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Contributors

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SOUTH PACIFIC HEALTH SERVICE

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INSPECTOR-GENERAL'S
REPORT

1962-1963

Government Press, Suva, Fiji

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REPORT

REPORT FOR THE YEAR



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SOUTH PACIFIC HEALTH SERVICE

INSPECTOR-GENERAL'S
REPORT

1962-1963

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I—INTRODUCTION

1. This report covers the calendar and financial years 1st January, 1962, to 31st December, 1963, and records matters of policy and administration connected with the South Pacific Health Service and reviews activities in the field of health which have taken place in the participating territories. The report has been approved by members of the South Pacific Board of Health and is now submitted for the information of the administrations participating in the Service.

II—CONSTITUTION

2. The South Pacific Health Service was first established under an Agreement between the Government of New Zealand (in respect of New Zealand Island Territories, including Western Samoa), the Government of Fiji and the Western Pacific High Commission and received formal recognition on 7th September, 1946. The Kingdom of Tonga joined the Service on 1st January, 1947. This Agreement continued in force until 11th June, 1951, when a new Agreement was authorized by the Administrations concerned covering the period up to 30th September, 1954. By mutual consent this Agreement was again extended until the end of 1955. In June, 1955, a meeting was convened to review the Service as a whole at which meeting it was decided, unanimously, that the Agreement should continue with certain amendments, the chief of which being the inclusion of representatives from the Governments of Western Samoa and the Kingdom of Tonga as full members of the Board. The new Agreement was signed at the end of 1957 and the text is shown at Appendix V.

III—ADMINISTRATION

SOUTH PACIFIC HEALTH BOARD

3. Under the terms of the Agreement signed in 1957, the South Pacific Health Board is made up of:—

- The Inspector-General (Chairman).
- The Director-General, Department of Health, New Zealand (or his representative).
- The Director, Division of Nursing, Department of Health, New Zealand (or her representative).
- The Director of Medical Services, Fiji, or (whenever the same person holds office as Inspector-General and as Director of Medical Services, Fiji) a person nominated by the Governor of Fiji.
- A person nominated by the High Commissioner for the Western Pacific.
- A person nominated by the Premier of the Kingdom of Tonga.
- A person nominated by the Government of Western Samoa.

The Board has met twice during the period under review. In June, 1962, the meeting was held in Suva, Fiji. Those present were:—

- Dr. W. H. McDonald, M.B.E., Acting Inspector-General (Chairman).
- Dr. H. B. Turbott, I.S.O., Director-General of Health, New Zealand.
- Miss F. J. Cameron, O.B.E., Director, Division of Nursing, Department of Health, New Zealand.
- Dr. S. Tapa, Chief Medical Officer, Kingdom of Tonga.
- Mr. K. R. Bain, Controller of Organization and Establishment, Fiji Government Representative.

In May, 1963, the meeting was held in Nuku'alofa, Tonga, those present being—

- Dr. C. H. Gurd, O.B.E., Inspector-General (Chairman).
- Dr. G. O. L. Dempster, Deputy Director, Division of Hospitals, Department of Health, New Zealand.
- Miss A. Orbell, Director, Division of Nursing, Department of Health, New Zealand.
- The Honourable Tufunga Fatu, Minister of Health, Western Samoa.
- Dr. S. Tapa, Chief Medical Officer, Kingdom of Tonga.
- Mr. Opolone, Private Secretary to the Minister of Health, Western Samoa.

4. The Inspector-General was requested to also represent the views of the Western Pacific High Commission as the Commission was unable to send a representative.

5. A joint meeting with the Advisory Board of the Fiji School of Medicine was held on the 7th June, 1962, immediately following the meeting of the South Pacific Health Board.

6. The minutes of these meetings have been published and circulated to participating Governments and other interested bodies.

EXECUTIVE

7. The Inspector-General continued to hold also the appointment of Director of Medical Services, Fiji. This arrangement has certain advantages in that the Fiji School of Medicine, the Central Nursing School and the Leprosy Settlement, Makogai, in Fiji, are under the control of the Director of Medical Services of that territory and thus there is a direct link between the South Pacific Health Service and these institutions. The participating territories contribute toward the Schools and Settlement in proportion to the services they receive in that they pay the fees for their students attending the Schools and maintenance costs of their patients under treatment at the Leprosarium.

