	1
(c)	394	Other inflammatory diseases of ear	1	1	—	—	2	—
A 78 (a)	380-384, 386, 388, 389	All other diseases and conditions of eye	1	37	53	6	97	1
(b)	341, 344, 350-352, 360-369, 395-398	All other diseases of the nervous system and sense organs	9	20	31	2	62	6
VII—DISEASES OF THE CIRCULATORY SYSTEM								
A 79	400-402	Rheumatic fever	5	16	96	1	118	—
A 80	410-416	Chronic rheumatic heart disease	2	32	112	3	149	20
A 81	420-422	Arteriosclerotic and degenerative heart disease	11	8	72	2	93	24
A 82	430-434	Other diseases of heart	8	20	70	—	98	21
A 83	440-443	Hypertension with heart disease	9	23	69	1	102	13
A 84	444-447	Hypertension without mention of heart	6	12	80	2	100	8
A 85	450-456	Disease of arteries	7	1	21	2	31	4
A 86	460-468	Other diseases of circulatory system	23	19	75	10	127	7
VIII—DISEASES OF THE RESPIRATORY SYSTEM								
A 87	470-475	Acute upper respiratory infections	12	21	35	3	71	3
A 88	480-483	Influenza	7	41	27	3	78	—
A 89	490	Lobar pneumonia	17	144	108	18	287	11
A 90	491	Bronchopneumonia	12	135	207	9	363	52
A 91	492, 493	Primary atypical, other and unspecified pneumonia	—	5	4	—	9	—
A 92	500	Acute bronchitis	4	20	27	1	52	4
A 93	501, 502	Bronchitis, chronic and unqualified	12	11	12	2	37	1
A 94	510	Hypertrophy of tonsils and adenoids	4	3	73	—	80	—
A 95	518, 521	Empyema and abscess of lung	—	6	5	1	12	2
A 96	519	Pleurisy	—	15	8	1	24	—
A 97 (a)	523	Pneumoconiosis	—	—	—	—	—	—
(b)	511-517, 520-522, 524-527	All other respiratory diseases	14	35	71	2	122	6
IX—DISEASES OF THE DIGESTIVE SYSTEM								
A 98 (a)	530	Dental Caries	1	5	7	—	13	—
(b)	531-535	All other diseases of teeth and supporting structures	2	17	14	2	35	—
A 99	540	Ulcer of stomach	5	36	24	3	68	4
A 100	541	Ulcer of duodenum	18	24	65	5	122	4
A 101	543	Gastritis and duodenitis	7	23	26	—	56	—
A 102	550-553	Appendicitis	26	44	151	13	234	2
A 103	560, 561, 570	Intestinal obstruction and hernia	24	86	153	13	276	7
A 104 (a)	571-0	Gastro-enteritis and colitis between 4 weeks and 2 years	5	91	141	3	240	32
(b)	571-1	Gastro-enteritis and colitis, ages 2 years and over	5	48	46	6	105	4
(c)	572	Chronic enteritis and ulcerative colitis	4	5	9	2	19	7
A 105	581	Cirrhosis of liver	—	7	6	1	14	6
A 106	584, 585	Cholelithiasis and cholecystitis	10	4	56	2	72	—
A 107	536-539	Other diseases of digestive system	19	47	87	8	161	18
	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	1	5	33	2	41	2
A 109	591-594	Chronic, other and unspecified nephritis	5	35	27	1	68	14
A 110	600	Infections of kidney	2	6	29	1	38	—
A 111	602, 604	Calculi of urinary system	7	3	48	2	60	1
A 112	610	Hyperplasia of prostate	4	7	32	2	45	2
A 113	620, 621	Diseases of breast	2	9	8	—	19	—
A 114 (a)	613	Hydrocele	4	52	31	5	92	—
(b)	634	Disorders of menstruation	18	13	84	2	117	—
(c)	601, 603	} All other diseases of the genito-urinary system	67	119	275	12	473	10
	605-609							
	611, 612							
	614-617							
	622-633							
	635-637							
XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM								
A 115	640-641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	2	28	47	3	80	2
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium	6	45	183	12	246	3
A 117	643, 644, 670-672	Haemorrhage of pregnancy and childbirth	11	102	125	30	268	3
A 118	650	Abortion without mention of sepsis or toxæmia	46	133	384	33	596	1
A 119	651	Abortion with sepsis	1	10	21	2	34	—
A 120 (a)	645-649	} Other complications of pregnancy, childbirth and the puerperium	61	276	984	68	1,389	11
(b)	673-680							
(c)	683, 687-689	Delivery without complications	162	848	2,488	240	3,738	3
	660							
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	44	255	215	15	529	7
A 122	720-725	Arthritis and spondylitis	5	34	62	1	102	3
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	2	3	12	—	17	—
A 124	730	Osteomyelitis and periostitis	7	27	32	1	67	2
A 125	737, 745-749	Ankylosis and acquired musculo-skeletal deformities	3	3	12	—	18	1
A 126 (a)	715	Chronic Ulcer of Skin (including tropical ulcer)	3	4	10	1	18	—
(b)	700-714, 716	All other diseases of skin	2	12	13	2	29	1
(c)	731-736, 738-744	} All other diseases of musculo-skeletal system	6	22	8	2	38	—
XIV—CONGENITAL MALFORMATIONS								
A 127	751	Spina bifida and meningocele	1	—	7	—	8	—
A 128	754	Congenital malformations of circulatory system	—	1	11	1	13	—
A 129	750, 752, 753, 755-759	} All other congenital malformations	3	31	74	7	115	7
XV—CERTAIN DISEASES OF EARLY INFANCY								
A 130	760, 761	Birth injuries	—	1	4	—	5	3
A 131	762	Postnatal asphyxia and atelectasis	—	1	3	—	4	3
A 132 (a)	764	Diarrhoea of newborn (under 4 weeks)	1	3	5	1	10	2
(b)	765	Ophthalmia neonatorum	—	2	1	1	4	—
(c)	763, 766-768	Other infections of newborn	—	1	6	—	7	4
A 133	770	Haemolytic disease of newborn	—	—	1	—	1	—
A 134	769, 771, 772	All other defined diseases of early infancy	—	7	5	1	13	3
A 135	773, 776	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	3	10	92	3	108	39

