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LEGISLATIVE COUNCIL OF FIJI COUNCIL PAPER NO. 30 OF 1966

Colony of Fiji

MEDICAL DEPARTMENT

REPORT FOR THE YEAR

1965

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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 (CAKOBAU), NANDI (NADI), NANDRONGA (NADROGA), MBENGGA (BEQA).

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MEDICAL DEPARTMENT

(ANNUAL REPORT FOR 1965)

I—GENERAL REVIEW

THE recurrent expenditure of the Medical Department expressed as a percentage of the total recurrent expenditure of the Colony fell in 1965 to a new low of 10·53 per cent. This is the resultant of two main forces—first the Departmental requirement to obtain the best possible value for money spent and secondly the efforts of others to increase the economic health of Fiji by planned development thereby enlarging the overall budgetary cake.

2. The gross increase in Medical recurrent expenditure in recent years can be accounted for, in the main, by salary increases and the increase in the per capita recurrent cost of medical services to 45s. 4d. from its base line of 42s. 0d. is more than accounted for by salary increases which in turn were prompted by inflation and rising costs.

3. This stabilisation of recurrent expenditure has been achieved by carefully eliminating unproductive expenditure and increasing " medical productivity " by improved training of medical and nursing personnel both at the primary and post-graduate levels, and by improving the efficiency of medical installations by a programme of re-equipment. This latter process has been largely completed at the main centres and is proceeding through to the lower echelons.

4. " Prevention is cheaper than cure " and economical development of a medical service requires the development of a comprehensive service for the prevention of disease. The implementation of the plan to develop the rural health service to provide a combined clinical and preventive machine proceeded steadily through the year. The patent necessity to reduce the rate of population growth by the use of family planning methods gave added stimulus to the overhaul of peripheral health services and perhaps was one of the main reasons for Government's agreement to a rebuilding programme designed to construct an integrated rural health machine from the existing fragmented services.

5. The Family Planning Campaign is now beginning to show unmistakeable results and it is clear that further development of these services on the lines already established will allow the natural increase to be reduced to 2 per cent. per year within a period of five years.

6. The need for family planning as an essential ingredient of the Public Health policy of a developing country is gradually becoming universally accepted. Fiji can claim to be one of the first countries where a family planning campaign organised on a national scale has achieved measurable success in population control.

7. The results obtained in the control of infectious diseases are very encouraging. In 1965 the incidence of several dangerous infections reached zero point and several other diseases were reduced to negligible proportions. It is hoped that a further intensified control programme against tetanus will further reduce the incidence of this distressing disease.

8. Tuberculosis is still Fiji's Public Enemy No. 1. The incidence however continues to fall as control measures are further intensified. The decisive fall in the number of infectious cases registered during 1965 confirms the impression that an all-out attack on the disease will drastically and rapidly reduce the incidence of the disease. The total number of cases registered however was unchanged from the previous year.

9. The Medical Department's new ship fitted with a mass miniature X-ray apparatus donated by the War Memorial Anti-Tuberculosis Trust Fund commenced its role of bringing modern medical facilities to the scattered small islands of Lau, Lomaiviti and the Yasawas. After initial shakedown problems had been resolved, the ship demonstrated its value and it has been used almost continuously for simultaneous Tuberculosis Surveys, Immunisation Control and Dental Treatment as well as for her more mundane but necessary function of a stores and personnel carrier.

10. The rapidly increasing population and its shift to the towns is causing increasing medical problems. In the last ten years the population has increased by 32 per cent. which is roughly parallelled by the increased in the number of admissions to hospitals. The number of out-patient attendances have however more than doubled during the same period. This increase reflects the development of interest in health and the demand for medical services by a better educated and more sophisticated population.

11. The ever increasing demand is throwing considerable strain on the curative services which have received little capital development in the forty years or so preceding the commencement of the current 1964–68 Development Plan. The medical section of this plan provides for a good start to be made on a programme of rebuilding and rehabilitation which will eventually embrace nearly all Medical Department facilities.

12. In May, 1965, His Excellency the Governor formally opened the new out-patient and theatre wing at the Colonial War Memorial Hospital. This was the first major addition to the hospital in thirty years. Its addition has greatly improved the available facilities.

13. A new out-patient department at Ra District Hospital was opened by the Commissioner, Western Division, in December. This building which includes X-ray and Laboratory facilities was made possible by substantial donations by the local people and by the Trustees of the War Memorial Anti-Tuberculosis Trust Fund. Four new Health Centres and two Maternal and Child Health Clinics were also opened during the year. A start was also made on two of three new maternity units which are to be built at growing centres of population.

14. Buildings under construction or in the planning stage include three hospitals, a residential hostel for clinical students in the grounds of the Colonial War Memorial Hospital in Suva and a Nutrition and Dietetics Training Unit generously donated by the United Kingdom Committee of the Freedom from Hunger Campaign.

15. The Dental Division continued to expand its services which are mainly directed at conservative and prophylactic dentistry in school children. This service is achieved by extensive use of three mobile clinics as well as the four static clinics and the headquarters clinic at Suva. The latest mobile clinic was designed and built in Fiji on an imported chassis and like its predecessors is fitted with high and low speed air drills. A further chassis which was put on order during the year was donated by the Seattle Rotary Club in memory of the founder of Rotary, Mr. Paul P. Harris. The Suva Rotary Club sponsored this project.

16. The drive to improve standards of environmental sanitation especially in rural areas gained momentum during the year. The Department accepted the task of the promotion of Government's rural water supply programme and works in close liaison with the Public Works Department. The generous assistance of United Nations Children's Fund and the World Health Organization has made it possible to reduce the village contribution by 50 per cent. and it is pleasant to be able to report that for the first time all Fiji Government funds set aside for rural water supplies were expended for the purpose.

17. A Committee formed to investigate the production of a standard design for a low-cost rural house met on many occasions during the year and the prototype was under construction as the year ended

18. The Campaign to induce the adoption of the water-seal latrine as a standard replacement for pit latrines in rural areas has made rather slower progress than was hoped for but this challenge has been taken up by the Health Inspectorate Division of the Department and the Campaign is now gaining ground.

19. The staff of both the Fiji School of Medicine and the Nursing Schools have been strengthened. The assistance given to Fiji by the Auckland and Otago Medical Schools is gratefully recorded. Graduates of the Fiji School of Medicine were for the first time allowed to take the course and examination for the Diploma of Public Health and the Diploma of Obstetrics. The three entrants all of whom passed their examinations were pioneers preparing a trail that will undoubtedly be trod by many more post-graduate students from Fiji.

20. The development of the link with the New Zealand Medical Schools is considered to be of primary importance in the development of medical services in Fiji and I would like to record my gratitude to the New Zealand Authorities for their assistance.

21. The rapid increase in demands for medical services, particularly out-patient services at the main centres, has caused the overcrowding of these facilities and has meant that patients often have to wait for a long time to be seen. The problem has been accentuated by the shortage of medical officers and the need to increase post-graduate medical education. In Suva this has been further aggravated by a shortage of private medical practitioners. The problem can only be resolved by increasing the medical staff at these centres. However the drastic reduction of entries into the School some years ago is now being acutely felt and any major increases in staff can only occur when more local doctors return from overseas to enter Government Service. Meanwhile we must rely on the recruitment of expatriate doctors to fill the gap if and when housing can be provided for them. As a purely temporary measure local staff have been asked to extend their tours of duty by six months. My thanks are due to the medical and nursing staff who have shouldered heavy burdens expected of them with efficiency, good humour and fortitude.

22. I would also like to express my thanks to the many organisations which have assisted the Department during the year, to the World Health Organization for its help in many directions and above all to the public of Fiji who are always ready to assist the Department in the development of its services.

II—ORGANIZATION, ADMINISTRATION AND FINANCE

ORGANIZATION

23. The Medical Department is within the portfolio of the Member for Social Services, who is charged with the general oversight of medical policy throughout the Colony, the Director of Medical Services being responsible for the execution of this policy.

24. The Department is organised in such a way as to provide, as far as possible, a close integration of curative and preventive services; this applies particularly within the rural areas. The Director of Medical Services, as Head of the Department, is reponsible for the administration of health services provided by the Department. He is assisted at headquarters by a small staff comprising the Deputy Director, Assistant Director, Nursing Superintendent, Departmental Secretary, Chief Health Inspector, Departmental Accountant and the necessary clerical staff.

25. For administrative purposes, the Colony is divided into four divisions which are coterminous with the general administrative divisions of the country; each of these is in charge of a Divisional Medical Officer who is responsible for the organisation of all the departments and services within his area. He is thus in day to day control of the medical, nursing and ancillary staff within his division. The exceptions to this pattern are seen in the Central and Eastern Divisions in which the Colonial War Memorial Hospital—the Colony's specialist centre—the Tamavua Tuberculosis Hospital, the St. Giles' Mental Hospital and the Makogai Leprosy Hospital are administered by Medical Superintendents directly responsible to the Director of Medical Services.

26. In order to remove some of the detailed technical and administrative burden from the Divisional Medical Officers, a sub-district organisation was set up during 1964. These sub-districts correspond roughly, though not exactly, with those of the District Administration. Sub-district Medical Officers were established at Sigatoka, Savusavu, Navua and Taveuni. Each of them is controlled by a Sub-District Medical Officer who is assisted by a Health Inspector and Health Sister each responsible for their respective disciplines within the sub-district area. The object of this devolution of authority was to try and bring the conception of team working down to the rural level and to achieve a closer integration of the Department's services at the periphery. During 1965 further experience in the working of this system gained and, given a keen sub-district medical officer, it is quite clear that a considerable improvement results in the standards of service provided to the commu..ity.

27. The provision of medical services in an island archipelago and their efficient organisation and function must depend in large measure upon the availability of suitable sea transport. During 1965 the Department's new 75 feet twin screw motor vessel *Vuniwai* was commissioned, taking the name of her predecessor which was handed over to the District Administration. This vessel, which was designed and built by the Public Works Department, in addition to accommodation for eight passengers and a considerable amount of cargo is fitted with an airconditioned medical working space. This contains a Phillips 70 mm. mass X-ray unit which was provided by the War Memorial Anti-Tuberculosis Trust Fund and in addition is fitted as a dispensary and emergency operating theatre. The vessel was commissioned by His Excellency on 27th of February and from the date of her commissioning until the end of the year had steamed well over 10,000 miles in all waters of the group. In addition to her routine tasks, she was used on seven occasions for the evacuation of seriously ill patients from various islands within the group and in the latter part of the year was engaged on X-ray Surveys in the Islands of Beqa, Matuku and Gau. There is no doubt that acquisition of this especially designed vessel has resulted in a great increase of efficiency, particularly in relation to the more isolated parts of the Colony.

ESTABLISHMENT

28. The year 1965 saw a major development in the establishment policy of the Department. Following Government's acceptance of the recommendations of the Salaries Commission in 1964, the word " Assistant " was dropped from the title of locally qualified graduates and the medical officer establishment was re-designated in three classes of Medical Officer I, II and III. Recruits to the service with overseas fully registrable qualifications are taken in directly to the Medical Officer Class I establishment. Local graduates are recruited as Medical Officers Class III and are eligible for promotion to Medical Officer Class II, the salary scale of which, at its upper end, overlaps the lower end of the Class I scale. It was also decided that Medical Officers Class II of outstanding merit should be eligible for promotion into the Class I full professional scale and the first such promotion was made during the course of the year. It is felt that this development, which is of extreme importance, is a recognition by Government of the worth of locally qualified Medical Officers who for so many years have carried the main burden of providing medical services within Fiji.

29. The shortage of locally qualified Medical Officers continued during the year and it was necessary to continue the policy of re-employing retired members of the Medical Department.

30. In other directions, recruitment was on the whole satisfactory during the year and the post of Paediatrician, which had been vacant through the whole of 1964, was filled during the early part of the year.

31. With the exception of a few senior specialist posts the Colony is now self-sufficient in so far as the supply of nursing personnel is concerned, and on the 31st of December there were only 13 expatriates at post out of an establishment of 75 senior nursing posts.

32. The Departmental establishment in 1965 is given at Table I of the Appendix.

FINANCE

33. Medical Department expenditure during the year was £1,227,427, an increase of £62,450 over that of 1964. This expenditure was offset by revenue of £163,024 giving a cost of £2 5s. 4d. per head of population for the year.

34. The details of revenue and expenditure are given in Tables II, III and IV of the Appendix. In addition to the revenue given in those tables there is a certain amount of " hidden revenue " viz.:—

	£	s.	d.
Proportion of money collected by Township Boards for licences that is retained by Government as payment for health services	3,735	0	0
Money paid by Fiji Military Forces for the services of a Medical Officer (including pension contribution) ..	431	19	11
Board paid by Medical Officers and Nurses living in ..	12,567	13	2
	£16,734	13	1

35. Medical stores and equipment to the value of £114,971 4s. 4d. were issued during 1965 and details of this are found in Table V of the Appendix.

LEGISLATION

36. Legislation of medical interest enacted during the year was as follows:—

Ordinance No. 3—Medical and Dental Practitioners (Amendment) Ordinance, 1965.
Legal Notice No. 2—Mental Treatment Regulations, 1965.
Legal Notice No. 6—Resolution of the Central Board of Health regarding offensive Trades.
Legal Notice No. 35—Sale of Medicines Order, 1965.
Legal Notice No. 41—Public Hospitals and Dispensaries (Amendment) Regulations, 1965.
Legal Notice No. 83—Dangerous Drugs Amendment) Regulations, 1965.
Legal Notice No. 123—Quarantine Regulations, 1965.
Legal Notice No. 124—Quarantine Rules, 1965.

37. Much of this legislation was of a technical nature; however two items represent changes in policy. The Sale of Medicines Order, 1965, removed the ban on the sale of items such as aspirins by persons other than registered pharmacists or holders of medicine licence. It had become apparent over the years that this particular section of the Ordinance was impossible of enforcement and it was therefore considered that the wisest course was to legalise the position.

38. The Public Hospitals and Dispensaries (Amendment) Regulations make provision for differential rates of hospital charges as between residents of the Colony and visitors. The standard charges laid down do not by any means cover the cost of the treatment of patients in hospital and the Fiscal Review Committee of 1964 considered that there was no case for an element of hidden subsidy in respect of patients from overseas. However, in order that residents of other territories in the South Pacific (who may need to be sent to Suva for treatment not available in their own countries) should not be penalised, the differential rates do not apply to the public wards of hospitals.

III—CLINICAL SERVICES

GENERAL HOSPITALS, HEALTH CENTRES AND DISPENSARIES

39. General clinical services throughout the Colony are provided almost entirely by the Medical Department, there being few private practitioners and those that there are being concentrated mainly in the larger centres of population. Thus, the Department is responsible for providing treatment of a range which varies from that of the general practitioners in a developed country to specialised services.

40. The facilities available for the provision of the services are arranged in a four tier structure:—

(*a*) Forty-three Health Centres and Dispensaries in the charge of locally qualified Medical Officers are located at centres of rural and urban population throughout the Colony.

(*b*) Eight Rural Hospitals are situated at points convenient for the collection of patients requiring treatment, either from their local areas or from outlying dispensaries.

In addition to providing out-patient services these hospitals provide for the in-patient treatment of medical and minor surgical illness, obstetric cases, and they act as casualty clearing posts for the emergency first aid treatment of those cases needing admission to a larger hospital.

(*c*) Six District Hospitals. These institutions provide services similar to those of the rural hospitals but at a slightly higher level; they have available a rather wider range of drugs than do the rural hospitals and either presently have, or shortly will have, simple X-ray and laboratory facilities staffed by a Nurse Technician. It is also intended that each will have an ambulance service.

(*d*) Four Divisional Hospitals situated at Suva, Lautoka, Labasa and Levuka. In addition to admitting patients from their immediate catchment area, these hospitals act as centres of referral from the district and rural hospitals within their divisions in those cases where patients require diagnosis or treatment which are beyond the capabilities of the lower echelon institution.

41. There are three specialised hospitals for the treatment respectively of Tuberculosis, Leprosy and Psychiatric illness. Of these, the Tamavua Tuberculosis Hospital and St. Giles' Hospital for the treatment of mental illness are situated in Suva, whilst the Fiji Leprosy Hospital is on the island of Makogai.

42. There are two hospitals in Fiji which are maintained by Missions. At Ba the Methodist Mission has 51 bed hospital for women and children whilst the Anglican Church has a small cottage hospital situated at Wailoku near Suva.

43. Clinical services, mainly in the field of domiciliary midwifery and infant welfare, are also provided by the district nurses in the rural areas of the Colony who work from approximately 120 nursing stations. In addition to their primary duty, these girls also provide a considerable amount of emergency first aid treatment especially for minor illnesses.

44. In 1965 the plan to improve and upgrade the standard of accommodation available at all Medical Department institutions began to be implemented with a gathering momentum. Health Centres at Nayavu and Korovisilou in the Central Division, at Dreketi and Natewa in the Northern Division and a new out-patient department at the Ra District Hospital in the Western Division were all completed and brought into use. A large proportion of the money for the latter of these projects was collected by local subscription and this example of community participation was greatly appreciated by the Department. In addition, a start was made on the rural maternity unit to be built at Nausori and on a new clinic for the Health Sister at Sigatoka. A considerable amount of minor improvement was also effected to a number of the units during the course of the year.

45. The major improvement to the surgical facilities of the Department in 1965 was the completion of the new out-patients/operating theatre block at the Colonial War Memorial Hospital. This was opened by His Excellency the Governor on 20th May and since its commissioning has resulted in a great improvement in the facilities available at the hospital and in increased efficiency.

46. The district and rural hospitals vary in size from 52 beds to 8 beds (see Table VI in the Appendix). X-ray equipment is available in the hospitals at Rotuma, Savusavu, Taveuni, Rakiraki and Ba. This policy of providing simple X-ray facilities at District Hospitals has taken some of the load of simple radiography away from the overworked department in the Divisional Hospitals and, as mentioned above, it is proposed to supplement this at the District Hospitals by the addition of simple laboratory facilties.