8. The South Pacific Health Service is not an international organization in the sense that the term is applied to the World Health Organization or the South Pacific Commission. The main function of the Inspector-General is to assist territories with their staffing difficulties and also to advise territories on medical and health matters. Every effort is made to provide post-graduate facilities for medical staff serving in the participating territories. The territories are also kept informed of post-graduate facilities available overseas. The South Pacific Health Service Nutrition Unit gives advice on nutritional problems as well as conducting courses and producing health education material for general use by the individual territories. The South Pacific Health Service also provides an epidemiological service.

FINANCE

9. In accordance with the Agreement, draft estimates of expenditure are prepared each year by the Inspector-General and considered by the Board at its annual meeting. The estimates are then submitted to the participating territories for approval.

10. The system of accounting is based on the financial regulations of Fiji. Provision is made under the appropriate expenditure and revenue heads in the Fiji Colonial Estimates for all expenditure to be met in the first instance by the Fiji Treasury and reimbursement made subsequently by the participating Governments.

11. The proportionate payments made by the participating Governments are—

Fiji	seven-sixteenths.
Western Pacific High Commission	one-quarter.
New Zealand	one-eighth.
Western Samoa	one-eighth.
Tonga	one-sixteenth.

12. The estimated and actual expenditure of the Service over the last eighteen years is shown below—

EXPENDITURE

	<i>Estimated</i>	<i>Net</i>
	£F	£F
1946	3,793	3,470
1947	3,834	3,463
1948	3,618	2,322
1949	3,500	3,062
1950	3,600	3,303
1951	4,294	3,628
1952	4,536	4,258
1953	5,687	4,982
1954	5,687	5,634
1955	6,356	5,605
1956	6,258	6,048
1957	7,898	5,786
1958	8,457	6,448
1959	9,921	7,262
1960	9,446	7,491
1961	8,738	5,876
1962	8,917	5,818
1963	9,849	5,959

IV—ESTABLISHMENT

13. The Board is responsible, under the Agreement for maintaining a "pool" of Medical Officers sufficient in number to provide the participating Administrations with staff for adequate health services. However this has not proved to be a practicable possibility and a new system was introduced as reported in the 1960-1961 report. Nevertheless the South Pacific Health Service still does everything possible to assist territories with staffing difficulties whether these are of short- or long-term duration.

14. The Fiji Medical establishment in 1963 was as hereunder—

ESTABLISHMENT

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	4
Physician Specialist	1
Surgeon Specialist (1), Surgeon (1)	2
Ophthalmologist	1
Radiologist	1
Pathologist	1
Anaesthetist	1
Gynaecologist/Obstetrician	1
Medical Officers	15
Assistant Medical Officers	131
Senior Dental Officer	1
Dental Officer	1
Assistant Dental Officers	12
Physiotherapists	2

2. <i>Nursing Section—</i>	
Nursing Superintendent	1
Matrons and Assistant Matrons	5
Sisters-in-Charge	4
Nursing Sisters	53
Health Sisters	12
Principal (1), Tutors (6), Nursing School	7
Junior Sisters (33), Nurses (414)	447
3. <i>Technical Section—</i>	
Laboratory Superintendent	1
Chief Health Inspector (1), Health Inspectors (10)	11
Assistant Inspectors (Health and Mosquito)	66
Chief Laboratory Assistant (1), Laboratory Assistants (16)	17
Chief Pharmacist and Medical Storekeeper	1
Pharmacists (2), Assistants (8)	10
Radiographers (3), Assistants (5)	8
Supervising Dietitian	1
Assistant Dental Hygienists (7), Assistant Dental Mechanics (3)	10
4. <i>Executive and Clerical Section—</i>	
Departmental Accountant	1
Higher Executive Officers (3), Executive Officers (2)	5
Clerical Staff	54
5. <i>Supervisory Section—</i>	
Head Attendant, St. Giles' Hospital	1
Assistant Head Attendant (1), Orderlies, St Giles' Hospital (31)	32
Caretaker, Makuluva Island	1
Storekeepers and Storemen	9
Assistant Dietitians and Housekeepers (9), Chief Cooks (4), Laundry Supervisors (2), Headseamistresses (3)	18
Receptionist	1
Subordinate Staff	637
6. <i>Fiji School of Medicine—</i>	
Principal	1
Medical Officers	2
Anatomy and Surgery Lecturer	1
Dental Officer	1
Senior Lecturer (1), Lecturers (4)	5
Assistant Medical Officer	1
Executive Officer (1), Clerical Staff (3)	4
Laboratory Attendant (2), Chief Cook (1), Housekeeper (1), Subordinate Staff (14)	18
7. <i>Fiji Leprosy Hospital—</i>	
Senior Assistant Medical Officer	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. <i>Central Medical Research Library—</i>	
Assistant Librarian (1), Clerical Staff (1)	2
9. <i>Marine Section—</i>	
Ship's Master	1