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.. .. .	2	—	5	—	7	1
A 137 (a)	788-8	Pyrexia of unknown origin	7	15	19	1	42	1
(b)	793	Observation, without need for further medical care . . .	164	509	1,568	40	2,281	5
(c)	780-787	} All other ill-defined causes of morbidity	10	13	205	3	231	2
	788-1-788-7							
	788-9, 789-792, 795							
	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	9	26	60	9	104	4
AE 139	E800-E802 E840-E866	} Other transport accidents	1	4	11	—	16	—
AE 140	E870-E895							
AE 141	E900-E904	Accidental poisoning	3	13	56	—	72	—
AE 142	E912	Accidental falls	32	82	123	12	249	6
AE 143	E916	Accident caused by machinery	3	18	24	3	48	—
AE 144	E917, E918	Accident caused by fire and explosion of combustible material	10	11	22	1	44	3
		Accident caused by hot substance, corrosive liquid, steam and radiation	5	15	23	—	43	6
AE 145	E919	Accident caused by firearm	1	2	1	—	4	—
AE 146	E929	Accidental drowning and submersion	—	1	—	1	2	—
AE 147 (a)	E920	Foreign body entering eye and adnexa	2	7	10	—	19	—
(b)	E923	Foreign body entering other orifice	1	1	6	—	8	—
(c)	E927	Accidents caused by bites and stings of venomous animals and insects	4	24	20	4	52	1
(d)	E928	Other accidents caused by animals	2	22	9	—	33	—
(e)	E910, E911 E913-E915 E921-E922 E924-E926 E930-E965	} All other accidental causes	4	21	21	2	48	—
AE 148	E970-E979							
AE 149	E980-E985							
AE 150	E990-E999							
		Suicide and self-inflicted injury	4	16	21	4	45	1
		Homicide and injury purposely inflicted by other persons (not in war)	6	46	46	4	102	3
		Injury resulting from operations of war	—	—	—	—	—	—

" N " CODE—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	11	44	31	4	90	5
AN 139	N805-N809	Fracture of spine and trunk	6	3	17	1	27	2
AN 140	N810-N829	Fracture of limbs	20	78	123	9	230	3
AN 141	N830-N839	Dislocation without fracture	3	9	16	—	28	—
AN 142	N840-N848	Sprains and strains of joints and adjacent muscle	2	5	5	1	13	—
AN 143	N850-N856	Head injury (excluding fracture)	5	22	27	5	59	4
AN 144	N860-N869	Internal injury of chest, abdomen and pelvis	3	7	7	1	18	3
AN 145	N870-N908	Laceration and open wounds	14	69	83	8	174	—
AN 146	N910-N929	Superficial injury, contusion and crushing with intact skin surface	3	11	10	3	27	—
AN 147	N930-N936	Effects of foreign body entering through orifice	2	4	12	1	19	—
AN 148	N940-N949	Burns	11	27	46	3	87	7
AN 149	N960-N979	Effects of poisons	2	12	59	1	74	—
AN 150	N950-N959 N980-N999	} All other and unspecified effects of external causes . . .	5	18	17	3	43	—