47. The Colonial War Memorial Hospital in Suva, apart from its function as a Divisional Hospital for the Central Medical Division, is also the specialist and teaching hospital for the Colony as a whole. The specialist staff comprises a Physician, Surgeon, Obstetrician/Gynaecologist, Paediatrician, Anaesthetist, Radiologist and Ophthalmologist. The Colony's Central Pathological Laboratory and the main Dental Clinic, under the charge respectively of the Pathologist and the Senior Dental Officer, are situated within the hospital precincts. The hospital serves as a training school for both under-graduate and post-graduate students and for nurses.

48. The completion of the new out-patients and operating theatre block enabled a number of consequential improvements to be made to the hospital by occupying space vacated by those services. As a result, it was possible to convert one building to an orthopaedic clinic and to extend the X-ray Department and find room for the installation of a modern unit for cardiac catheterisation and biplane angiography.

49. The hospital at Lautoka, which is the second largest in the Colony, serves the Western Division. This hospital has a Specialist Surgeon and in the latter part of the year it was possible to post a Medical Officer with post-graduate qualification in the Obstetric and Gynaecology to the hospital in order to strengthen the services available.

50. A considerable amount of maintenance work was carried out to the building at Lautoka but despite this the standard of facilities available is still below that which is desirable. Planning work on the new hospital for this area was continued during the course of the year and at the end of the year design work was almost completed. During 1965, it was possible to start work on site preparations prior to construction being commenced.

51. The Labasa Hospital underwent minor modifications and improvements during the course of 1965. For much of the year a Surgeon was stationed at the hospital and for the remainder of the year it was possible to have a local graduate with post-graduate surgical training in charge of the surgical wards at this institution.

52. The Levuka Hospital, the smallest of the divisional ones, continued satisfactorily at its existing level of services.

53. At divisional hospital level a wide range of specialist advice and treatment is available. At the Colonial War Memorial Hospital and at the Lautoka Hospital the specialist officers have one or more locally qualified graduates with post-graduate training available to act as Senior Registrars and Registrars. These local graduates, after a period of general duties designed to give them a broad clinical outlook, are attached to one of the Specialist Officers for a period of training as Junior Registrars. This is followed by intensive post-graduate training at an overseas institution; much valuable assistance has been given to Fiji in this regard by the Auckland Hospital Board and by the University of Melbourne. The use of a scheme of this nature has enabled busy specialists to provide a greatly increased range of services for the public and the local graduates employed in the various specialties have attained a high degree of competence.

54. In addition to their employment in the main hospitals of the Colony, these locally trained specialist Medical Officers have proved of great value as officers in charge of specialist units in smaller hospitals, and have been able to make valuable use of their training when posted to the larger districts and rural hospitals. Local graduates are employed as Anaesthetists, Tuberculosis Officers and Obstetricians at the Lautoka, Labasa and Sigatoka Hospitals.

55. There is, nevertheless, still a need for more specialist trained staff at all the divisional and in some of the district hospitals and this might well increase as district hospitals are developed and the rural maternity units are opened up. The need exists to provide an increase, not only in the quality of services provided, but also in quantity in order to meet with the ever increasing demands for the medical services in Fiji.

56. An analysis of the work of the general medical institutions throughout the Colony is given in Tables VII to XI in the Appendix to this report.

57. There is a total of 1,740 beds available for use within the Colony. Of these, 999 are general beds, 200 leprosy, 433 tuberculosis and 108 psychiatric beds. The mid-year population was estimated at 464,178 and the population ratio for the various classes of bed is given below:—

General	2·15 per thousand
Tuberculosis	0·93 ,, ,,
Leprosy	0·43 ,, ,,
Mental	0·23 ,, ,,
Total	3·74 per thousand

58. There were the usual increases in the numbers of patients admitted to the Colony's hospitals or dealt with as out-patients. In order to try and obtain some idea of the increase in demand for medical services over the past ten years, an investigation has been made into the number of out-patient attendances and admission to hospital per thousand of the population (in all cases the mid-year population being used) the results of these are given in the Table below.

TABLE I

OUT-PATIENT ATTENDANCES AND IN-PATIENT ADMISSIONS 1956 TO 1965

Year	Mid-year Population	Out-Patient Attendances	Out-Patient Attendances per 1,000 Population	In-Patient Admissions	In-Patient per 1,000 Population
1965 ..	464,178	831,286	1,791	31,222	69
1964 ..	449,176	808,630	1 800	31,388	70
1963 ..	434,459	690,452	1,589	28,915	66
1962 ..	420,869	697,412	1,657	27,399	65
1961 ..	407,443	826,395	2,028	21,784	53
1960 ..	394,332	700,738	1,777	28,359	72
1959 ..	380,965	637,647	1,674	25,311	66
1958 ..	367,661	590.045	1,605	24,809	67
1957 ..	354,195	431,978	1,220	20,946	59
1956 ..	351,523	347,039	987	23,120	66

These figures do not take into account specialised hospitals, as out-patient figures for those hospitals are not available for the earlier years in the series.

59. It will be seen that, although the population has increased by 32 per cent. in ten years under review, there has been an increase in out-patient attendances of 138 per cent. This would seem to indicate that increasing sophistication and awareness of the benefits of attention has resulted in an absolute increase in demand for services.

60. The figures for hospital utilisation in respect of the divisional hospitals should not be read with too much complacency. Whilst the overall occupancy rate for the Colonial War Memorial Hospital of 0·81 may appear to be within the limits of safety in so far as sudden demand is concerned, an analysis of occupancy of wards in this hospital reveals that the medical wards once again had an occupancy rate of 1·03 whilst the surgical wards had an occupancy rate of 0·85. This high utilisation gives no room for manoeuvre and indeed it must indicate the necessity for additional beds to be provided as a matter of urgency.

61. Similarly, the overall occupancy rate at the Lautoka Hospital is to some extent artificially lowered by relatively low rates in the paying and paediatric wards.

62. In the case of the rural hospitals, on the other hand, the occupancy rates are frequently so low as to be uneconomic, even bearing in mind the fact that low occupancy rates are an imbuilt feature of small hospitals. Similarly, an examination of Table XII dealing with the out-patients seen in rural health centres and dispensaries may at first sight give a false impression. The fact remains that in a country like Fiji which is an archipelago, many of whose islands have small populations, and which even on the larger islands is to some extent beset by difficulties of communication, services must be provided for populations of a size which would perhaps not have their own medical officers in a larger country. Part of the reason for this lies in the fact that medical attention must be available to deal with emergencies in isolated places and partly, it must be remembered that the rural medical officer has considerable responsibilities in the field of public health in addition to those in the clinical field. These considerations therefore necessitate the provision of a relatively high level of medical services (in comparison with many developing countries) to look after small population groups.

63. As in any country with a young population and a high rate of natural increase, the medical services are closely involved in the provision of obstetric care. During 1965, 16,661 children were born in Fiji. Of these, 10,758 or 64·5 per cent. were either born in hospitals or delivered by district nurses. This is a small increase of 2·1 per cent. over the proportion of children who received professional care during birth in 1964. Table XIII gives some details of the work of the maternity units of the Colonial War Memorial, Leutoka and Labasa Hospitals. It will be noted that the figures of pre-eclamptic toxaemia and eclampsia continued to show the well defined differences between Fijian and Indian women—the rates per thousand deliveries respectively being 28·6 and 94·3.

64. In discussing the general clinical services of Fiji, particularly in relation to their emergency aspect, tribute must once again be paid—and it is indeed most willingly paid—to the work of the Royal New Zealand Air Force. During 1965, on each occasion upon which assistance was requested it was always most willingly forthcoming and help was always promptly given within the limits of operational considerations. There is no doubt that the Royal New Zealand Air Force has been responsible for the saving of much life in Fiji and consideration will have to be given to the provision of an alternative service when the Laucala Bay Station is finally closed down.

LABORATORIES

65. The Central Laboratory for the Colony which is situated within the precincts of the Colonial War Memorial Hospital, is under the control of the Government Pathologist who has also the responsibility of maintaining a technical oversight of Branch Laboratories at the Tamavua, Lautoka and Labasa Hospitals.

66. The Laboratory serves as the hospital laboratory for the Colonial War Memorial Hospital and also as a Central Laboratory for the carrying out of more complicated investigations for some of the Department's units throughout the Colony; it also acts in some measure as a Central Laboratory for other territories within the South Pacific Health Service, since most of these do not have the facilities for carrying out investigations such as histological examinations.

67. The Laboratory has facilities for carrying out a wide range of investigations and there are few occasions, except for those demanding virological examination, when help from larger centres is necessary.

68. The Pathologist is responsible for most of the medico-legal work in the Colony as well as for supervising the instruction of students taking the Laboratory Technicians' Course; he is responsible also for teaching Pathology, Bacteriology and Forensic Medicine to the medical and dental students of the Fiji School of Medicine.

69. There was a slight fall in the number of investigations carried out at the Suva and Lautoka Laboratories during the course of the year; there was, however, a marked increase in the number of post mortem examinations carried out on behalf of the Police, the number of performed at Suva rising from 84 in 1964 to 101 in 1965. Details of work carried out at the three Laboratories will be found in Table XIV in the Appendix to this report.

70. The Wellcome Virus Laboratory was completed early in 1965 and the first Virologist from Otago University arrived in the early part of the year to commence work.

71. This Laboratory, which was built and equipped by funds provided by the Wellcome Trust is staffed by the University of Otago whilst recurrent expenses are provided jointly by the Tropical Medicine Research Board, University of Otago and the Fiji Government which last acts as administering authority for the scheme.

PSYCHIATRIC SERVICES

72. St. Giles' Hospital completed its first year of operation with a Specialist Psychiatrist in charge of the hospital. For the first time in its history the hospital is now free from overcrowding; in spite of a 12·8 per cent. increase in the number of admissions from 185 to 239, the daily average number of patients fell to 105 during 1965 an average occupancy rate of 97·5 per cent.

73. This reduction in occupancy reflects a deliberate policy of rapid discharge which was followed in order to accelerate the turnover of new admissions and to reduce the number of chronically ill patients in the hospital. During 1965 no less than 70 per cent. of patients admitted were discharged within three months of their admission, the modal duration of stay being just over one month for men and just under one month for women.

74. This policy has not, however, been without its difficulties. One of these has been the resulting increase in the percentage of re-admissions as compared to new admissions; indeed, during the year nearly two-thirds of the total admissions to the hospital were patients who were admitted for second or subsequent time. This phenomenon has been examined by the hospital staff and certain factors stand out. Of the 149 re-admissions, 68 were found to have been re-admitted in the course of the illness which had been continous since its onset. These patients were, or should have been, under continual out-patient supervision. It was estimated that of these 68, approximately one half deteriorated due to lack of out-patient after-care.

75. The other 81 who were re-admitted were found to fall broadly into two classes. In 65 cases the re-admission was considered to be due to a new and unpreventable episode of illness whilst in 16 cases the re-admission was due to the course of a concurrent disease. Taking both groups together it was considered that responsibility for re-admission could be apportioned as follows:—

i. Breakdown in admission arrangements	2
ii. Premature discharge from hospital	9
iii. Inadequate after-care	64
iv. The natural history of the disease	149

76. After further consideration of all the factors involved it was found that approximately 50 per cent. of failures of treatment could be attributed in some measure to the failure of the adequate after-care. Part of this failure was thought to be due to an insufficient realisation on the part of medical personnel of the need for active and continued follow-up of these discharged patients, but part of it must undoubtedly be laid at the door of inadequate social services and general community help which are inseparable from the organization of a developing country.

77. During the year a pilot study was made to determine whether the diagnostic criteria generally accepted in the United Kingdom are acceptable in Fiji. All of the 243 patients who were discharged were discussed by the hospital staff at the time of discharge and a series of diagnostic and descriptive terms were finally involved. A provisional classification of the 243 discharged patients is as follows:—

Schizophrenia	71
"Fiji Syndrome"	34
Mania	64
Depression and other affective disorder	23
Abnormal personalities (including two alcoholics) ..	6
Mental deficiency (including three with epilepsy) ..	15
Epileptic confusions and furies	8
Toxic and metabolic psychoses	6
Senile and other dementias	9
No psychiatric abnormality	7

78. Some mention of the " Fiji Syndrome " is perhaps desirable. It was observed that about half the patients admitted were acutely, if not deliriously, excited often on the borderline of clinical acute mania. These frenzied outbursts seem to have little meaning in themselves and have been observed in patients who subsequently turn out to be either mentally normal or suffering from a variety of syndromes. The borderline between the " Fiji Syndrome " and mania is often somewhat blurred, making for difficulties of diagnostic differentiation. A similar picture has been described, albeit in rather vague terms, by many workers in the tropics and its full delineation would be of wide value. A special study of this syndrome is at present in hand.

79. The presence of a trained psychiatrist at the hospital has enabled an active staff training programme to be undertaken and good progress has been made in this direction, although much yet remains to be done.

80. Details of admissions and discharges will be found at Table XV of the Appendix.

DENTAL SERVICES

81. The dental services of Fiji have always been directed towards the children of the population. As in so many other developing countries with limited resources it is not possible to provide full dental cover for all sections of the population and the policy has therefore continued of providing as much conservative treatment for children as is possible whilst limiting the treatment of adults to the relief of pain and to the provision of specialised facilities such as oral surgery. In addition complete dentures are provided at reduced cost for those edentulous patients who are unable to afford the services of private practitioners.

82. In order to carry out this policy it is necessary to provide as much of a mobile service as is possible and the Department now operates three mobile dental clinics. The largest of these is based at the main dental clinic in Suva whilst one is based in the Western Division for use by the Dental Officers at Lautoka and Ba and a similar one based in the Northern Division for use by the Dental Officer, Labasa. Services to the smaller islands of the group are provided on an *ad hoc* basis by teams in the Department's motor vessel *Vuniwai*.

83. Dental health education is regarded as of extreme importance and in order to further this scheme, talks are given at all schools which are visited by the mobile clinics. A practical method has been evolved by the development of the school toothbrushing scheme. With the cooperation of the manufacturers, large quantities of toothbrushes are purchased at the low price of 3d. each and are sold to the schools taking part in this scheme, at cost. Cabinets for these brushes are made by the Prisons Department and are likewise sold at cost to participating schools. The aim of the toothbrushing scheme is to have every child in every school in Fiji brushing his teeth daily.

84. Details of the work of the Division will be found in Tables XVI and XVII.

85. During 1965, Fiji acted as host country to a Dental Epidemiological Survey Training Course sponsored by the World Health Organization for Dental Officers in the South Pacific area. This Training Course, which was one of two sponsored by the Organization as part of a widespread dental health project in the Western Pacific Region, was designed especially for those Dental Officers in the South Pacific who are graduates of the Fiji School of Medicine; participants came from Western Samoa, Tonga, American Samoa and the Territory of Papua and New Guinea, in addition to Fiji.

IV—PUBLIC HEALTH

NOTIFIABLE DISEASES

86. The trend of certain notifiable diseases over the last five years is given below:—

	1961	1962	1963	1964	1965
Cerebro-Spinal Meningitis ..	8	5	4	26*	30*
Diphtheria	6	4	3	1	1
Dysentery (all types)	360	494	195	129	225
Enteric Group	8	5	2	....	....
Infantile Diarrhoea	3,538	3,347	3,215	4,748	5,669
Infective Hepatitis	215	191	410	293	304
Influenza	12,163	56,282	23,765	45,915	33,467
Measles	98	17	2,989	4,386	34
Poliomyelitis	15	2	....	....	....
Tetanus	52	40	48	48	28
Trachoma	175	1,415	808	380	314
Tuberculosis (all forms)† ..	566	560	529	516	516
Pertussis	741	2,041	1,627	893	189
Leprosy†	44	36	41	29	47
Syphilis	11	16	30	25	13
Gonorrhoea	227	316	445	455	714
Yaws	30	13	21	37	11
Dengue Fever	19	39	1	....	32

A full table of all notifiable diseases will be found at Tables XVIII and XIX in the Appendix.

NOTES

* The figure for 1964 and 1965 includes all types of meningitis except tuberculosis.

† These figures are obtained from the Central Registry and not from notification records as those from the Registry are considered to be more accurate.

87. *Intestinal Diseases*—Once again no case of any of the enteric group diseases was notified in Fiji. This is the second year in succession in which the country has been free from the enteric group. Apart from some intensive T.A.B. immunisation after the hurricane and floods of March, which was carried out in the Rewa Delta area, there was no major campaign in typhoid immunisation during the year.

88. The incidence of infantile diarrhoea rose once again during 1965 and this may have been due in part to the flooding in the early part of the year when the incidence of this disease was highest.

89. *Influenza*—There was a fall in the notifications of this syndrome. The pattern of infection remained the same as in previous years; that is to say there is a constant level of notifications varying between one thousand and two thousand per month which is thought to be due to a variety of other viruses, whilst super-imposed upon this can be seen at short peaks which are thought to represent epidemics of a true influenza infection. Thus, the months of March, April, May, and June all showed a considerable rise over what might be termed the background level of notification.

90. *Chickenpox*—In the latter part of the year the notifications of chickenpox started to rise, from 67 in June up to 212 in December, and it appears likely that an epidemic of this disease can be expected.

91. *Tetanus*—The notifications of tetanus in 1965 showed a welcome drop, from the previous report's figure from 48 to 28. Out of the total of 28 cases, 14 were neo-natal whilst the others were in the remaining period of life and are detailed below:—

Year	*Male*	*Female*	*Total*
1 month to 9 years ..	1	2	3
10–19	2	1	3
20–29	2	1	3
30–39	1	2	3
40+	1	1	2
	7	7	14

92. Of these 14 cases, 5 occurred in three of the islands of the Lau Group and all the inhabitants of these islands have since been immunised. In this connection it is perhaps interesting to note that one came from the island of Kabara (an island which has given several cases of tetanus over the past few years) on which there have been neither horses nor cattle for at least six years.

93. Of the 14 cases occuring in patients over one month of age, eight lived.

94. Strict attention and detailed enquiries are now being carried out in each case of tetanus in order to try to establish exactly how the disease could have perhaps been prevented by public health measures. It is hoped in this way, and in conjunction with the immunisation campaign which has been undertaken, to reduce the incidence of the disease to negligible proportions within the next few years.