15. The Medical Officer establishment in the Cook Islands is one Senior Medical Officer, one Medical Officer of Health and one general duties Medical Officer. That of Tonga and Niue are one Senior Medical Officer each and that of Western Samoa, one Director of Health, one Medical Specialist/Medical Superintendent, Apia Hospital, one Surgical Specialist and three general duty Medical Officers.

16. The increasing part played by Assistant Medical Officers in the medical services of the South Pacific Islands is to be noted. The course at the Fiji School now occupies five years, and in Fiji graduates are then required to spend an additional internship year in hospital before full qualification is accorded.

17. Matters concerning the title and status of Assistant Medical Officers were fully discussed at the South Pacific Health Board's meeting held in Nuku'alofa, in May, 1963. Representatives at the meeting agreed that the title of Assistant Medical Officer should be changed to Medical Officer in recognition of the evolution of standards which had taken place and that the honorary title of doctor should be officially extended to Fiji graduates.

18. It was thought that these doctors should be given every opportunity for post-graduate experience both in their own territories and overseas. It is pleasing to note that provisional registration is now extended to Fiji graduates accepted for post-graduate study in Melbourne, Sydney and Australia. The policy of providing post-graduate education has been followed to considerable effect in Fiji where graduates of the local Medical School have been given extensive post-graduate training in such specialties as anaesthetics, ophthalmology, obstetrics, surgery including thoracic surgery, medicine, pathology and public health.

MEDICAL OFFICER AND SPECIALIST STAFF CHANGES AND ACTIVITIES
DURING THE YEARS 1962-1963

(a) *Post-Graduate Training Courses and Fellowships* :—

- Dr. J. A. Kay, was granted study leave to take the Diploma in the United Kingdom in October, 1962.
- Dr. P. W. E. Downes attended a course of study at the Bristol Eye Hospital to gain further experience in Ophthalmology in January, 1963.
- Dr. D. J. Lancaster was granted study leave in February, 1963, to study advances in Obstetrics and Gynaecology in Australia and New Zealand.
- Mr. J. L. M. de Beaux was granted study leave in 1963 to study neuro-surgery in the United Kingdom.
- Dr. W. G. MacIntosh was granted study leave to take the Diploma of Clinical Pathology in the United Kingdom in March, 1963.
- Dr. P. B. Thompson was granted study leave to take the Diploma in Public Health in the United Kingdom in September, 1963.
- Dr. D. W. Beckett was granted study leave to take the Diploma in Public Health course in the United Kingdom in October, 1963.

(b) *Promotions* :—

- Dr. C. H. Gurd, O.B.E., was promoted to Director of Medical Services, Fiji, and Inspector-General, South Pacific Health Service, with effect from 18th June, 1962
- Dr. D. W. Bookless was promoted to Deputy Director of Medical Services with effect from 11th September, 1962.
- Dr. A. J. Hibell was promoted to Assistant Director of Medical Services with effect from 1st January, 1963.
- Dr. G. Y. McCririck was promoted to Senior Medical Officer with effect from 17th April, 1963.
- Dr. T. Jefferson was promoted to Senior Medical Officer with effect from 2nd November, 1963.

(c) *Acting Appointments* :—

- Dr. W. H. McDonald, M.B.E., Deputy Director of Medical Services, acted as Director of Medical Services, Fiji, and Inspector-General, South Pacific Health Service, on the departure on transfer to the Department of Technical Co-operation of Dr. P. W. Dill-Russell, C.B.E., on 17th January, 1962, and until the promotion of Dr. C. H. Gurd, O.B.E., on 18th June, 1962.
- Dr. D. W. Bookless, Senior Medical Officer, acted as Deputy Director of Medical Services, from 19th January to 17th June, 1962, and again from 8th August to 10th September, 1962.
- Dr. A. J. Hibell, Assistant Director of Medical Services, acted as Deputy Director of Medical Services from 7th June to 19th October, 1963, during the absence on leave of the Deputy Director of Medical Services.