TABLE V
URBAN/TOWNSHIP/RURAL SANITARY DISTRICTS OF FIJI

REPORT OF HEALTH INSPECTORS FOR THE YEAR 1961

1—SUMMARY OF INSPECTIONS			
<i>Type of Premises, etc.</i>	<i>Inspections</i>	<i>Re-Inspections</i>	<i>Total</i>
House to house inspection of district	64,487	24,349	88,836
Investigation of complaints, nuisances, etc.	1,075	574	1,649
New building sites—before approval	1,692	278	1,970
New buildings—work in progress	3,806	1,560	5,366
Investigation of Infectious Diseases and Disinfection	2,812	198	3,010
Shipping	410	—	410
Aircraft	791	—	791
Houses let as lodgings and lodging houses	753	443	1,196
Factories and Workshops	682	481	1,163
Cemeteries	125	48	173
Schools	671	308	979
Checking Sanitary Services (A/ac., etc.)	666	189	855
Laundries	349	254	603
Hairdressers, Chiropodists, etc.	1,146	702	1,848
Foodshops, Foodstores, Markets, etc.	5,120	2,730	7,850
Eating Houses and Ice Cream premises	1,827	1,275	3,012
Aerated Water and Ice Factories	292	153	445
Kava Saloons	384	310	694
Bakehouses	694	487	1,181
Slaughter Houses	75	33	108
Butchers Shops	363	285	648
Food Vehicles	501	377	878
Sanitary Survey—Local Vessels	80	24	104
Subdivision of Lands	8	—	8
Miscellaneous	753	279	1,032
Total	89,562	35,337	124,899

2. WRITTEN NOTICES, ETC., ISSUED

<i>Type of Notice, etc.,</i>	<i>Number</i>
Intimation Notices served	7,040
Statutory Notices served	302
Buildings Surveyed for Closure or Demolition	198
Notices of Closing Orders	11
Closing Orders Served	144
Demolition Orders served	66
Notices of Intention to Demolish	22
Buildings Demolished after service of Orders—	
(a) By owners	42
(b) By Local Authority	—

3—BUILDING APPLICATIONS DEALT WITH

<i>Type of Application</i>	<i>Number</i>	<i>Value</i>
Applications in respect of new buildings	3,400	£2,178,681
Applications in respect of alterations and repairs	467	185,965
Applications in respect of septic tanks	59	5,877
Total	3,926	£2,370,523

Buildings completed and passed during the year 1,620.

Applications Outstanding in Register (work not completed) at end of year—

New buildings	4,130
Alterations and Repairs	825
Septic Tanks	114
Application lapsed	233
Application withdrawn	74
Application Rejected	40

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

<i>Items</i>	<i>Ordered</i>	<i>Completed</i>
Repairing of Buildings	495	166
Improvements to Lighting and Ventilation of Buildings	287	124
Removal of Unauthorised Erections	462	228
Abatement of Overcrowding	348	168
New Privies (all Types)	2,574	1,482
Repairing Cleansing or Flyproofing of Privies	4,504	2,557
Filling in of Insanitary Privies	1,145	737
New Bathrooms or Washing Places	291	199
Repairing or Cleansing of Bathrooms or Washing Places	850	548
New Kitchens	401	262
Repairing or Cleansing of Kitchens	610	383
Provision of New Drains	1,208	714
Repairing or Cleansing of existing Drains	4,314	2,828
New Wells	246	107
Repairing or Improvement of Wells	661	366
New Water Tanks	299	145
Repairing Screening or Cleansing of Water Tanks	2,256	1,376
Removal of Accumulation of Refuse, etc.	9,155	5,715
Clearing of Overgrowth or Long Grass	8,181	5,189
Provision of Garbage Tins	2,049	1,235
Abatement of Nuisances from Animals or Poultry	2,755	1,648
Abatement of Mosquito Breeding	4,008	3,022
Cleansing of Food Premises	1,589	1,242
Structural Improvements to Food Premises	364	178
Cleansing of Food Vehicles	216	184
Improvements to Food Vehicles	86	48
Cleansing or Improvement of Hairdressers Premises	324	260
Cleansing or Improvement of Laundries	132	108
Cleansing or Improvement of Schools	78	40
Cleansing or Improvement of Shipping	—	—
Impounding of Straying Cattle	31	6
Swimming Pools	6	—
Cleansing and emptying Septic Tanks	280	280
Miscellaneous	926	558
Total	51,061	32,103

5—MOSQUITO CONTROL

Premises Inspected for Mosquito Larvae	88,921
Premises at which larvae found	4,420
Larval Index	4.97 per cent