95. *Venereal Diseases*—Although the incidence of syphilis fell from 25 in 1964 to 13 in 1965, there was a distressing rise in the number of cases of gonorrhoea; this disease has now reached the highest proportions ever known in Fiji and the number of cases notified (714) is one that must give rise to the gravest concern. Although every effort is made to trace the names of contacts of each case discovered, this is only a small part of the preventive measures which are required in dealing with venereal diseases. Expert opinion all over the world now recognises that the control of venereal diseases is not something which can be left to Medical and Health Departments; it is symptomatic of a degree of instability in the life of the community and its control must therefore be undertaken on a broad front which makes use of all types of sociological remedies as well as the purely technical facilities which are available in medicine. It is indeed a disease of the community as well as a disease of the individual.

96. *Whooping Cough*—With 189 cases notified, whooping cough has reached its lowest incidence for many years. Whilst it may perhaps be overdaring to be dogmatic, it is felt that the timing of this drop in relation to the immunisation campaign is such that much of the improvement must be attributed to the effects of that campaign.

97. *Diphtheria*—One case of diphtheria was notified in 1965 and this occurred in a child who had not been immunised. It was, in fact, the only child in the family who was not dealt with during the campaign and enquiry revealed that at the time when that particular area of the Colony was being done the child in question was overseas in New Zealand and on its return the parents did not get around to taking it to a Health Centre for immunisation.

98. *Dengue*—The 32 cases of dengue were all diagnosed during March and April at two centres in Suva—the out-patients department of the Colonial War Memorial Hospital and at a non-government clinic. Diagnosis was on clinical grounds only.

IMMUNISATION CAMPAIGN

99. The campaign which was commenced amongst school children in 1963 and switched to the pre-school children in 1964, continued during 1965. The object was to immunise all pre-school children under the age of 5 with B.C.G., two doses of Sabin type oral poliomyelitis vaccine and three doses of Diphtheria/Pertussis/Tetanus Vaccine. In order to avoid additional visits, it had been decided at the beginning of the campaign that where children under the age of 5 had no obvious B.C.G. scar, then B.C.G. was to be given; thus there was no preliminary tuberculin testing. This policy which accords with that of the World Health Organization worked very successfully and no reports were received of any untoward effects arising from it.

100. As in 1964, the floods at the beginning of the year caused interruption in the campaign but this leeway was on the whole successfully made up. The results of the campaign are given in the table below which includes also details of T.A.B. and smallpox immunisation which was carried out during the course of the year.

TABLE 2

IMMUNISATION 1965

Division	B.C.G.	Sabin 1	Sabin 2	Sabin 3	D.P.T. 1	D.P.T. 2	D.P.T. 3	D.P.T. 4	Tetanus Toxoid	T.A.B.	Smallpox	Total
Central	12,438	13,060	7,845	8,021	10,103	6,409	6,667	2,219	8,927	12,286	1,799	89,774
Northern ..	11,061	8,212	8,418	2,439	4,182	4,156	6,381	1,012	12,560	....	....	58,421
Eastern	2,275	1,816	2,937	....	863	4,965	6,343	....	2,197	....	....	21,396
Western	13,681	12,626	11,087	5,770	8,759	7,322	8,619	462	19,700	1,215	4,600	93,841
Total	39,455	35,714	30,287	16,230	23,907	22,852	28,010	3,693	43,384	13,501	6,399	263,432
Total for 1964/65	80,203	92,530	75,178	16,230	60,243	45,685	35,636	3,693	93,159	13,501	6,399	522,457

101. Taking the population at risk over the whole period as being approximately 100,000, it will be seen that a satisfactory cover was on the whole achieved with B.C.G., some 80 per cent. of the children being immunised. However, when one considers that some of the children had received B.C.G. before the campaign opened and that an unknown proportion of the 16,000 odd children who entered school during the campaign would have received B.C.G. from School Health Teams and so not be included in these figures, it will be seen that the coverage was really considerably higher than would appear at first sight. The proportion immunised with Sabin 1 was also very satisfactory and the slightly lower number receiving the second dose of Sabin, although perhaps not as high as one would have wished, is considered to be very useful in view of the known propensity for this virus to spread within family units. Since every child given B.C.G. would have been given doses of Sabin vaccine and triple antigen at the same time had there been no previous history of these already having been received, it can also be assumed that the coverage with the first doses of these two agents is considerably higher than would appear from the figures.

102. The proportion of children immunised with triple antigen, so far as the second and third doses are concerned, is not, however, quite so satisfactory. Whilst the proportion immunised with diphtheria and even perhaps pertussis may well be sufficiently high to have a break-point effect in the community, this effect does not, of course, apply with tetanus and there is obviously still a need for further action with regard to this disease. It is felt, however, that the responsibility for the completion of immunisation amongst these children must now be placed upon the parents and although facilities are of course still available at all health clinics for triple antigen immunisation, the active campaign was brought to a close at the end of the year in order to enable staff and organisation to be directed more specifically towards tuberculosis.

103. The figures for smallpox vaccination in relation to the Northern and Eastern Divisions were not accurately available and they have therefore not been included in the table. Although smallpox vaccination is not carried out on a large scale at the present time, nevertheless the policy has been followed of ensuring that all persons who are liable to have to work in ports and airports are immunised. The high figure in the Western Division is in part due to the fact that labourers in the Lautoka port area tend to come largely from the Yasawa Islands on a short-term basis; this fact, coupled with the islands' relative isolation, led to a mass vaccination campaign through the whole of the group in order to act as a protective block should the disease ever be taken there from the Lautoka port.

VITAL STATISTICS

104. Details of vital statistics, supplied by the Registrar-General, are given in Tables XX to XXIV in the Appendix.

105. The crude birth rate again fell being 35·89 per thousand (Fijians 36·19; Indians 37·29).

106. The crude death rate fell slightly to 5·15 per thousand (Fijians 5·49; Indians 5·09). The overall infant mortality rate was 24·4 per thousand live births; the rate given for Fijians was 19·2 per thousand live births whilst that for Indians 29·7 per thousand live births. These figures should, however, be treated with some reserve since the apparent very great drop for Fijians (from 27·8 in 1964) is perhaps due at least in some degree to a measure of under notification of infant deaths.

FAMILY PLANNING

107. The need for family planning, which has been recognised by the Medical Department for a number of years, was accepted as part of the social services policy of the Government in 1963, in which year was also formed the Family Planning Association of Fiji. The need for family planning is based on two factors; the first of these is that in country where the annual per capita income, although higher than in many parts of the world, is in the region of £100 per annum and in which there is a rapid change from a traditional agricultural way of life to a more urbanised society, a large family consisting of many children born at annual intervals places an undue burden on the wage-earner and an unfair burden upon the health of the mother. The second factor which influenced Government was that in a small developing country with an annual increase in population of the order of 3·5 per cent. (which obtained a few years ago) the national economy has to run hard in order to stand still and to maintain the existing economy of the country, let alone to increase and improve the economic status.

108. The family planning campaign as such therefore got under way on a large scale in 1964 and in 1965 much effort was expended by the Department in making available family planning services on a wider geographical basis and in a manner more convenient to those who wished to avail themselves of the facilities provided.

109. The Family Planning Association and the Medical Department work together in harmony in endeavouring to increase the amount of family planning which is undertaken in Fiji. The Association's task is the provision of information on as widespread a scale as is possible whilst the Medical Department is responsible for making the facilities available. Advice on family planning and supplies of material are available in all Government hospitals and health centres and dispensaries and all health sisters' clinics and, increasingly, at district nursing stations.

110. Advice is available regarding all methods of family planning and the patient is given a free choice of method. The most widely used methods of family planning are still condoms and oral contraceptive tablets; for these, as for all other methods demanding continuing supplies, a small charge is made which covers partly the cost of the materials used.

111. During 1965, the use of the Lippes Loops was increased considerably. Training was given to as many as was possible of the members of the staff and the equipment for insertions also became available thus enabling us to increase considerably the number of Medical Department institutions at which the loop can be used. Although it is not, of course, as effective a method of contraception as the oral tablet it has several advantages for use in a developing country such as Fiji. It is cheap and easy of insertion and there is no cost whatever to the patient as all loops are inserted without charge.

112. The patient is relieved of the burden of paying continously for materials and of the necessity to travel from time to time to the nearest medical station to obtain them. This is a matter of some importance in a country in which in many places communications are not as good as they might be. Our experience has been that the number of cases with undesirable side-effects is not such as to give cause for alarm and there have been few serious complaints from patients who have been fitted with it. During the year 2,579 loops were fitted.

113. Attendances at Family Planning Clinics as a whole increased in 1965 as may be seen from the following table which sets out figures for 1964 and 1965:—

ATTENDANCES OF FAMILY PLANNING CLINICS

Station	1964			1965		
	First	Return	Total	First	Return	Total
Total	4,332	13,752	18,084	5,098	19,337	24,435
C.W.M. Hospital	1,212	7,929	9,141	1,391	9,270	10,661
Central Division	409	1,012	1,421	716	1,699	2,415
Eastern Division	104	223	327	140	478	618
Northern Division	721	1,513	2,234	982	2,789	3,771
Western Division	1,886	3,075	4,961	1,869	5,101	6,970

114. There was thus an increase of approximately 18 per cent. in the number of first visits compared with 1964.

115. In addition to these 376 patients were sterilised during the year at their own request or for clinical reasons.

116. A period of just over two years is perhaps too short a one upon which to make definite prognostications, but the numbers of births registered in both the Fijian and Indian populations in the last three years are consistently below the trend line of the previous seven years. (See Diagram 1, page 17).

TUBERCULOSIS

117. Tuberculosis continues to be the major public health problem in Fiji and the biggest single cause of serious morbidity and loss of earning power.

118. Before discussing the epidemiology of tuberculosis in Fiji, it is necessary to explain the criteria by which a patient is judged to be suffering from the disease. One absolute criterion of tuberculosis is the demonstration of virulent Mycobacteria tuberculosis in either sputum or histological sections and this is the only evidence used in many countries. This figure, therefore, is a useful one for comparison purposes with other national statistics and is quoted separately below.

119. In the other and, now in Fiji, larger, group of patients an absolute diagnosis cannot be made. In these a clinical diagnosis of tuberculosis is reached by inductive methods. The question arises of at what stage such cases should be registered as definitely suffering from the disease. An extreme criterion, for instance, would be to register everyone with a naturally occurring positive tuberculin reaction but this would clearly be meaningless.

120. The criteria adopted in Fiji for this group of patients have been crystallised as follows:—

(i) The patient must have a positive tuberculin test;

(ii) There must be a demonstrable lesion in some part of the body the appearance of which, either on direct or radiographic inspection, is characteristic of a tuberculous lesion;

(iii) There must be a necessity to subject the patient to treatment.

121. As diagnostic and therapeutic facilities improve the interpretation of even these criteria must vary. For instance, the decision as to whether a patient should be treated is a personal one by the Physician and could be influenced by such factors as the availability of drugs, the distance from hospital of the patient's home and the susceptibility to tuberculosis of the patient's race. For these reasons, although the total number of cases registered is considered, it is felt that the number of bacteriological cases found in any year is a more accurate index of the incidence of the disease.

123. The total number of cases registered in Fiji in 1965 was 516, an incidence rate of 1·10 per 1,000 of the population. The number of these bacteriologically positive was 199 which gives an incidence rate of 0·42 per 1,000 of the population.

124. Table 3 shows the trend over the last five years. The total rate in 1955 was 2·09 per thousand. By 1960 it had fallen to 1·62 per thousand. The division into two groups as shown in the table is only accurate over the last two years since improved methods of culture and microscopy have only become available in the Divisional Centres within this period.

TABLE 3

INCIDENCE OF TUBERCULOSIS

Year	Population on 31st December	New Cases Registered	Rate per 1,000	No. bact. positive	Rate per 1,000
1965 ..	469,934	516	1·10	199	0·42
1964 ..	456,390	516	1·13	224	0·49
1963 ..	441,301	529	1·19	125	0·34
1962 ..	427,851	560	1·31	171	0·40
1961 ..	413,827	564	1·36	192	0·46

125. It will be seen, therefore, that the rate per thousand of bacteriologically proven cases is remaining remarkably steady in spite of all the work and expenditure being put into control of tuberculosis by the Department. The note of cautious optimism sounded in the annual report for 1964 can, perhaps, be maintained in view of the fewer positive cases discovered in 1965 (the figures shown above for 1963 are unlikely to be correct) but it is now felt that an all-out attempt must be made to get the disease under control. With this in view plans are in an advanced stage for a campaign to be mounted against tuberculosis in 1966.

126. Table 4 shows the racial pattern of tuberculosis in Fiji.

TABLE 4

INCIDENCE OF TUBERCULOSIS IN 1965 BY RACE

Race	Estimated population on 31/12/65	Total Cases	Rate per 1,000 population	Bacteriologically positive Cases	Rate per 1,000 population	Percentage of bact. positive
Fijian	194,998	383	1·96	137	0·70	35·8
Indian	253,338	83	0·35	45	0·19	54·2
European	10,755	3	0·28	1	0·10	33·3
Part-European ..	9,972	4	0·40	0	0	0
Chinese	5,531	6	1·08	1	0·18	16·7
Rotuman	5,807	18	3·10	6	1·03	33·3
Others	7,533	19	2·52	9	1·19	47·4

127. It will be noted that tuberculosis is still predominantly a disease of Fijians although the rate per thousand has decreased slightly to 1·96 per thousand from 2·1 per thousand in 1964. The proportion of sputum positive cases, however, has remained steady. The rate among Indians has remained virtually unchanged. The numbers of cases in the other racial groups are too small to enable one to draw any conclusions from them.

128. Table 5 shows the same figures as applied to the various age groups.

TABLE 5

INCIDENCE OF TUBERCULOSIS IN 1965 BY AGE

Age Group	Estimated population on 31/12/65	Total Cases	Rate per 1,000 population	Bacteriologically positive cases	Rate per 1,000 population	Percentage of cases bact. positive
0– 4 years ..	80,344	34	0·42	4	0·05	11·8
5–14 ,, ...	126,399	47	0·37	7	0·06	14·9
15–24 ,, ...	91,849	137	1·49	61	0·66	44·5
25–34 ,, ...	64,250	89	1·38	29	0·45	32·6
35–44 ,, ...	44,565	79	1·77	34	0·76	43·0
45–59 ,, ...	39,565	81	2·05	33	0·83	40·7
60+ ,, ...	22,962	49	2·13	31	1·35	63·3
Total	469,934	516	1·10	199	0·42	38·6

129. The Department's endeavours to provide B.C.G. immunisation has been directed, during the last three years, almost entirely at school and pre-school children and the success which has attended these measures is shown by the much lower incidence of the disease in these two age groups. Though this could possibly be due to natural causes since tuberculosis is not normally very common in children, it is felt that the striking reduction in the proportion of cases with positive sputum in these groups is confirmation that the immunisation campaign has definitely been of value.

130. The decade 15–24 is still the age group in which the highest number of cases occur and this group also has a high proportion of positive cases. The Department intends to turn its attention to these and to the older adults during 1966. As is the case elsewhere, there would appear to be a reservoir of infection among the elderly and considerable effort will have to be exercised in finding these patients in the coming years.

LEPROSY

131. The Fiji Leprosy Hospital was established 54 years ago on the island of Makogai and is run in conjunction with St. Elizabeth's Home in Suva which acts as a staging post for patients proceeding to and from the island and as a centre for the accommodation of discharged patients requiring rehabilitation or short-term treatment for various reasons.

132. A period of treatment in hospital is still customary in Fiji. Non-infectious cases are normally admitted to hospital for three months for stabilisation of therapy and for instruction in the nature of their disease and in the need for continuing their treatment after conditional discharge.

133. By the powers invested in him under section 20 of the Leper Ordinance, the Director of Medical Services may permit a patient to have treatment at home without having first to be admitted to hospital. This dispensation is only applied at present to non-infectious cases who are sufficiently intelligent and educated to abide by any regulations laid down for them and who can be trusted to take their tablets and attend regularly for reviews.

134. School children suffering from non-infectious leprosy are not usually admitted to hospital unless their home conditions are such that this appears imperative. They are removed from school and isolated at home only for the minimum period necessary to stabilise them on treatment. Infectious cases of leprosy are normally admitted to the Fiji Leprosy Hospital, except in very rare circumstances when the home conditions permit really adequate isolation, the patient is highly intelligent and co-operative and the bacterial count is low.

135. Patients who are admitted to hospital may be given conditional discharge when their skin scrapings reach 2+ or less on the Ridley scale and may then continue their treatment at home. This type of discharge is so named because it is conditional on patients being able to provide minimum standards of segregation in their homes and agreeing not to engage in certain occupations. Patients are eligible for absolute discharge either from hospital or from previous conditional discharge when they have been inactive and bacteriologically negative for six months. They are then free from all restrictions but are maintained on drugs and followed up for another five years.

136. The Fiji Leprosy Hospital is staffed by a Medical Superintendent and the Missionary Sisters of the Society of Mary and the Sisters of Our Lady of Nazareth. Sisters of the first of these Orders also staff St. Elizabeth's Home.

137. Forty-seven cases of leprosy were discovered during the year. Of these 13 were so mild that they were never admitted to hospital at all and 11 were only admitted for short-term health education and stabilisation. Of the remaining 23 patients only 14 suffered from the lepromatous form of the disease, 6 were dimorphous or borderline and three were tuberculoid. This gives a tuberculoid-lepromatous ratio of 27:14 or nearly two to one and continues the increasing tuberculoid rate that has been observed over the last five years. In addition to these patients, five others were also admitted, four because of reactivation of their disease and one for reconstructive surgery.

138. There were, in all, 39 admissions to hospital during 1965, 52 discharges and 3 deaths. (See Tables XXV and XXVI). By the end of the year only 166 patients remained in hospital. Since the institution at Makogai is far too large for so few patients, plans were prepared during the year for the erection of a smaller modern hospital outside Suva. It is hoped that this will be ready for occupation before the end of 1967.

HEALTH EDUCATION

139. The health education section of the Department is a very small one but nevertheless had an active and productive year. Apart from his teaching activities at the Fiji School of Medicine and in the Nursing Schools the Health Education Officer is also responsible for conducting health education lectures at the Teachers' Training College and has co-operated with the Education Department in producing the hygiene syllabus for use in schools throughout the Colony.

140. The series of courses for community leaders which have been held over past years was continued during 1965 and in the conduct of these courses the Health Education Officer is assisted by the Medical Officers of the areas in which the courses are held and by the district nurses and members of the Health Inspectorate. The participants are seletced by the Fijian Administration and, apart from officials of this Administration include also traditional chiefs, *turaga-ni-koros* and representatives of the various women's organisations.

141. The emphasis in all these courses has been laid on two subjects namely, environmental sanitation and nutrition, especially of the toddler group. The deficiencies which exist throughout Fiji in both these fields are responsible for much of the morbidity in rural areas and there is evidence that nutritional problems are perhaps indirectly responsible for at least a proportion of the mortality which occurs in the pre-school child.

142. In addition to these courses the Health Education Officer is responsible for the production of a number of visual aids dealing with family planning, infant feeding and tuberculosis. These are mainly in the form of flip charts which can be used by members of the staff of the Department in rural areas to carry out their own health education; in addition to these flip charts a number of posters dealing with various public health problems were produced.

ENVIRONMENTAL SANITATION

143. The Director of Medical Services is *ex officio* Chairman of the Central Board of Health which is the body charged with a general oversight and administration of the Public Health Ordinance; it is now so constituted as to have a majority of unofficial members. The Board advises on matters dealing with environmental sanitation and it holds executive powers in those areas where there is no Local Authority; it can also exercise these powers should a Local Authority default in its duty.

144. There are in all 25 such Authorities. Of these, 16 are concerned with rural areas, whilst the remainder are responsible for the administration of the City of Suva, the town of Lautoka, the Nadi International Airport, and the townships of Ba, Labasa, Levuka, Nadi, Nausori and Sigatoka. The minutes of the meetings of all Local Authorities are sent to the Board and advices are given by the Board on all matters referred to it.

145. The Local Authorities' staff concerned with environmental sanitation are employed by the Medical Department and are seconded for duties with the Authorities. The exception to these are the City of Suva, and the town of Lautoka, both of whom employ their own inspectorate.

146. The problem of environmental sanitation in the rural areas of Fiji is still one which must give rise to concern. Whilst there are a number of aspects to these problems the main ones are—

(*a*) A lack of general village planning;
(*b*) the increasing difficulty of building good traditional houses and the lack of a low-cost substitute for these;
(*c*) the need to provide water supplies of an acceptable standard; and
(*d*) the need for proper refuse and excreta disposal.

147. It has now been possible to second members of the Health Inspectorate to most provinces in the Colony and they are in a position to act as technical advisers on many aspects of environmental sanitation.

148. The need for low-cost housing is one which is felt, not only in the rural areas of the Colony, but also in many suburban areas especially around Suva and Lautoka, both of which act as magnets for an increasing number of people from other parts of the Colony. These folks are faced with one of several alternatives; the renting of accommodation (often of unsuitable type) at high rents in the towns; building houses to already existing standards which they may not be able to afford to do or, frequently, building what are little more than shacks on small pieces of land often occupied without proper tenure. In order to try and overcome these difficulties, two committees were at work during the year. The first of these was charged with an examination of the existing small Building Regulations in order to see whether it would be possible to reduce standards whilst at the same time providing accommodation which would not turn out to be a danger to the public health; this committee had not finished its work at the end of the year.

149. The second of these committees was set up in order to try and evolve a low-cost house which could be built to existing standards but could be built cheaply by the occupier and which would be capable of extension as the need arose and as funds became available. This committee was able to evolve a design which appeared to be practical and arrangements were under way at the end of the year for a specimen house to be built at the Department of Environmental Sanitation at the Fiji School of Medicine.

150. Following discussions which had been held with the World Health Organization and the United Nations Children's Fund in 1964, Government entered into an agreement with these two Organizations during the year for the provision of assistance in the provision of water supplies to rural areas. Under the scheme, Government would be responsible for the design of village water supplies, would provide skilled labour and supervision for their construction and one-third of the cost of the materials used. The people of the village are responsible for the provision of one-third of the cost of materials and for unskilled labour required to construct the supply. The United Nations Children's Fund undertook to provide the remaining one-third of the cost of materials. During 1965, preliminary work was carried out and the schemes were designed for installation in ten villages which had been selected for inclusion in the first phase of the U.N.I.C.E.F. assistance scheme. In addition to this, supplies were also installed under the previous scheme in which the village people were responsible for two-thirds of the cost of raw materials used.

151. This scheme which, had been running for some years, was taken over as far as organisation at the centre was concerned by the Medical Department during 1965 and it is pleasing to be able to report that this year was the first occasion upon which all the funds made available by Government for the purpose were used.

152. The scheme for the installation of water-seal pit latrines was continued during the year. Assistant Mosquito Inspectors were trained in the construction of these latrines and were posted to the rural areas to assist villagers who wished to install water-seal latrines on a self-help basis. The success of this plan has been variable in different parts of the Colony but on the whole it is proving successful and, in those places where the local Medical Officer takes a real interest, much can be achieved. The island of Moce is an outstanding example; following a visit by the health education team in the early part of the year, the local Medical Officer sustained the interest of the people of this area and on Moce alone no less than 72 water-seal latrines were installed in the few months following its inception.

QUARANTINE

153. Medical Officers, along with a staff of Health Inspectors and Assistant Health Inspectors act as port Medical Officers at the three ports of entry to Fiji, namely, Suva, Lautoka and Levuka. The airports of entry are Nadi and Laucala Bay for aircraft coming from any area; Nausori is an airport of entry for aircraft from non-malarious areas only.

154. The necessity to inspect and, where necessary spray, ships and aircraft arriving in the Colony from malarious areas is one which causes inconvenience to the staff and passengers of airlines and shipping companies. It is however a practice which is of extreme importance and which must necessarily continue. The establishment of malaria vectors in Fiji would lead to serious consequences for there is a reservoir of parasites in the population following the service of the Fiji Military Forces in countries in which the disease is endemic.

155. The staff of the quarantine section also have special responsibilities for the control of the *Aedes aegypti* mosquito which is indigenous to Fiji in the various port areas and Fiji is thus a receptive area for yellow fever within the terms of the International Sanitary Regulations.

VOLUNTARY ORGANIZATIONS

156. *The New Zealand and Fiji Lepers' Trust Boards*—The New Zealand and Fiji Lepers' Trust Boards continued to support the work of the Department during the year.

157. The money available, collected by the New Zealand Board and disbursed on its behalf by the Fiji Board, is used to provide grants to discharged patients who may be in need of assistance and is used also from time to time for a variety of capital works. In addition, the New Zealand Board continues to send frequent consignments of gifts in kind for use at the Makogai Hospital and at St. Elizabeth's Home. It is impossible to speak too highly of the tremendous amount of help which these bodies have given to the Medical Department over the course of so many years.

158. *War Memorial Anti-Tuberculosis Trust Fund*—The X-ray Unit in the Medical Department's vessel *Vuniwai* which was provided by the Trustees was installed in the ship and became operational during the year. In addition to this, the Trustees agreed to provide funds for the purchase of a chassis to enable the existing 100 mm. mass miniature unit to be installed in a new vehicle and provided funds also for the purchase of a new Japanese condenser discharge 70 mm. mass miniature unit and for a vehicle in which to mount it for delivery during 1966.

159. *British Red Cross Society*—The Fiji Branch of the Society maintained its valuable supportive role during 1965.

160. *St. John Ambulance Brigade and Association*—Personnel from the Brigade, in addition to providing first aid services at sporting gatherings and other public meetings during the year—which prevent a considerable load of work from falling on the Department's shoulders—also continued to give valuable services in manning ambulances at the Colonial War Memorial Hospital during the night hours.

161. *Home of Compassion*—The Home of Compassion, staffed by the Sisters of Compassion, accepts aged ladies who, for one reason or another, require some degree of nursing care. The institution fulfils a very real need here in Suva.

162. *The Pearce Home*—Pearce Home for aged people is supported by public subscription and it too provides a valuable service to elderly members of the community.

163. *Crippled Children's Association*—The Crippled Children's Association continued its valuable work during the year in providing a school for handicapped children at Suva. The Children's Hostel at Lautoka provides accommodation for crippled children who need a period of rest and rehabilitation which they could not otherwise obtain. During the year the Association made arrangements for a number of children to be sent overseas for orthopaedic and other treatment.

V—TRAINING

FIJI SCHOOL OF MEDICINE

164. The Fiji School of Medicine provides training for medical and dental students and for students studying many ancillary subjects. Students are accepted not only from Fiji but from other territories in the South Pacific provided that they are sponsored and paid for by their national Governments.

165. The total enrolment in the School for 1965 was 197 which was the highest figure recorded. There were also 35 female students which again is a record. The enrolment on the School was as under:—

Preliminary Class	17
Medical Course	68
Dental Course	21
Ancillary Courses	60
Agricultural First Year Class	17
Visiting Students	2
Post-graduate Students	12

166. Diplomas and certificates gained by students during the year are shown in the following table:—

TABLE 6

STUDENTS COMPLETING COURSES BY TERRITORY AND SUBJECT—1965

Territory	Medical	Dental	C.P.H.	Laboratory Technician	Radiography	R.S.H. Course	A.H.I. Theory	Total
Fiji	2	..	3	2	2	5	5	19
British Solomon Is. Protectorate	1	..	..	..	..	..	1	2
New Hebrides	..	..	..	..	..	..	1	1
Papua–New Guinea ..	2	2	..	..	..	..	..	4
Cook Islands	1	1	..	..	..	..	..	2
Tonga	..	..	..	..	..	..	1	1
Western Samoa	2	..	2	..	1	..	..	5
United States Trust Territory	3	..	..	3	1	..	..	7
Nauru Island	1	..	..	..	..	..	..	1
Gilbert and Ellice Islands Colony	3	..	..	..	..	..	1	4
Total	15	3	5	5	4	5	9	46

167. The two visiting students were, one from Aberdeen University and one from Newcastle-upon-Tyne University, final year students sent out under the auspices of the Nuffield Foundation. This scheme has now been running for four years, with the visiting students spending a period of 2½ to 3 months in Fiji and there is little doubt that the scheme is of much benefit to both parties. The visitors are given the opportunity of seeing medicine as it is practised in a developing country whilst the Fiji students in their turn gain much insight into the lives of their overseas colleagues.

CENTRAL NURSING SCHOOL

168. The Central Nursing School in Suva provides basic nursing training at both the New Zealand Curriculum level and at a slightly lower level of a local Colony Curriculum. Both courses last for three years and all entrants for the School have their three months at the Preliminary Training School. After this period the final selection for the New Zealand Course is made.

169. The roll of the School as at 31st December, 1965, was made up as follows:—

	New Zealand Course	*Colony Course*
Fiji	45	86
Rarotonga	5	..
New Hebrides	1	..
Western Samoa	4	..
Gilbert and Ellice Islands Colony	2	6

170. Seventeen nurses were successful in passing their New Zealand First Professional Examination and five successfully passed their New Zealand Final Professionals.

171. Sixteen nurses passed the Final Examinations at Colony level in the year.

172. The Principal of the Central Nursing School is also responsible for the standard of training at the Post-graduate New Zealand Midwifery Training School which is situated at the Colonial War Memorial Hospital. The School had two classes during the year and three students were successful in passing their New Zealand Midwifery Examinations.

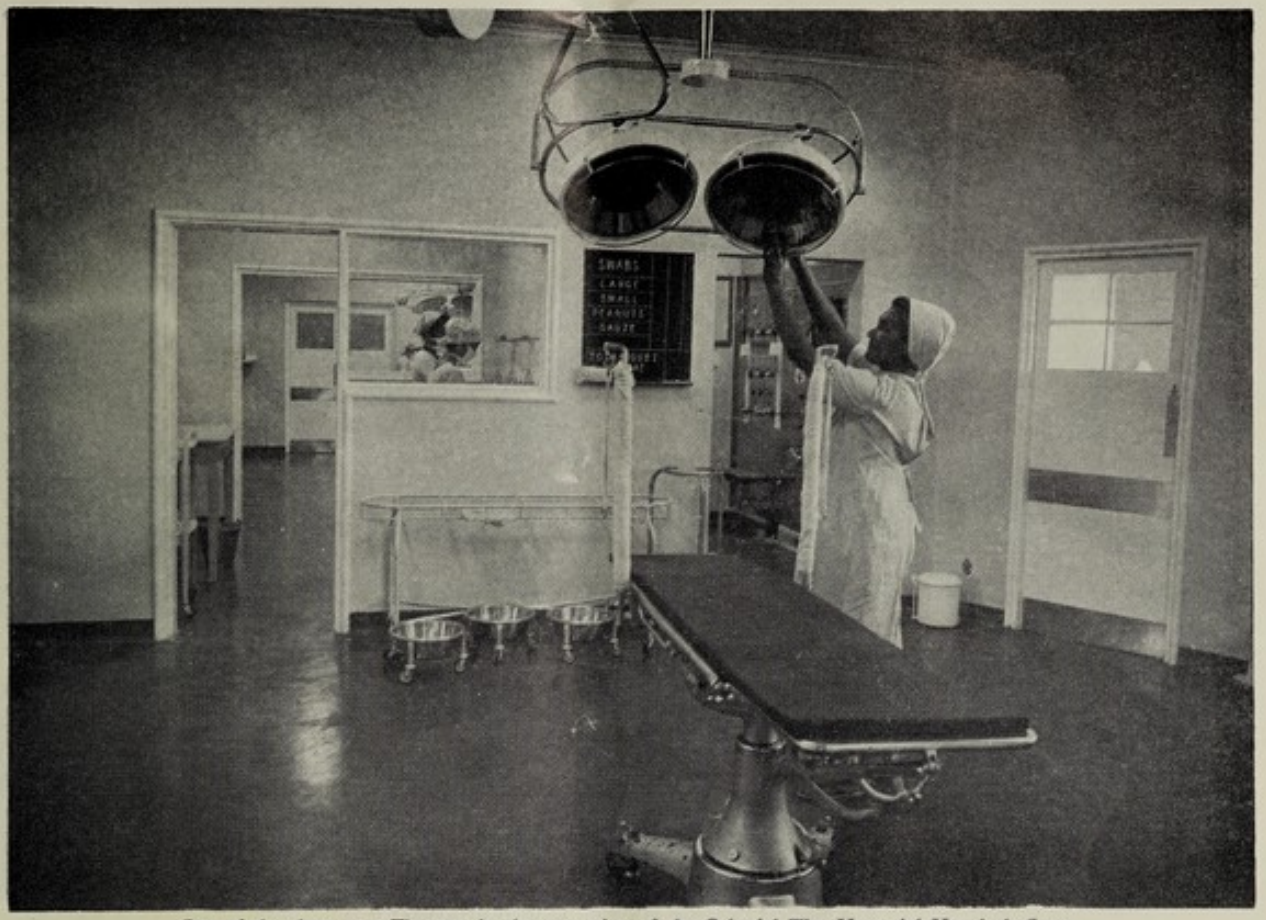
LAUTOKA NURSING SCHOOL

173. The Nursing School at Lautoka provides training at the Colony level only. In 1965, there were 79 students in the School; 17 passed their final examinations successfully.

PUBLIC HEALTH NURSING SCHOOL

174. Training at the post basic level in public health nursing was continued for the second year in succession during 1965. The School provides a three month full-time training course comprising lectures, discussion groups and practical work in domiciliary midwifery, ante-natal and post-natal care, infant welfare, family planning and health education. Some time during the course is also spent in studying environmental health and the public health aspects of the various clinical specialties.

175. Two courses were held in 1965 and nine students successfully completed the examinations and gained the Certificate of Public Health Nursing.