6—DISINFECTION, DISINFESTATION, AND FUMIGATION

<i>Type of Premises or Vessels</i>	<i>Method</i>	<i>Number</i>
Overseas Vessels	Aerosol Bombs	98
Local Vessels	Aerisol Bombs	1
Aircrafts	Aerosol Bombs	762
Overseas Vessels	Cyanide	6
Local Vessels	Cyanide	56
Local Vessels	Dieldrin	38
Mattresses	Cyanide	6
Second-hand Clothing	Formalin	157 bags
Dwellings offices etc.	Dieldrin DDT Aerosol Bomb Cyllin and Formalin	392
Wells	Chloride of lime	6
Privies	Cyllin	71
Miscellaneous	DDT Formalin Cyllin, etc.	37
International Deratization Certificates Issued		5
International Deratization Exemption Certificates issued		8
Local Vessels Fumigation Exemptions Certificates		18

7—ANTI-RAT MEASURES

	<i>Rattus</i> <i>Rattus</i>	<i>Rattus</i> <i>Novergious</i>	Total
Traps Set	11,480	—	11,480
Poison Baits Set	3,834	—	3,834
Rats Destroyed by Trapping	337	599	936
Rats Destroyed by Poisoning	274	94	368
Rats Destroyed by Fumigation—			
Overseas Shipping	3	1	4
Local Shipping	41	2	43
Aircraft	—	—	—
Rats submitted for Laboratory Examination	11	10	21
Rats Found Infected	1	1	2
Mice Unidentified	—	—	672

8—SUPERVISION OF LABOUR GANGS, ETC.

Number of men employed, clearing and draining work done, loads of refuse removed, etc:—

Number of men employed	183
Clearing work done	99 acres
Drains cleaned	1,360 chains
Loads of Refuse removed	28,990
Dead animals buried	65

9.—FOOD INSPECTION AND SAMPLING

Unsound Foodstuffs condemned and destroyed 127,032 lbs. 2½ ozs.

<i>Food and Water samples taken</i>	<i>Type</i>	<i>Number</i>
Fresh Water	Bacteriological	502
Sea Baths Water	Bacteriological	52
Milk—genuine	Chemical	31
Milk—non-genuine	Chemical	3
Condensed Milk	Chemical	1
Powdered Milk	Chemical	1
Ice Cream	Chemical	7
Ice Cream	Bacteriological	4
Butter—non-genuine	Chemical	3
Ghee—Genuine	Chemical	4
Ghee—non-genuine	Chemical	2
	Total	610

Meat Inspection—Carcasses inspected—

Cattle	137	
Pigs	27	
Goats	34	
	Total	198

Carcasses, Organs and Parts Condemned—

Carcasses	2	Livers	3
Hind quarters	4	Kidneys	1
Lungs	3	Forequarters	1
Hearts	3		

10—LEGAL PROCEEDINGS

Defendants Offences and Results of Action—

<i>Public Health</i>			<i>Pure Food</i>		
Cases	90		Cases	1	
Convictions obtained ..	87		Convictions obtained		
Penalties—Fine ..	£266 13 6		no fine imposed ..	1	
Costs ..	130 15 0				
Total ..	£397 8 6				

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

Sanitation Campaign—

Squatting slabs sold	758
Latrine Plugs sold	657
Pedestal Sets sold	69
Pedestal Seats sold	109
Pedestal Riser sold	99
Pedestal slab	105
Drain invert 6ft.	1,644
Drain invert 5 ft.	428
Concrete Survey pegs	423
Revenue from above sales	£879 1s. 2d.

12—SEAPORT AND AIRPORT HEALTH QUARANTINE

Ships given pratique	410
Landing passengers	3,998
Aircraft given pratique	791
Landing Passengers	16,253

FIJIAN SPELLING

Two systems of spelling Fijian names and words are in use in the Colony. The "Fijian" system was devised during the period 1835-37 by the Missionaries who first reduced the Fijian language to writing. They aimed at representing the various Fijian sounds by single letters and the system that resulted has been used ever since by the Fijian people and is in general use within the Colony. The letters concerned are "b", "c", "d", "g", and "q" and the following examples indicate the manner in which they are pronounced.

- (i) B is pronounced "MB" as in number, e.g. LABASA = LAMBASA.
- (ii) C is pronounced "TH" as in that, e.g. CAUTATA = THAUTATA.
- (iii) D is pronounced "ND" as in end, e.g. NADI = NANDI.
- (iv) G is pronounced "NG" as in sing, e.g. NASIGATOKA = NASINGATOKA.
- (v) Q is pronounced "NGG" as in finger, e.g. YAQARA = YANGGARA.

In practically all words in Fijian, the accent is on the penultimate syllable.

2. The "phonetic" system is a more recent attempt to render Fijian words in English spelling. It is used in maps and in documents designed primarily for overseas reading, e.g. MBAU (BAU), THAKOMBAU (CAKOBAN), NANDI (NADI), NANDRONGA (NADROGA), MBENGGGA (BEQA).