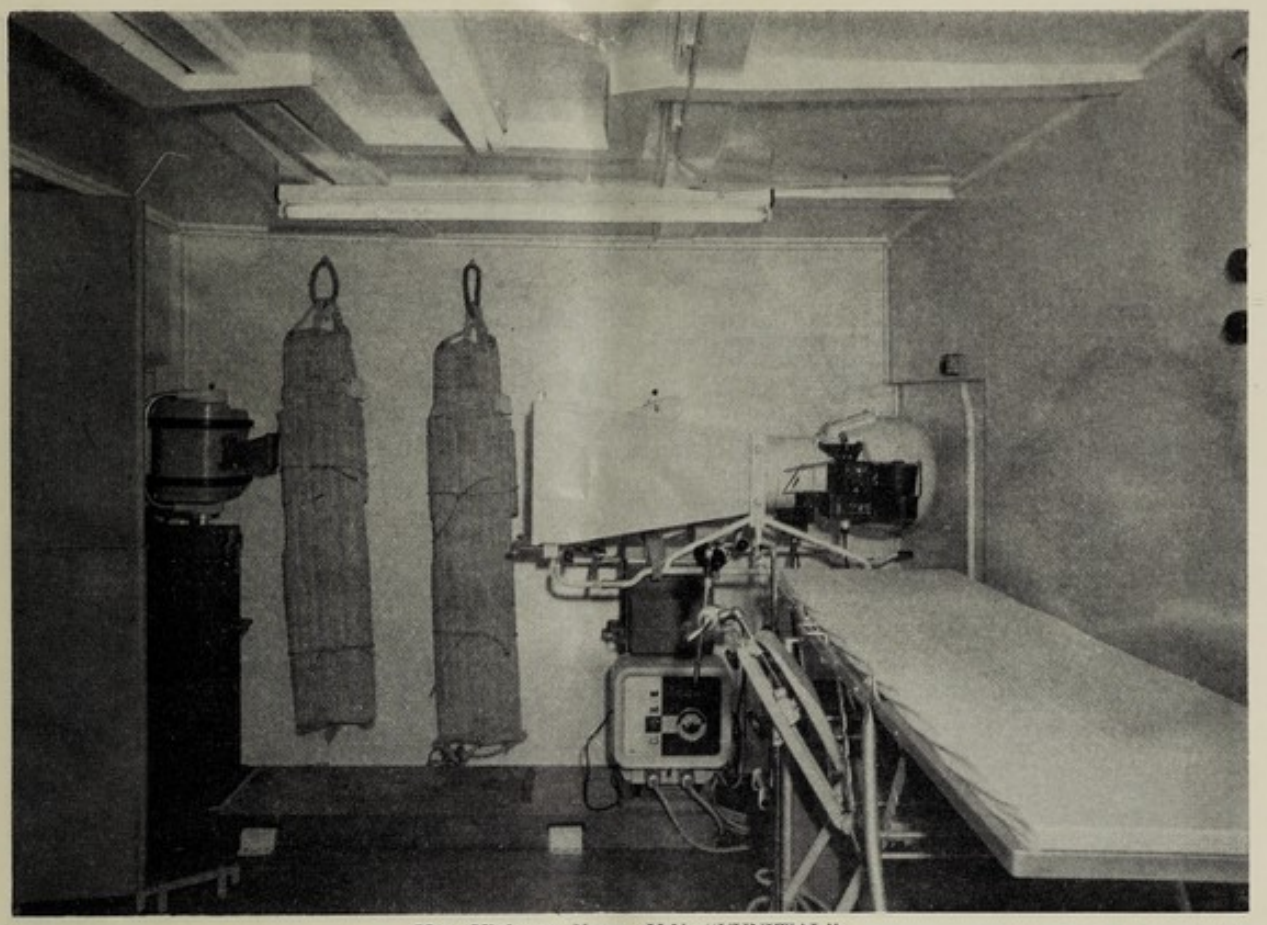


One of the three new Theatres in the new wing of the Colonial War Memorial Hospital, Suva

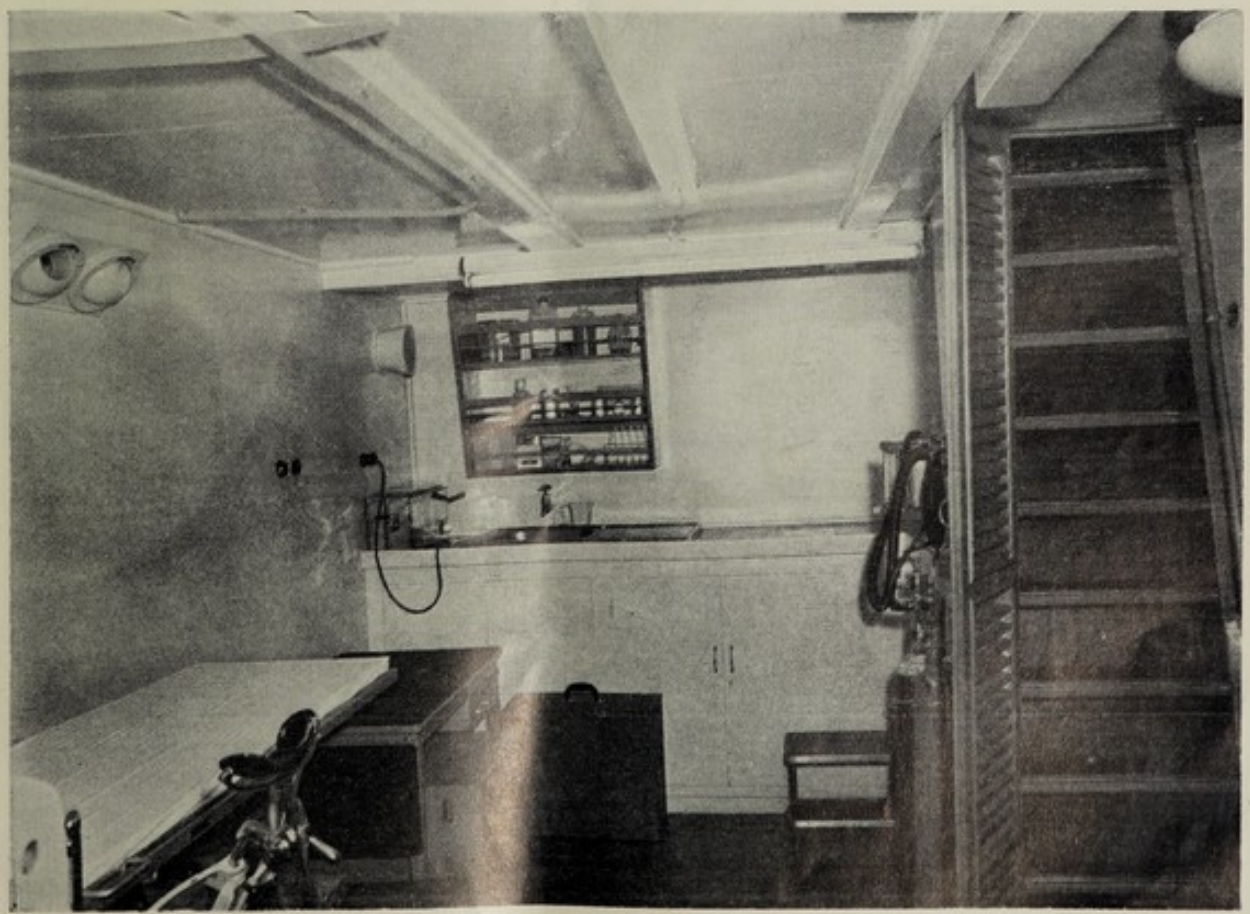
Central Sterilising Room, Colonial War Memorial Hospital

The Medical Department's Ship M.V. " VUNIWAI "

Dental Officer and Assistant on tour M.V. " VUNIWAI "



Mass Miniature X-ray—M.V. "VUNIWAI "



This picture and the one above are of the air conditioned medical work room in the M.V. " VUNIWAI "

The first of three 15 bed Maternity Units under construction at Nausori. These Units provide accommodation for Sister and Nurses on the Top Floor

Newly completed Out-Patient Department, Ra District Hospital. This design which incorporates X-ray and Laboratory facilities is also used as a standard large Health Centre

IN-SERVICE TRAINING

176. The Department's programme of in-service training continued during 1965. Arrangements were made for Medical Officers to take periods of study leave on attachment to various institutions mainly in Australia and New Zealand. This training in the clinical specialties is facilitated by the co-operation of the General Medical Council and Auckland Hospital Board in New Zealand and by the State Registration Board and Univeristy of Melbourne in Victoria. In both, arrangements have been made for graduates of the Fiji School of Medicine to gain temporary registration as post-graduate students and this has enabled them to take a full and active part in clinical training.

177. In 1965 the University of Otago accepted, for the first time, two Medical Officers with the Fiji Diploma for entry in the University of Otago D.P.H. Course. One Medical Officer was sponsored by the World Health Organization and the other by Government. It is very pleasing to be able to record that both were successful in gaining their diploma in public health thus becoming the first graduates of the Fiji School of Medicine to do so.

178. The University of Auckland also agreed to permit a graduate of the School to sit the University's diploma in obstetrics and here too it is gratifying to be able to report success. Yet another diploma which was obtained by a graduate of the Fiji School of Medicine was that of Nutrition of London University.

179. In 1964 the World Health Organization made available fellowships to enable a Medical Officer to undertake post-graduate training in reconstructive surgery for patients suffering from leprosy, a need which has for long needed filling in Fiji.

180. Two members of the Nursing Staff attended courses run by the East West Centre in Hawaii.

C. H. GURD,
Director of Medical Services.

DIAGRAM 1. (See paragraph 116, page 11)

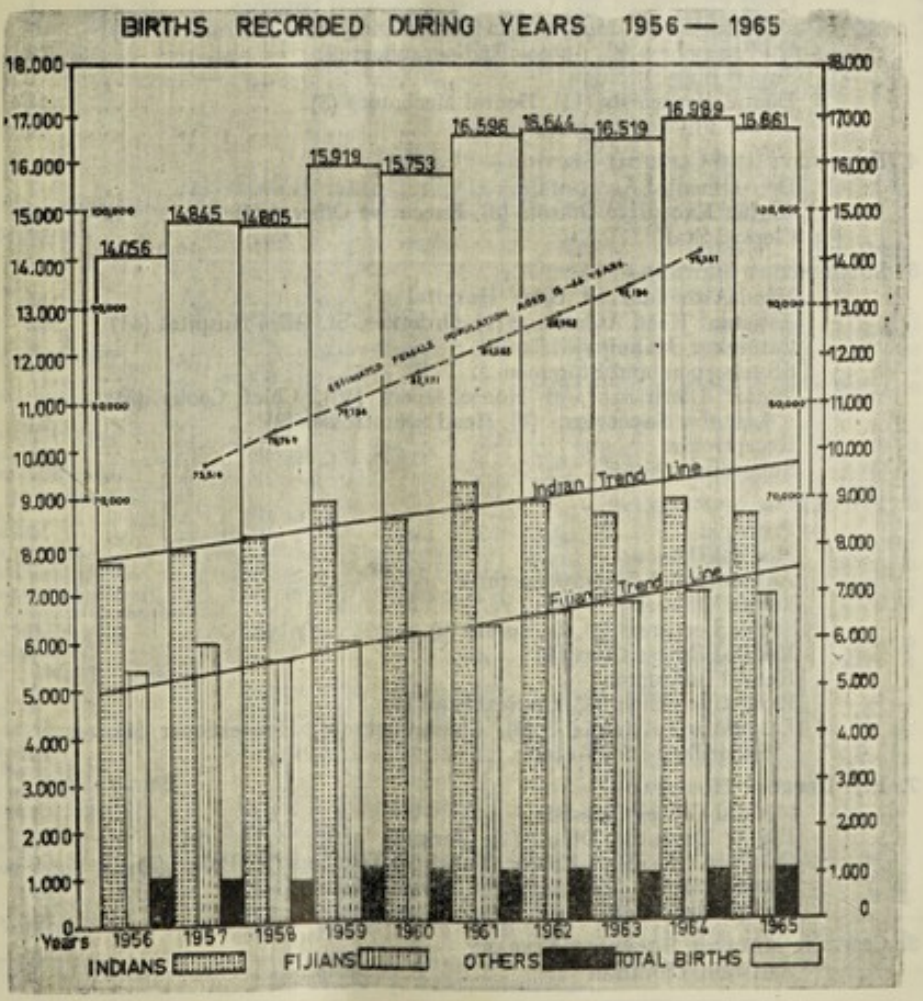


TABLE I

ESTABLISHMENT 1965

1. Medical and Administrative Section—	
Director of Medical Services	1
Deputy Director of Medical Services	1
Assistant Director of Medical Services	1
Secretary	1
Senior Medical Officers	3
Physician Specialist	1
Surgeon Specialists (2), Surgeon (1)	3
Ophthalmologist	1
Radiologist (1), Pathologist (1)	2
Anaesthetist	1
Gynaecologist/Obstetrician	1
Chest Physician	1
Paediatrician	1
Psychiatrist	1
Medical Officers Class I (18), Class II (20), Class III (111)	149
Senior Dental Officer (1), Dental Officer Class I (1)	2
Dental Officers Class II	18
Physiotherapists	2
2. Nursing Section—	
Nursing Superintendent	1
Matrons and Assistant Matrons	5
Sisters-in-Charge	4
Nursing Sisters (52), Health Sisters (12)	64
Principal (1), Tutors (7), Nursing School	8
Junior Sisters (58), Nurses (450)	508
3. Technical Section—	
Laboratory Superintendent	1
Chief Health Inspector (1), Health Inspectors (11)	12
Assistant Inspectors (Health and Mosquito)	64
Laboratory Technicians	17
Chief Pharmacist and Controller of Medical Supplies	1
Pharmacists (2), Pharmacists Class II and Junior Pharmacists (8)	10
Radiographers (4), Junior Radiographers (9)	13
Supervising Dietitian	1
Dental Hygienists (11), Dental Mechanics (3)	14
Junior Physiotherapists	2
4. Executive and Clerical Section—	
Departmental Accountant	1
Higher Executive Officers (3), Executive Officers (5)	8
Clerical Staff	56
5. Supervisory Section—	
Head Attendant, St. Giles' Hospital	1
Assistant Head Attendant (1), Orderlies, St. Giles Hospital (41)	42
Caretaker, Makuluva Island	1
Storekeepers and Storemen	11
Junior Dietitians and Housekeepers (10), Chief Cooks (5), Laundry Supervisors (4), Head Seamtresses (2)	21
Receptionist	1
Subordinate Staff	637
6. Fiji School of Medicine—	
Principal	1
Medical Officers	2
Anatomy and Surgery Lecturer	1
Dental Officers	2
Senior Lecturers (4), Lecturers (2)	6
Medical Officer Class III	1
Health Instructor	1
Executive Officer (1), Clerical Staff (3)	4
Laboratory Attendant (3), Chief Cook (1), Housekeeper (1), Subordinate Staff (14)	19
7. Fiji Leprosy Hospital—	
Medical Officer Class II	1
Higher Executive Officer (1), Clerk (1)	2
Overseer (1), Ship's Master (1) School Teachers (2), Police (5)	9
Nursing Sisters (23), Assistant Nursing Sisters (11)	34
Subordinate Staff	41
8. Central Medical Reserach Library—	
Assistant Librarian	1

TABLE II

ANALYSIS OF RECURRENT EXPENDITURE FOR THE YEARS 1956–1965

Year	Gross Medical Expenditure	Gross Pacific Medical Expenditure	Total Expenditure	Total Recurrent Budget	Total Medical Expenditure Expressed as % of Total Budget	Total Pacific Medical Expenditure Expressed as % of Total Budget	Total Percentage
1965	1,227,427	....	1,227,427	11,655,563	10·53	....	10·53
1964	1,049,985	114,992	1,164,977	10,026,496	10·47	1·15	11·62
1963	955,248	114,601	1,069 849	8,611,613	11·09	1·33	12·42
1962	917,878	106,879	1,024,757	8,043,167	11·41	1·33	12·74
1961	871,434	104,119	975,553	7 412,694	11·75	1·40	13·15
1960	840,223	111,255	951,478	7,052,874	11·91	1·57	13·48
1959	784 707	116,576	901,283	6,516,687	12·04	1·78	13·82
1958	769,822	118,225	888,047	6,734,739	11·43	1·75	13·18
1957	728,919	123,201	852,120	6,609,992	11·04	1·86	12·90
1956	689,329	114,965	804,294	6,367,125	10·82	1·80	12·62

TABLE III

MEDICAL DEPARTMENT EXPENDITURE AND REVENUE

Year	Gross Medical Department Recurrent Expenditure	Total Medical Department Revenue	Net Medical Department Recurrent Expenditure	Revenue Expressed as % of Gross Expenditure	Total Population	Net Expenditure Per Head
						s. d.
1965	1,227,427	163,024	1,064,403	13·28	469,934	45 4
1964	1,164,977	157,779	1,007,198	13·54	456,360	44 2
1963	1,069,849	134,565	935,284	12·58	441,301	42 5
1962	1,024,757	129,329	895,428	12·62	427,851	42 0
1961	975,553	108,314	867,239	11·10	413,872	42 0

TABLE IV

DETAILS OF MEDICAL DEPARTMENT REVENUE

Description	1961	1962	1963	1964	1965
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
*Licences	623 10 0	701 0 0	754 10 6	857 0 0	913 19 9
Fumigation	2,391 7 8	3,008 4 1	2,723 2 7	2,866 17 8	3,571 16 11
*Hire of Plant and Vehicles ..	15 0 0	10 0 0	8 0 0	.....	13 0 0
Hospitals	41,838 15 11	65,174 3 2	79,844 18 6	95,055 10 0	96,724 0 7
Rest Houses and Quarantine Stations	147 12 0	174 8 0	96 3 0	63 4 7	.....
*Publications and Printing ..	.....	17 0 9	1 4 6	40 2 0	29 3 4
*Stores Allocated	950 9 1	1,222 3 4	1,314 17 4	1,704 0 9	1,352 4 5
Family Planning Materials ..	.....	.....	666 3 6	2,776 10 2	2,621 6 6
*Unclaimed and Unserviceable Property	142 10 0	.....	15 14 1	7 2 6	4 6 6
Leprosy Hospital	13,469 4 0	6,470 7 6	2,406 7 6	6,045 18 9	6,200 17 9
Fiji School of Medicine	35,033 7 9	43,642 16 7	36,970 8 8	36,762 9 10	39,315 8 10
South Pacific Health Service ..	4,500 10 4	3,738 3 9	3,699 14 3	3,646 15 3	4,305 13 2
Medical Services Nadi Airport ..	1,097 16 7	1,149 2 0	849 6 9	2,146 13 1	2,156 5 0
Gold Mining Company on account of Medical Services	200 0 0	100 0 0	200 0 0	200 0 0	200 0 0
Central Nursing School	211 6 3	777 5 10	1,460 0 0	1,586 12 7	2,720 0 9
*Board and Lodging (Island Students)	157 11 1	16 3 2	87 14 9	193 11 0	27 15 0
*Miscellaneous	622 12 6	577 19 1	469 12 8	530 19 8	441 18 2
*Recoveries of Overpayments ..	230 8 0	134 6 10	71 19 5	277 18 0	337 17 9
Produce Makogai	2,127 17 8	1,791 15 8	2,413 8 3	2,975 3 8	1,604 4 7
*Vessels and Punts Hire	.....	.....	1 0 0	.....	.....
Payment on account of Services of Government Officers ..	.....	596 11 10	493 16 8	.....	.....
Nuffield Grant	4,546 11 2	.....	.....	.....	.....
Meat Inspection	8 4 6	27 15 0	17 2 6	41 13 3	34 16 9
British Empire Cancer Research	.....	.....	.....	.....	444 0 0
Income Tax	.....	.....	.....	.....	5 8 0
Totals	£108,314 14 6	£129,329 6 7	£134,565 5 5	£157,778 2 9	£163,024 3 9

* Estimate figure; records unavailable

TABLE V

ISSUES OF MEDICAL STORES AND EQUIPMENT

	Drugs and Dressings	Instruments	Bedding and Linen	X-ray	Total
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Cash Sales	7 1 3	.....	.....	.....	7 1 3
Private Accounts	160 5 8	.....	.....	.....	160 5 8
Special Hospitals	8,757 12 11	945 10 0	3,388 15 7	1,679 13 11	14,771 12 5
General Hospitals	36,497 17 4	7,107 16 9	13,298 6 11	10,161 7 7	67,065 8 7
Rural Hospitals	6,732 2 11	912 18 8	3,169 19 8	388 6 4	11,203 7 7
Health Sisters	1,713 9 2	.....	340 14 8	.....	2,054 3 10
Dispensaries	7,426 16 2	.....	423 10 11	.....	7,850 7 1
Nurses	3,744 11 5	.....	367 12 10	.....	4,112 4 3
Other Medical	5,757 18 1	.....	1,255 3 7	.....	7,013 1 8
Missions	138 0 11	.....	5 10 0	.....	143 10 11
Other Departments	588 8 9	.....	1 12 4	.....	590 1 1
Totals	£71,524 4 7	£8,966 5 5	£22,251 6 6	£12,229 7 10	£114,971 4 4

From Drug Vote	£92,719 17 10	(Drugs, Dressings, Instruments and X-ray)
From Domestic Vote ..	22,251 6 6	(Bedding, Linen, etc.)
	£114,971 4 4	

TABLE VI

HOSPITALS, HEALTH CENTRES AND DISPENSARIES

	Beds	
MAIN AND SPECIALIST HOSPITALS—		
Colonial War Memorial Hospital, Suva	286	
Tamavua Tuberculosis Hospital, Suva	360	
St. Giles' Mental Hospital, Suva	108	
Fiji Leprosy Hospital, Makogai	200	
		954
DIVISIONAL HOSPITALS—		
Lautoka	222	
Labasa	98	
Levuka	40	
		360
DISTRICT HOSPITALS—		
Taveuni	52	
Savusavu	36	
Sigatoka	30	
Nadi	34	
Ba	26	
Rakiraki	17	
		195
RURAL HOSPITALS—		
Wainibokasi	49	
Nabouwalu, Bua	33	
Vunisea, Kadavu	24	
Vunidawa	19	
Rotuma	20	
Lomaloma, Lau	16	
Lakeba, Lau	11	
Matuku, Lau	8	
		180
SUBSIDIZED HOSPITAL—		
Methodist Mission Hospital, Ba	51	
		51
Total		1,740

DISPOSITION OF URBAN AND RURAL HEALTH CENTRES AND DISPENSARIES

Central Division (under Divisional Medical Officer, Central)—

Suva Gaol
Samabula
Beqa
Korovou, Tailevu
Lodoni
Lomanikoro
Mokani
Namosi
Police Station
Nuffield Clinic
Naqali
Nausori
Navua
Nayavu
Korovisilou
Lasclevu

Eastern Division (under Divisional Medical Officer, Eastern)—

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

Western Division (under Divisional Medical Officer, Western)—

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

Northern Division (under Divisional Medical Officer, Northern)—

Dreketi
Lekutu
Naduri
Tukavesi
Natewa
Visoqo
Wainunu
Rabe Island
Saqani
Korotasere

Total Rural Dispensaries—43

TABLE VII
BEDS AT DIVISIONAL AND SPECIALIST HOSPITALS

Type	Total	C.W.M. Hospital	Lautoka Hospital	Labasa Hospital	Levuka Hospital	Tamavua Hospital	St. Giles' Hospital	Makogai Hospital
Total	1,314	286	222	98	40	360	108	200
General	287	138	100	35	14	....	....	....
Obstetric	94	59	18	12	5	....	....	....
Private (General)	79	42	26	7	4	....	....	....
Paediatric	113	47	45	12	9	....	....	....
Tuberculosis	433	....	33	32	8	360	....	....
Leprosy	200	....	....	....	....	....	....	200
Psychiatric	108	....	....	....	....	....	108	....

TABLE VIII
HOSPITAL ADMISSIONS BY RACE

Race	Total	C.W.M. Hospital	Lautoka Hospital	Labasa Hospital	Levuka Hospital	14 District and Rural Hospitals	Tamavua Hospital	St. Giles' Hospital	Makogai Hospital
Total ..	31,222	9,011	6,139	2,681	606	11,963	544	239	39
Fijian	12,735	3,261	1,260	452	446	6,806	427	66	17
Indian ..	15,468	4,302	4,473	2,116	55	4,284	73	146	19
Others ..	3,019	1,448	406	113	105	873	44	27	3

TABLE IX
HOSPITAL UTILISATION

Hospital	Daily Average Bed State	Occupancy Rate	Average Length Stay (days)
Colonial War Memorial Hospital ..	232·7	0·81	10·9
Lautoka	168·8	0·76	9·9
Labasa	78·2	0·80	10·7
Levuka	20·7	0·52	12·5
Tamavua	334·6	0·93	224·4
St. Giles'	105·3	0·97	160·8
14 Rural Hospitals	204	0·54	6·2

TABLE X

OUT-PATIENTS SEEN AT HOSPITALS, HEALTH CENTRES AND DISPENSARIES

Race	Total	C.W.M. Hospital	Lautoka Hospital	Labasa Hospital	Levuka Hospital	14 District and Rural Hospitals	44 Health Centres and Dis-saries	Tamavua Hospital	St. Giles' Hospital
Total ..	841,262	158,262	113,885	47,665	15,541	156,510	339,423	8,198	1,778
Fijian ..	311,370	54,494	25,403	4,106	9,295	58,024	152,912	6,672	464
Indian ..	469,382	83,996	83,840	42,758	2,923	90,464	163,375	910	1,116
Others ..	60,510	19,772	4,642	801	3,323	8,022	23,136	616	198

NOTE.—No out-patients are seen at the Makogai Leprosy Hospital

TABLE XI

DISTRICT AND RURAL HOSPITALS UTILISATION

Hospital	Number of Out-patients	Number of Beds	Number of Admissions	Daily Average Number	Occupancy Index	Average Length of Stay
Nadi	35,203	34	1,964	28·3	0·83	5·3
Rakiraki	20,942	17	965	13·4	0·78	5·1
Sigatoka	19,454	30	1,707	20·8	0·73	4·5
Ba	17,593	26	584	16·1	0·62	10·1
Savusavu	15,247	36	1,437	28·3	0·79	7·2
Taveuni	14,526	53	1,431	25·2	0·49	6·4
Wainibokasi	12,367	49	1,513	27·7	0·57	6·7
Rotuma	4,271	20	524	12·7	0·65	9·0
Vunisea	3,789	24	550	6·3	0·26	4·1
Lomaloma	3,748	16	202	5·6	0·35	10·2
Vunidawa	2,916	19	376	6·4	0·34	6·2
Nabouwalu	2,868	33	228	6·0	0·15	9·6
Lakeba	2,000	11	107	2·4	0·22	8·1
Matuku	1,586	8	375	4·8	0·59	4·7

TABLE XII

HEALTH CENTRE AND DISPENSARY UTILISATION

	No. of Out-Patients		*No. of Out-Patients*
Vatukoula	65,623	Gau	2,136
Ba	40,220	Ono-i-Lau	2,105
Nausori	31,417	Natuatuacoko	2,067
Tavua	26,610	Koro	2,046
Namaka	26,042	Wainunu	1,958
Navua	16,230	Mokani	1,906
Nuffield Clinic	14,887	Lekutu	1,866
Samabula	12,696	Moala	1,754
Tau	9,146	Namosi	1,695
Nanukuloa	7,504	Yaro, Kadavu	1,632
Nayavu	6,631	Saqani	1,594
Dreketi	6,451	Kese	1,517
Korovou	5,581	Beqa	1,401
Suva Gaol	4,204	Natewa	1,238
Naduri	3,425	Nadarivatu	1,180
Korovisilou	3,227	Kabara	1,174
Naqali	3,091	Korotasere	942
Lodoni	2,954	Visoqo	848
Police	2,853	Nasau	822
Tukavesi	2,517	Namarai	776
Lomanikoro	2,429	Laselevu	712
Rabe	2,402		

TABLE XIII

ANTE-NATAL CLINICS AND OBSTETRIC WARDS
COLONIAL WAR MEMORIAL, LAUTOKA AND LABASA HOSPITALS

	Total	*Fijian*	*Indian*	*Others*
(*a*) *Ante-Natal Clinics*—				
Total	38,314	9,109	26,508	2,697
First visits	6,865	1,819	4,601	445
Return visits	31,449	7,290	21,907	2,252
(*b*) *Maternal Welfare*—	*Total*	*Fijian*	*Indian*	*Others*
Admissions	6,957	1,742	4,579	636
Deaths	11	3	8	....
Total Confinements	5,628	1,606	3,475	547
Normal Confinements	3,746	1,128	2,226	392
Abnormal Confinements (includes abnormal pregnancy, labour, puerperium)	1,882	478	1,249	155
Complications of Pregnancy—				
Pre-eclamptic Toxaemia	380	45	300	35
Eclampsia	29	1	28	....
Complications of Labour—				
Ante-partum haemorrhage	128	32	88	8
(*a*) Placenta Praevia	18	7	11	....
(*b*) Accidental	52	10	40	2
(*c*) Unknown	58	15	37	6
Forceps	199	44	136	19
Caesarean section	126	33	79	14
Complications of Puerperium—				
Post-partum haemorrhage	360	178	130	52
Puerperal pyrexia	118	27	78	13
(*c*) *Infant Welfare*—				
Births—				
Total children born	5,700	1,628	3,521	551
Live births	5,498	1,601	3,354	543
Still-briths	202	27	167	8
Multiple Births (One set triplets) ..	72	22	47	3
Neonatal deaths	184	32	147	5

TABLE XIV

LABORATORIES

CENTRAL LABORATORY, SUVA

1. Histology	1,985	
		1,985
2. Haematology—		
Routine blood count	17,910	
Blood Grouping	6,428	
Cross matching	2,567	
Blood donors	1,796	
Marrow smear	108	
Malaria and Microfilariae	90	
Seminal fluid	156	
		29,055
3. Parasitology—		
Faeces Mircroscopic	4,749	
		4,749
4. Bacteriology—		
Routine, Microscopic, culture	9,887	
Drinking water supplies	627	
Sea Bath water	40	
Other Foodstuffs	....	
		10,554

5. Serology—		
Kahn Reaction	1,587	
Agglutination test	24	
Vaccine prepared, T.A.B. 50 cc. bottles	616	
		2,227
6. Biochemistry—		
Routine examination	4,499	
		4,499
7. Animal Inoculations—		
Toads for pregnancy tests	197	
		197
8. Forensic Medicine—		
Clothing, Weapons, etc.	667	
		667
9. Post Mortem Examinations—		
Police	101	
Colonial War Memorial Hospital	94	
Tamavua Tuberculosis Hospital	9	
Maternity Annexe	15	
St. Giles' Mental Hospital	....	
		219
		54,152

BRANCH LABORATORY, LAUTOKA

1. Haematology—		
Routine blood counts		10,313
Blood Grouping		4,317
Transfusion and cross matching		841
Blood donors		734
2. Parasitology—		
Faeces Microscopic		1,570
Malaria and Microfilariae		41
3. Biochemistry—		
Routine examination		1,892
4. Bacteriology—		
Routine, microscopic, culture		4,802
5. Serology—		
Kahn reaction		233
6. Post Mortem Examination—		
Police	28	
Lautoka Hospital	20	
	—	48
		24,791

BRANCH LABORATORY, LABASA

1. Haematology—		
Routine blood counts		4,494
Blood grouping		2,977
Pre-Transfusion cross matching		893
Donors bled for transfusion		832
2. Parasitology—		
Faeces—Microscopic		455
3. Bacteriology—		
Routine Microscopic and Culture		1,608
4. Animal Inoculation—		
Toad for pregnancy tests		125
5. Biochemistry—		
Routine examination		680
6. Seminal Fluid—		
Examination for fertility		9
		12,073

TABLE XV

ST. GILES' HOSPITAL
ADMISSIONS AND DISCHARGES 1965

	Fijian		Indian		Other		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
In hospital at 31st December, 1964	14	5	42	30	6	2	62	37
First admissions 1965	10	12	28	29	9	2	47	43
Re-admissions 1965	22	22	39	50	6	10	67	82
Released on trial 1965	18	22	18	24	3	9	39	55
Discharged 1965	15	10	48	54	9	2	72	66
Died 1965	....	....	3	4	....	....	3	4
In hospital at 31st December, 1965	13	7	40	27	9	3	62	33

TABLE XVI

DENTAL DIVISION—ATTENDANCES

	Total	Suva	Lautoka	Ba	Labasa	Mobile B240	Tours
Adults	29,631	14,999	5,021	3,783	4,279	46	1,503
Children	52,619	14,258	10,482	6,647	10,740	6,116	4,376

TABLE XVII

WORK CARRIED OUT

	Total	Suva	Lautoka	Ba	Labasa	Mobile B240	Tours
Fillings	26,130	8,881	3,998	1,989	2,221	3,738	5,303
Extractions	68,211	18,871	11,601	10,569	11,561	9,204	6,405
Scalings	2,121	612	272	90	316	332	499
Surgical Operations	159	113	20	....	24	....	2
General Anaesthetics	16	12	1	....	2	....	1
Fracture Fixation	75	39	30	1	5	....	....
Schools visited	231	....	26	46	42	87	30
Revenue	£8,013 7 6	£4,416 3 6	£1,485 12 0	£773 11 0	£1,332 10 0	....	£5 11 0

TABLE XVIII

NOTIFIABLE DISEASES BY RACE

Disease	Total	Europeans	Part-Europeans	Fijians	Indians	Others
1. Acute Poliomyelitis	....	....	....	....	....	....
2. Ankylostomiasis	749	3	2	351	378	15
3. Anthrax	....	....	....	....	....	....
4. Brucellosis (including Undulant Fever)	....	....	....	....	....	....
5. Chickenpox (Varicella)	1,145	13	29	644	389	70
6. Dengue Fever	32	1	....	1	20	10
7. Diphtheria	1	....	....	....	1	....
8. Dysentery—						
(a) Amoebic	15	....	....	6	9	....
(b) Bacillary	210	5	1	56	123	25
9. Encephalitis	2	....	....	1	....	1
10. Enteric Fever—						
(a) Typhoid	....	....	....	....	....	....
(b) Para-typhoid	....	....	....	....	....	....
11. Erysipelas	2	....	....	2	....	....
12. Food Poisoning	29	....	1	2	26	....
13. German Measles (Rubella)	9	4	....	3	2	....
14. Infantile Diarrhoea	5,669	2	21	2,721	2,737	188
15. Infective Hepatitis	304	8	7	156	120	13
16. Influenza	33,467	55	134	14,771	17,086	1,421
17. Leprosy	47	....	....	25	21	1
18. Leptospirosis	....	....	....	....	....	....
19. Malaria	....	....	....	....	....	....
20. Measles (Morbilli)	34	4	....	16	10	4
21. Meningitis	30	....	1	13	13	3
22. Puerperal Pyrexia (including (Puerperal Fever)	193	....	1	41	145	6
23. Rheumatism (Acute)	243	1	6	73	158	5
24. Scarlet Fever	1	1	....	....	....	....
25. Tetanus	28	....	....	19	9	....
26. Trachoma	314	....	5	117	161	31
27. Tuberculosis—						
(a) Pulmonary	492	7	6	367	80	32
(b) Other than Pulmonary	24	1	1	16	3	3
28. Veneral Diseases—						
(a) Gonorrhoea	714	9	34	363	274	34
(b) Granuloma Venereum	....	....	....	....	....	....
(c) Oph. Neonatorum and Gon. Ophthalmia	12	....	2	1	8	1
(d) Lymph. Inquinale	....	....	....	....	....	....
(e) Soft Chancre	....	....	....	....	....	....
(f) Syphilis	13	....	....	....	12	1
(g) Venereal Warts	....	....	....	....	....	....
29. Vit. and Other Dietary Deficiencies	4	....	....	....	4	....
30. Whooping Cough (Pertussis)	189	....	....	76	97	16
31. Yaws	11	....	....	10	....	1
Total	43,983	114	251	19,851	21,886	1,881

TABLE XIX

NOTIFIABLE DISEASES BY MONTH

Disease	Total	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1. Acute Poliomyelitis	....	..	..	..	..	..	..	..	..	..	..	..	..
2. Ankylostomiasis	749	27	21	87	99	42	132	91	70	72	19	34	55
3. Anthrax	....	..	..	..	..	..	..	..	..	..	..	..	..
4. Brucellosis (including Undulant Fever)	....	..	..	..	..	..	..	..	..	..	..	..	..
5. Chickenpox (Varicella)	1,145	54	55	29	38	40	67	105	119	170	116	140	212
6. Dengue Fever	32	..	2	23	7	..	..	..	..	..	..	..	..
7. Diphtheria	1	..	..	..	..	..	..	1	..	..	..	..	..
8. Dysentery—(*a*) Amoebic	15	1	..	1	1	1	4	..	2	..	2	3	..
(*b*) Bacillary	210	3	13	25	26	25	15	30	7	21	20	9	16
9. Encephalitis	2	..	..	..	1	..	..	..	..	..	..	1	..
10. Enteric Fever—(*a*) Typhoid	....	..	..	..	..	..	..	..	..	..	..	..	..
(*b*) Para-Typhoid	....	..	..	..	..	..	..	..	..	..	..	..	..
11. Erisipelas	2	..	..	..	..	..	..	..	..	..	..	2	..
12. Food Poisoning	29	..	..	..	..	1	..	2	..	..	22	2	2
13. German Measles (Rubella)	9	2	1	2	1	1	..	..	..	1	..	1	..
14. Infantile Diarrhoea	5,669	416	407	389	570	370	451	410	379	488	767	605	417
15. Infective Hepatitis	304	21	23	30	30	20	31	34	24	28	22	27	14
16. Influenza	33,467	1,086	2,048	3,103	5,462	6,213	3,973	2,681	1,703	2,053	1,540	1,510	2,095
17. Leprosy	47	5	1	10	4	4	2	4	..	6	2	5	4
18. Leptospirosis	....	..	..	..	..	..	..	..	..	..	..	..	..
19. Malaria	....	..	..	..	..	..	..	..	..	..	..	..	..
20. Measles (Morbilli)	34	4	3	2	3	2	2	2	1	5	3	3	4
21. Meningitis	30	3	6	2	2	3	2	4	2	1	3	..	2
22. Puerperal Pyrexia (including Puer. Fever)	193	8	9	30	19	13	17	14	12	20	13	26	12
23. Rheumatism (Acute)	243	10	16	10	12	35	14	15	42	15	18	27	29
24. Scarlet Fever	1	..	..	..	..	..	..	..	..	1	..	..	..
25. Tetanus	28	..	1	2	2	4	4	2	1	7	2	1	2
26. Trachoma	314	8	6	6	27	16	56	38	28	32	23	43	31
27. Tuberculosis—(*a*) Pulmonary	492	22	23	23	26	61	51	43	43	60	40	50	50
(*b*) Other than Pulmonary	24	3	1	1	1	2	2	1	2	..	5	3	3
28. Venereal Diseases—													
(*a*) Gonorrhoea	714	43	54	56	56	41	41	57	41	53	48	79	145
(*b*) Granuloma Venereum	....	..	..	..	..	..	..	..	..	..	..	..	..
(*c*) Oph. Neonatorum and Gon. Ophthalmia	12	..	..	2	..	1	2	1	1	1	2	2	..
(*d*) Lymphogranuloma Inguinale	....	..	..	..	..	..	..	..	..	..	..	..	..
(*e*) Soft Chancre	....	..	..	..	..	..	..	..	..	..	..	..	..
(*f*) Syphilis	13	3	..	3	..	..	..	2	1	1	3	..	..
(*g*) Venereal Warts	....	..	..	..	..	..	..	..	..	..	..	..	..
29. Vitamin and Other Dietary Deficiencies	4	1	2	..	..	..	..	..	..	..	..	1	..
30. Whooping Cough (Pertussis)	189	34	17	17	32	14	12	6	18	14	3	12	10
31. Yaws	11	1	1	3	..	2	..	..	..	1	..	..	3
Total	43,983	1,755	2,710	3,856	6,419	6,911	4,878	3,542	2,496	3,051	2,673	2,586	3,106

TABLE XX

ESTIMATED POPULATION AT 31ST DECEMBER, 1965

Race	Male	Female	Total	(1964)	Difference	Per cent. Increase	Population per sq. mile
Fijians	99,366	95,632	194,998	189,169	5,829	3·08	27·70
Indians	120,373	114,965	235,338	228,176	7,162	3·14	33·43
Europeans	5,594	5,161	10,755	110,831	—76	— 0·52	1·53
Part-Europeans	5,064	4,908	9,972	9,803	169	1·72	1·42
Other Islanders	3,889	3,527	7,416	7,232	184	2·54	1·05
Rotumans	2,946	2,861	5,807	5,635	172	3·05	0·82
Chinese	3,241	2,290	5,531	5,423	108	1·99	0·78
Others	51	66	117	121	— 4	— 3·41	0·02
Total	240,524	229,410	469,934	456,390	13,544	2·97	66·75

TABLE XXI

BIRTHS RECORDED DURING YEARS 1962–1965

Race	1962	1963	1964	1965	1965 Population	Crude Birth-rate per 1,000 of population 1965
Fijians	6,626	6,817	6,966	6,943	194,998	35·60
Indians	8,909	8,692	8,936	8,660	235,338	36·80
Europeans	180	123	163	190	10,755	17·67
Part-Europeans ..	315	335	310	281	9,972	28·18
Other Islanders ..	252	196	288	240	7,416	32·36
Rotumans	185	192	185	201	5,807	34·61
Chinese	177	159	140	146	5,531	26·40
Others	....	5	1	....	117	....
Total	16,644	16,519	16,989	16,661	469,934	35·45

TABLE XXII

DEATHS RECORDED DURING YEARS 1962–1965

Race	1962	1963	1964	1965	1965 Population	Crude Death-rate per 1,000 of population 1965
Fijians	1,311	1,158	1,260	1,054	194,938	5·40
Indians	1,145	1,168	1,255	1,182	235,338	5·02
Europeans	35	40	31	27	10,755	2·51
Part-Europeans ..	47	39	49	32	9,972	3·21
Other Islanders ..	33	42	58	34	7,416	4·58
Rotumans	43	37	42	29	5,807	4·99
Chinese	39	24	24	25	5,531	4·52
Others	....	2	1	....	117	....
Total	2,653	2,510	2,720	2,383	469,934	5·07

TABLE XXIII

MARRIAGES, BIRTHS, DEATHS AND NATURAL INCREASES—1965

Race	Marriages	Births	Deaths	Net Increase	1964 Population	Increase per 1,000
Fijians	1,239	6,943	1,054	5,889	189,169	31·13
Indians	1,968	8,660	1,182	7,478	228,176	32·78
Europeans	66	190	27	163	10,831	15·05
Part-Europeans ..	50	281	32	249	9,803	25·40
Other Islanders ..	36	240	34	206	7,232	28·48
Rotumans	57	201	29	172	5,635	30·52
Chinese	27	146	25	121	5,423	22·31
Others	....	....	....	....	121	....
Total	3,443	16,661	2,383	14,278	456,390	31·28

TABLE XXIV

INFANT AND CHILD MORTALITY

	Births	Deaths Under 5 years						Infant Mortality Rate per 1,000
		Under 1	1–2	2–3	3–4	4–5	Total	
1962—Fijians	6,626	243	88	19	14	7	371	37
Indians ..	8,909	227	24	10	6	7	271	25
1963—Fijians	6,817	173	78	28	17	13	309	25
Indians ..	8,692	256	23	16	9	7	311	29
1964—Fijians	6,966	194	84	35	24	16	353	27
Indians ..	8,936	292	40	12	8	12	364	32
1965—Fijians	6,943	133	51	15	12	8	219	19
Indians ..	8,660	257	22	10	10	13	312	30

TABLE XXV

MAKOGAI LEPROSY HOSPITAL

ADMISSIONS AND DISCHARGES 1965

Race	In-Patients 31/12/64	Discharges 1965	Deaths	New Admissions	Re-Admissions	Total Admission 1965	Patients 31/12/65
Fijians	98	25	1	17	....	17	89
Indians	58	19	2	16	3	19	56
Part-Europeans ..	7	1	....	....	1	1	7
Rotumans	4	2	....	1	1	2	4
Banabans	2	....	....	....	....	....	2
Chinese	2	....	....	....	....	....	2
Tongans	6	2	....	....	....	....	4
Samoans	1	1*	....	....	....	....	....
Cook Islander	1	....	....	....	....	....	1
Solomon Islanders ..	3	2	....	....	....	....	1
Total	182	52	3	34	5	39	166

* Repatriated to Samoa

TABLE XXVI

MAKOGAI LEPROSY HOSPITAL

ADMISSIONS 1965 BY RACE AND DOMICILE

Province	Male	Female	Total	Fijian	Indian	Rotuman	Banaban	Part-European	Total
Ba	7	4	11	4	7	....	....	....	11
Bua	....	....	....	....	....	....	....	....	....
Cakaudrove ..	1	....	1	1	....	....	....	....	1
Kadavu ..	1	....	1	1	....	....	....	....	1
Lau	4	....	4	4	....	....	....	....	4
Macuata ..	3	....	3	....	3	....	....	....	3
Nadroga ..	5	2	7	2	5	....	....	....	7
Rotuma ..	1	1	2	....	....	2	....	....	2
Suva	5	2	7	2	4	1	....	....	7
Tailevu ..	1	1	2	2	....	....	....	....	2
Yasawa ..	....	1	1	1	....	....	....	....	1
Total ..	28	11	39	17	19	3	....	....	39

APPENDIX XXVII

Return of Diseases and Deaths for the year 1965, at the Colonial War Memorial, Tamavua, Lautoka, Labasa and Levuka Hospitals.

Intermediate List Number		Detailed List Numbers	Cause Groups	Euro.	Fijian	Ind.	Oth.	Totals	Deaths
			I—INFECTIVE AND PARASITIC DISEASES						
A 1		001–008	Tuberculosis of respiratory system	12	513	110	44	679	35
A 2		010	Tuberculosis of meninges and central nervous system	..	7	2	..	9	4
A 3		011	Tuberculosis of intestines, peritoneum and mesenteric glands	..	2	1	..	3	1
A 4		012,013	Tuberculosis of bones and joints	..	4	..	..	4	..
A 5		014–019	Tuberculosis, all other forms	..	10	2	2	14	..
A 6		020	Congenital syphilis	..	..	..	..	..	..
A 7		021	Early syphilis	1	..	2	..	3	..
A 8		024	Tabes dorsalis	..	..	..	..	..	..
A 9		025	General paralysis of insane	..	..	..	..	..	..
A 10		022, 023, 026–029	All other Syphilis	..	..	..	..	..	..
A 11		030–035	Gonococcal infections	..	4	15	..	19	..
A 12		040	Typhoid Fever	..	..	..	..	..	..
A 13		041,042	Paratyphoid fever and other Salmonella infections	..	..	..	..	..	..
A 14		043	Cholera	..	..	..	..	..	..
A 15		044	Brucellosis (undulant fever)	..	..	..	..	..	..
A 16	(a)	045	Bacillary dysentery	..	8	6	1	15	1
	(b)	046	Amoebiasis	1	6	7	..	14	2
	(c)	047, 048	Other unspecified forms of dysentery	3	9	3	..	15	..
A 17		050	Scarlet fever	..	..	..	..	..	..
A 18		051	Streptococcal sore throat	..	..	..	..	..	..
A 19		052	Erysipelas	..	..	..	..	..	..
A 20		053	Septicaemia and pyaemia	..	1	..	1	2	1
A 21		055	Diphtheria	..	..	..	..	..	..
A 22		056	Whooping Cough	..	..	1	..	1	..
A 23		057	Meningococcal infections	..	10	2	..	12	1
A 24		058	Plague	..	..	..	..	..	..
A 25		060	Leprosy	..	..	5	..	5	..
A 26		061	Tetanus	..	9	7	..	16	7
A 27		062	Anthrax	..	..	..	..	..	..
A 28		080	Acute poliomyelitis	..	..	..	..	..	..
A 29		082	Acute infectious encephalitis	..	1	2	..	3	1
A 30		081, 083	Late effects of acute poliomyelitis and acute infectious encephalitis	..	..	1	..	1	..
A 31		084	Smallpox	..	..	..	..	..	..
A 32		085	Measles	..	..	..	..	..	..
A 33		091	Yellow fever	..	..	..	..	..	..
A 34		092	Infectious Hepatitis	12	27	32	2	73	3
A 35		094	Rabies	..	..	..	..	..	..
A 36	(a)	100	Louse-borne epidemic typhus	..	..	..	..	..	..
	(b)	101	Flea-borne endemic typhus (murine)	..	..	..	..	..	..
	(c)	104	Tick-borne epidemic typhus	..	..	..	..	..	..
	(d)	105	Mite-borne typhus	..	..	..	..	..	..
	(e)	102, 103 106–108	Other and unspecified typhus	..	..	..	..	..	..
A 37	(a)	110	Vivax malaria (benign tertian)	..	..	..	..	..	..
	(b)	111	Malariae malaria (quartan)	..	..	..	..	..	..
	(c)	112	Falciparum malaira (Malignant tertian)	..	..	..	..	..	..
	(d)	115	Blackwater fever	..	..	..	..	..	..
	(e)	113, 114 116, 117	Other and unspecified forms of malaria	..	..	..	..	..	..
A 38	(a)	123-0	Schistosomiasis vesical (S. haematobium)	..	..	..	..	..	..
	(b)	123-1	Schistosomiasis intestinal (S. Mansoni)	..	..	..	..	..	..
	(c)	123-2	Schistosomiasis pulmonary (S. japonicum)	..	..	..	..	..	..
	(d)	123-3	Other and unspecified schistosomiasis	..	..	..	..	..	..
A 39		125	Hydatid disease	..	..	..	..	..	..
A 40	(a)	127	Onchocerciasis	..	..	..	..	..	..
	(b)		Loiasis	..	..	..	..	..	..
	(c)		Filariasis (bancrofti)	..	12	5	1	18	..
	(d)		Other filariasis	..	..	..	..	..	..
A 41		129	Ankylostomiasis	1	8	15	..	24	..
A 42	(a)	126	Tapeworm(infestation) and other cestode infestations	..	..	..	..	..	..
	(b)	130-0	Ascariasis	..	2	6	..	8	..
	(c)	130-3	Guinea worm (dracunculosis)	..	..	..	..	..	..
	(d)	124, 128, 130-1, 130-2	Other diseases due to helminths	..	..	..	..	..	..
A 43	(a)	037	Lymphogranuloma Venereum	..	1	..	..	1	..
	(b)	038	Granuloma inguinale, venereal	..	1	..	..	1	..
	(c)	039	Other and unspecified venereal diseases	..	..	..	..	..	..
	(d)	049	Food poisoning infection and intoxication	1	3	..	..	4	..
	(e)	071	Relapsing fever	..	..	..	..	..	..
	(f)	072	Leptospirosis icterohaemorrhagica (Weil's disease)	..	..	..	..	..	..
	(g)	073	Yaws	..	1	..	..	1	..
	(h)	087	Chickenpox	..	3	2	..	5	..
	(i)	090	Dengue	..	..	..	..	..	..
	(j)	095	Trachoma	3	8	..	3	14	..
	(k)	096-7	Sandfly fever	..	..	..	..	..	..
	(l)	120	Leishmaniasis	..	..	1	..	1	..
	(m)	121 (a)	Trypanosomiasis gambiensis	..	..	..	..	..	..
		(b)	Trypanosomiasis rhodesiensis	..	..	..	..	..	..
		(c)	Other and unspecified Trypanosomiasis	..	..	..	..	..	..
	(n)	131	Dermatophytosis	..	..	..	..	..	..
	(o)	135	Scabies	..	9	2	..	11	..

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Ind.	Other	Total	Deaths
A 43 (*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 ..	4	5	13	2	24	..
		II—NEOPLASMS						
A 44	140–148	Malignant neoplasm of buccal cavity and pharynx	2	2	1	..	5	1
A 45	150	Malignant neoplasms of oesophagus	..	1	2	..	3	1
A 46	151	Malignant neoplasm of stomach	1	4	6	..	11	..
A 47	152, 153	Malignant neoplasm of intestine, except rectum	1	2	1	..	4	1
A 48	154	Malignant neoplasm of rectum	1	..	2	..	3	1
A 49	161	Malignant neoplasm of larynx	..	1	1	..	2	1
A 50	162, 163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	1	9	4	..	14	2
A 51	170	Malignant neoplasm of breast	2	12	7	1	22	3
A 52	171	Malignant neoplasm of cervix uteri	1	17	32	4	54	3
A 53	172–174	Malignant neoplasm of other and unspecified parts of uterus	..	..	4	..	4	..
A 54	177	Malignant neoplasm of prostate	..	1	5	..	6	..
A 55	190, 191	Malignant neoplasm of skin	3	2	2	1	8	1
A 56	196, 197	Malignant neoplasm of bone and connective tissue	2	7	11	4	24	1
A 57	155, 160, 164, 165, 175, 176, 178–181, 192–195, 198, 199	Other and unspecified sites	2	25	12	5	44	11
A 58	204	Leukaemia and aleukaemia	1	4	2	..	7	5
A 59	200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and haematopoietic system	1	1	8	..	10	1
A 60	210–239	Benign neoplasms and neoplasms of unspecified nature ..	10	29	38	8	85	1
		III—ALLERGIC, ENDOCRINE SYSTEM METABOLIC AND NUTRITIONAL DISEASES						
		IV—DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS						
A 61	250, 251	Nontoxic goitre	1	6	26	..	33	..
A 62	252	Thyrotoxicosis with or without goitre	3	21	173	2	199	2
A 63	260	Diabetes mellitus	7	42	180	7	236	8
A 64 (*a*)	280	Beriberi	..	..	2	..	2	1
(*b*)	281	Pellagra	..	..	..	..	..	..
(*c*)	282	Scurvy	..	..	1	..	1	..
(*d*)	283–286	Other deficiency states	..	26	12	..	38	4
A 65 (*a*)	290	Pernicious and other hyperchromic anaemias	..	13	25	..	38	..
(*b*)	291	Iron deficiency anaemias (hypochromic)	..	27	115	..	142	2
(*c*)	292, 293	Other specified and unspecified anaemias	1	5	18	..	24	1
A 66 (*a*)	241	Asthma	7	17	54	3	81	1
(*b*)	240, 242–245, 253, 254, 270–277, 287–289, 294–299	All other allergic disorders endocrine, metabolic and blood diseases	2	19	41	5	67	2
		V—MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS						
A 67	300–309	Psychoses	7	10	21	..	38	..
A 68	310–324, 326	Psychoneuroses and disorders of personality	14	16	30	1	61	2
A 69	325	Mental deficiency	1	1	5	1	8	..
		VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS						
A 70	330–334	Vascular lesions affecting central nervous system	9	16	65	3	93	29
A 71	340	Nonmeningococcal Meningitis	1	33	14	4	52	8
A 72	345	Multiple sclerosis	2	..	1	1	4	..
A 73	353	Epilepsy	4	11	23	2	40	6
A 74	370–379	Inflammatory diseases of eye	3	11	30	2	46	..
A 75	385	Cataract	4	18	110	3	135	..
A 76	387	Glaucoma	1	6	12	4	23	..
A 77 (*a*)	390	Otitis externa	3	1	3	..	7	..
(*b*)	391–393	Otitis media and mastoiditis	2	5	19	..	26	3
(*c*)	394	Other inflammatory diseases of ear	..	1	..	..	1	..
A 78 (*a*)	370–384, 386, 388, 389	All other diseases and conditions of eye	11	26	54	..	91	..
(*b*)	341, 344 350–352, 360–369 395–398	All other diseases of the nervous system and sense organs ..	2	15	38	6	61	9

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Ind.	Other	Total	Deaths
		VII—DISEASES OF THE CIRCULATORY SYSTEM						
A 79	400–402	Rheumatic fever	2	10	101	1	114	..
A 80	410–416	Chronic rheumatic heart disease	7	35	159	3	204	17
A 81	420–422	Arteriosclerotic and degenerative heart disease	7	20	136	6	169	40
A 82	430–434	Other diseases of heart	2	22	82	8	114	19
A 83	440–443	Hypertension with heart disease	3	8	33	3	47	5
A 84	444–447	Hypertension without mention of heart	8	23	49	4	84	4
A 85	450–456	Diseases of arteries	2	2	5	2	11	2
A 86	460–468	Other diseases of circulatory system	18	25	68	5	116	4
		VIII—DISEASES OF THE RESPIRATORY SYSTEM						
A 87	470–475	Acute upper respiratory infections	7	21	37	1	66	..
A 88	480–483	Influenza	3	26	19	..	48	..
A 89	490	Lobar pneumonia	12	238	140	9	399	16
A 90	491	Bronchopneumonia	10	167	172	9	358	30
A 91	492, 493	Primary atypical, other and unspecified pneumonia	..	7	5	..	10	1
A 92	500	Acute bronchitis	11	27	35	5	78	..
A 93	501, 502	Bronchitis, chronic and unqualified	10	18	43	..	71	3
A 94	510	Hypertrophy of tonsils and adenoids	12	4	152	4	172	..
A 95	518, 521	Empyema and abscess of lung	1	8	8	..	17	1
A 96	519	Pleurisy	..	5	6	..	11	1
A 97 (*a*)	523	Pneumoconiosis	..	..	..	..	..	..
(*b*)	511–517, 520–522, 524–527	All other respiratory diseases	5	33	43	10	91	5
		IX—DISEASES OF THE DIGESTIVE SYSTEM						
A 98 (*a*)	530	Dental caries	..	1	2	..	3	..
(*b*)	531–535	All other diseases of teeth and supporting structures	3	4	6	1	14	..
A 99	540	Ulcer of stomach	12	55	49	4	120	4
A 100	541	Ulcer of duodenum	7	27	63	7	104	5
A 101	543	Gastritis and duodenitis	6	6	59	..	71	..
A 102	550–553	Appendicitis	31	82	153	17	283	2
A 103	560, 561, 570	Intestinal obstruction and hernia	33	79	139	12	263	4
A 104 (*a*)	571·0	Gastro-enteritis and colitis between 4 weeks and 2 years	8	84	86	5	183	15
(*b*)	571·1	Gastro-enteritis and colitis, ages 2 years and over	6	66	60	3	135	11
(*c*)	572	Chronic enteritis and ulcerative colitis	..	..	3	..	3	..
A 105	581	Cirrhosis of liver	..	17	16	2	35	8
A 106	584, 585	Cholelithiasis and cholecystitis	7	10	41	2	60	3
A 107	536–539, 542, 544, 545, 573–580, 582, 583, 586, 587	Other diseases of digestive system	28	33	86	11	160	6
		X—DISEASES OF THE GENITO-URINARY SYSTEM						
A 108	590	Acute nephritis	2	16	61	2	81	..
A 109	591–594	Chronic, other and unspecified nephritis	5	17	57	2	81	14
A 110	600	Infections of kidney	4	9	23	1	37	2
A 111	602, 604	Calculi of urinary system	3	1	57	5	66	..
A 112	610	Hyperplasia of prostate	5	17	22	2	46	1
A 113	620, 621	Diseases of breast	4	17	15	..	36	..
A 114 (*a*)	613	Hydrocele	5	74	35	11	125	1
(*b*)	634	Disorders of menstruation	27	34	123	3	187	..
(*c*)	601, 603, 605–609, 611, 612, 614–617, 622–633, 635–637	All other diseases of the genito-urinary system	71	129	350	17	567	2
		XI—DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM						
A 115	640–641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	6	24	65	4	99	1
A 116	642, 652, 685, 686	Toxaemias of pregnancy and the puerperium	19	62	326	15	422	1
A 117	643, 644, 670–672	Haemorrhage of pregnancy and childbirth	23	180	144	13	360	3
A 118	650	Abortion without mention of sepsis or toxaemia	38	97	285	10	430	..
A 119	651	Abortion with sepsis	2	13	10	1	26	..
A 120 (*a*)	645–649, 473–680, 683, 687–689	Other complications of pregnancy, childbirth and the puerperium	72	255	760	27	1,114	1
(*b*)	660	Delivery without complications	248	1,249	2,542	167	4,206	..

Intermediate List Number	Detailed List Numbers	Cause Groups	Euro.	Fijian	Ind.	Other	Total	Deaths
		XII—DISEASES OF THE SKIN AND CELLULAR TISSUE						
		XIII—DISEASES OF THE BONES AND ORGANS OF MOVEMENT						
A 121	690–698	Infections of skin and subcutaneous tissue	33	183	173	69	458	6
A 122	720–725	Arthritis and spondylitis	6	42	50	5	103	1
A 123	726, 727	Muscular rheumatism and rheumatism unspecified	1	3	15	..	19	..
A 124	730	Osteomyelitis and periostitis	1	40	25	3	69	..
A 125	737,745–749	Ankylosis and acquired musculo-skeletal deformities	5	9	15	2	31	1
A 126 (*a*)	715	Chronic Ulcer of Skin (including tropical ulcer)	2	7	15	..	24	..
(*b*)	700–714, 716	All other diseases of skin	2	4	9	2	17	..
(*c*)	731–736, 738–744	All other diseases of musculo-skeletal system	10	34	62	2	108	..
		XIV—CONGENITAL MALFORMATIONS						
A 127	751	Spina bifida and meningocele	3	2	7	..	12	1
A 128	754	Congenital malformations of circulatory system	1	6	22	1	30	5
A 129	750, 752, 753, 755–759	All other congenital malformations	10	19	76	11	116	10
		XV—CERTAIN DISEASES OF EARLY INFANCY						
A 130	760, 761	Birth injuries	2	2	4	..	8	1
A 131	762	Postnatal asphxia and atelectasis	..	5	5	..	10	7
A 132 (*a*)	764	Diarrhoea of newborn (under 4 weeks)	..	..	4	..	4	4
(*b*)	765	Ophthalmia neonatorum	1	2	7	..	10	..
(*c*)	763, 766–768	Other Infections of newborn	1	3	13	..	17	17
A 133	770	Haemolytic disease of newborn	1	6	4	..	11	..
A 134	769, 771, 772	All other defined diseases of early infancy	..	2	2	..	4	..
A 135	773, 776	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	5	79	250	7	341	88
		XVI—SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS						
A 136	794	Senility without mention of psychosis	..	..	5	..	5	..
A 137 (*a*)	788·8	Pyrexia of unknown origin	5	17	18	..	40	3
(*b*)	793	Observation, without need for further medical care	62	215	737	33	1,047	..
(*c*)	780–787, 788·1–788·7, 788·9, 789–792, 795	All other ill-defined causes of morbidity	11	36	158	7	212	1

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

Intermediate List Number	Detailed List Numbers	Cause Groups	Eur.	Fijian	Ind.	Oth.	Totals	Death
AE 138	E810–E835	Motor vehicle accidents	12	30	60	5	107	5
AE 139	E800–E802, E840–E866	Other transport accidents	2	9	20	1	32	1
AE 140	E870–E895	Accidental poisoning	3	19	75	2	99	2
AE 141	E900–E904	Accidental falls	37	69	101	5	212	2
AE 142	E912	Accident caused by machinery	..	5	3	2	10	1
AE 143	E916	Accident caused by fire and explosion of combustible material	4	13	28	2	47	6
AE 144	E917, E918	Accident caused by hot substance, corrosive liquid, steam and radiation	4	14	21	3	42	3
AE 145	E919	Accident caused by firearm	..	6	4	2	12	..
AE 146	E929	Accidental drowning and submersion	1	3	3	..	7	1
AE 147 (*a*)	E920	Foreign body entering eye and adnexa	..	4	12	..	16	..
(*b*)	E923	Foreign body entering other orifice	1	2	7	..	10	..
(*c*)	E927	Accidents caused by bites and stings of venomous animals and insects	6	13	26	1	46	..
(*d*)	E928	Other accidents caused by animals	..	2	7	..	9	..
(*e*)	E910, E911, E913–E915, E921–E922, E924–E926 E930–E965	All other accidental causes	7	47	30	7	91	..
AE 148	E970–E979	Suicide and non-accidental self-inflicted injury	4	8	20	2	34	2
AE 149	E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	10	54	54	4	122	5
AE 150	E990–E999	Injury resulting from operations of war	..	..	3	..	3	..

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

Intermediate List Number	Detailed List Numbers	Cause Groups	Eur.	Fijian	Ind.	Oth.	Totals	Deaths
AN 138	N800–N804	Fracture of skull	14	31	29	7	81	5
AN 139	N805–N809	Fracture of spine and trunk	8	15	19	4	46	1
AN 140	N810–N829	Fracture of limbs	24	74	131	5	234	4
AN 141	N830–N839	Dislocation without fracture	5	25	6	1	37	1
AN 142	N840–N848	Sprains and strains of joints and adjacent muscle	2	8	2	1	13	1
AN 143	N850–N856	Head injury (excluding fracture)	9	37	32	4	82	1
AN 144	N860–N869	Internal injury of chest, abdomen and pelvis	2	7	22	..	31	2
AN 145	N870–N908	Laceration and open wounds	5	43	53	6	107	..
AN 146	N910–N929	Superficial injury, contusion and crushing with intact skin surface	3	7	13	..	23	..
AN 147	N930–N936	Effects of foreign body entering through orifice	..	8	20	1	29	..
AN 148	N940–N949	Burns	9	21	52	5	87	9
AN 149	N960–N979	Effects of poisons	3	9	73	2	87	3
AN 150	N950–N959, N980–N999	All other and unspecified effects of external causes	7	13	22	..	42	1

TABLE XXVIII

ENVIRONMENTAL SANITATION

URBAN/TOWNSHIP/RURAL SANITARY DISTRICTS OF THE COLONY OF FIJI

REPORT OF HEALTH INSPECTORS FOR THE YEAR 1965

1. Summary of Inspections

Type of Premises, etc.	*Inspections*	*Re-Inspections*	*Total*
House-to-house Inspection of District	60,828	24,412	85,240
Investigation of Complaints, Nuisances, etc.	1,309	494	1,803
New Buildings Sites—before approval	3,276	257	3,533
New Buildings Works in Progress	4,163	1,650	5,813
Investigation of Infectious Disease and Disinfection	2,069	86	2,155
Shipping Sanitary Surveys	185	35	220
Houses-let-as-Lodgings and Lodging Houses	363	597	960
Factories and Workshops	678	356	1,034
Cemeteries	136	68	204
Schools	625	265	890
Checking Sanitary Services (A/Cs, etc.)	442	93	535
Laundries	437	286	723
Hairdressers, Chiropodists, etc.	850	597	1,447
Foodshops, Foodstores, Markets, etc.	4,993	2,342	7,335
Eating Houses and Ice Cream Premises	2,174	1,398	3,572
Aerated Water and Ice Factories	137	73	210
Kava Saloons	336	219	555
Bakehouses	723	506	1,229
Slaughterhouses	146	99	245
Butchers Shops	536	374	910
Food Vehicles	451	248	699
Miscellaneous inspections	2,115	446	2,561
Total	86,972	34,901	121,873

2. Written Notices, etc., Issued

Type of Notices, etc.	*Number*
Intimation Notices Served	8,061
Buildings Surveyed for Closure or Demolition	131
Closing Orders Served	106
Buildings Demolished after Service of Orders by Owners	24
Statutory Notices Served	322
Demolition Orders Served	72
Building demolished by Local Authority	1

3. Building Applications Dealt With

Applications in respect of	*Number*	*Value*
New commercial buildings	302	£1,418,742
New dwellings	2,950	1,942,499
Alterations and repairs	1,114	572,196
Miscellaneous works	1,565	615,337
Septic Tank Installations	155	22,850
Total	6,086	£4,571,624

Completion certificates issued in respect of—

New commercial buildings	145	£585,411
New dwellings	1,212	1,022,484
Alterations and repairs	353	196,831
Miscellaneous works	419	210,835
Septic Tank Installations	97	18,130
Total	2,226	£2,033,691

4. Summary of Sanitary Improvements, etc. (All Types of Premises)

Item	*Ordered*	*Completed**
Repairing of Buildings	1,562	484
Improvements to Lighting and Ventilation of Buildings	286	100
Removal of Unauthorised Erections	396	199
Abatement of Overcrowding	106	39
New Privies (all types)	4,240	1,754
Repairing, Cleansing or Flyproofing of Privies	6,161	3,704
Filling in of Insanitary Privies	1,090	1,001
New Bathrooms or Washing Places	341	127
Repairing or Cleansing of Bathrooms or Washing Places	1,174	627
New Kitchens	812	285
Repairing or Cleansing of Kitchens	1,774	926
Provision of New Drains	1,390	702
Repairing or Cleansing of existing Drains ..	4,419	2,569
New Wells	450	85
Repairing or Improvement of Wells	1,230	524
New Water Tanks	331	282
Repairing, Screening or Cleansing of Water Tanks	1,599	896
Removal of Accumulations of Refuse ..	10,254	5,540
Clearing of Overgrowth or Long Grass ..	6,482	3,951
Provision of Garbage Tins	3,544	2,177
Abatement of Nuisances from Animals or Poultry	2,213	1,260
Abatement of Mosquito Breeding	7,555	4,481
Cleansing of Food Premises	2,556	1,608
Structural Improvements to Food Premises ..	574	360
Cleansing of Food Vehicles	351	258
Improvements to Food Vehicles	127	98
Cleansing or Improvement of Hairdressers Premises	524	419
Cleansing or Improvement of Laundries ..	358	239
Cleansing or Improvement of Schools ..	152	107
Cleansing or Improvement of Shipping ..	2	2
Impounding of Straying Cattle	78	37
Miscellaneous	1,455	818
Total	63,586	35,659

* This column may include work completed during the year under review but ordered during the previous year.

5. Mosquito Control

Premises Inspected for Mosquito Larvae ..	62,585
Premises at which larvae found	7,555
Larval Index	12·07%

6. Shipping Arrivals

	Number
(*a*) Pratique and boarded ..	121
(*b*) Radio pratique	191
(*c*) Pratique and Malarial inspection	101
(*d*) Pratique and Malarial spraying	150
Total	563

Aircraft Arrivals

	Number
(*a*) Malarial Spraying ..	1,118
(*b*) Not sprayed ..	1,616
	2,734

7. Disinfection, Disinfestation and Fumigation

Type of Premises, Vessels or Aircraft	*Method*	*Number*
Local Vessels	Cyanide	60
Local Vessels	Dieldrin and Flick	24
Overseas Vessels	Aerosol Bombs	150
Overseas Vessels	Cyanide	6
Aircraft	Aerosol Bombs	1,118
Office, Dwellings, Pit Latrines, etc.	DDT. Flit Dieldrin, Phenol and Nuvon, Pyagara smoke bombs etc.	252
Second-hand Clothing	Formalin, Paraformaldehyde gas bags	368 bales
Hospitals	Dieldrin Formalin	5 wards
Wells	Chloride of Lime	407
Miscellaneous	DDT, etc.	554

	Number
International Deratization Certificates	6
International Deratization Exemption Certificates Issued	15
Local Vessels Fumigation Exemption Certificates	7
Local Vessels Fumigation Certificates Issued	60

8. Anti-Rat Measures

Traps Set	5,609
Warfarin Baits Laid	1,530

	Others	*Rattus Rattus*	*Rattus Norvegicus*	*Total*
Rats Destroyed by Trapping	634	311	1,041	1,986
Rats Destroyed by Poison Baits	47	205	273	525
Rats Destroyed by Fumigation—				
Overseas Shipping	....	16	....	16
Local Shipping	....	32	6	38
Aircraft	....	....	....	....
Rats submitted for Laboratory Examination	....	1	1	2
Rats Found Infected	....	....	....	....

9. Supervision of Labour Gangs, etc.

Number of men employed, Clearing and Draining Work done, Loads of Refuse removed, etc.—

Number of men employed	142
Vacant Crown Land cleared of overgrowths	1,275 acres
Drains cleaned and regraded	7,200 chains
Number of loads of refuse removed	18,676 loads
Septic tanks emptied	353
Concrete Invert Drains laid	3,960 feet

10. Food Inspection and Sampling

Unsound Foodstuffs Condemned and Destroyed	353,399 lbs. 8½ ozs.
Fish	1,549 lb.

Food and Water Samples taken—

	Type	*Number*
Fresh Water	Chemical	7
Fresh Water	Bacteriological	556
Milk–genuine	Chemical	26
Milk—non-genuine	Chemical	4
Powdered Milk	Chemical	....
Other Milk and Milk Products	Chemical	....
Ice Cream	Chemical	2
Ice Cream	Bacteriological	....
Other Foodstuffs	Chemical	54
	Total	649

Meat Inspection	*Number*
Carcases Inspected—	
Cattle	182
Pigs	46
Goats	24
Total	252
Carcases Condemned	....
Organs and Parts Condemned	151

11. Legal Proceedings

Defendants, offences and Results of Action—

	Public Health Regulations	*Pure Food Ordinance*	*Town Planning Ordinance*	*Quarantine Regulations*
Number of cases taken ..	269	6	1	1
Convictions obtained ..	268	6	1	1
Cases discharged ..	1	..	..	..
Cases acquitted ..	..	..	..	..
Cases withdrawn ..	..	..	..	..
Revenue from fines and costs	£1,048 10 0	£74 19 0	£10 0 0	£15 15 0

12. Remarks and Details of any other Special Works carried out During the Year under Review

(A) A Mosquito Campaign was conducted throughout the Colony during the year.

(B) Sanitation Campaign—

Two thousand and seventy-nine water-seal latrines were installed within the Rural Areas during the year.

13. Seaport and Airport Health Quarantine

Ships given Pratique	563
Landing passengers	4,219
Aircraft given Pratique	2,734
Landing passengers	46,508
Local vessels fumigated	60
Overseas vessels fumigated	6
Aircraft—ships treated with Aerosol Bombs	1,118
International Deratization Certificate issued	6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