(d) *New Appointments* :—

- Dr. S. C. Ramrakha, was appointed Medical Officer, South Pacific Health Service, with effect from 1st February, 1962, and posted to Fiji.
- Dr. J. T. Cassidy was appointed Physician Specialist, Fiji, with effect from 23rd February, 1963.
- Dr. H. A. Imray was appointed Medical Officer, South Pacific Health Service, with effect from 4th March, 1962, and posted to Fiji.
- Dr. B. R. Duncan was appointed Medical Officer, South Pacific Health Service, with effect from 7th January, 1962, and posted to Fiji.
- Dr. J. C. Aickin was appointed Chief Medical Officer, Cook Islands, with effect from April, 1963.
- Dr. Ram Narayan was appointed Medical Officer, South Pacific Health Service, with effect from 1st April, 1963, and posted to Fiji.
- Dr. J. E. R. Lart was appointed Medical and Health Officer, South Pacific Health Service, with effect from 19th April, 1963, and posted to Fiji.
- Dr. J. N. Haworth was appointed Medical and Health Officer, South Pacific Health Service, with effect from 17th May, 1963, and posted to Fiji.
- Dr. B. C. Dando was appointed Medical and Health Officer, South Pacific Health Service, with effect from 10th May, 1963, and was seconded to the Cook Islands for 18 months in the first instance.
- Dr. S. M. Bass was appointed Medical Officer with effect from 20th September, 1963, and posted to Fiji.

(e) *Transfers to and from within the Region :—*

- Dr. P. W. Dill-Russell, C.B.E., was transferred to the Department of Technical Co-operation with effect from 17th January, 1962.
- Dr. A. E. Crossley was transferred to the British Solomon Islands Protectorate with effect from 1st June, 1962.
- Dr. J. B. Sheils was transferred to Western Samoa establishment with effect from 30th January, 1963.
- Dr. G. Y. McCririck was transferred on promotion to Senior Medical Officer, Fiji, with effect from 17th April, 1963.
- Dr. J. A. Kay was transferred to Niue Island Administration as Chief Medical Officer on 27th August, 1963.
- Dr. A. W. Marr completed his tour of service in the Gilbert and Ellice Islands Colony and after vacation leave was transferred to Fiji establishment on 17th September, 1963.

(f) *Resigned from the Service :—*

- Dr. B. Pitt-Payne resigned from the Service with effect from 1st January, 1963.
- Dr. P. W. Fisher resigned from the Service with effect from 5th January, 1963.
- Dr. C. L. K. McIlwaine resigned from the Service with effect from 10th January, 1963.
- Dr. W. F. Whimster resigned from the Service with effect from 15th July, 1963.

(g) *Retirement from the Service :—*

- Dr. W. H. McDonald, M.B.E., Deputy Director of Medical Services, Fiji, retired from the Service with effect from 10th September, 1962.

(h) *Deaths :—*

The death of Dr. T. T. Romans, Chief Medical Officer, Rarotonga, Cook Islands, in January, 1963, is recorded with deep regret. Dr. Romans was appointed to the Cook Islands Administration in 1953 as the Chief Medical Officer.

The sudden death of Dr. A. J. Hibell, Assistant Director of Medical Services, Fiji, on 1st November, 1963, recorded with deep regret. He was appointed to the newly created post of Assistant Director of Medical Services (Health) on 1st January, 1963.

TABLE I
THE POOL OF MEDICAL OFFICERS

Medical Establishment as at 31st December, 1963

	Fiji	Western Samoa	Cook Islands	Niue Islands	British Solomon Islands Protectorate	Gilbert and Ellice Islands Colony	Tonga Islands	New Hebrides	Total
Inspector-General/Director of Medical Services ..	1	....	....	....	....	....	....	....	1
Director of Medical Services .. .. .	....	....	....	....	1	....	....	....	1
Deputy Director of Medical Services	1	....	....	....	....	....	....	....	1
Assistant Director of Medical Services	1	....	....	....	....	....	....	....	1
Physician Specialists	1	1	....	....	....	....	....	....	2
Surgeon Specialists	1	1	....	....	....	....	....	....	2
Surgeon	1	....	....	....	....	....	....	....	1
Gynaecologist/Obstetrician	1	....	....	....	....	....	....	....	1
Pathologist	1	....	....	....	....	....	....	....	1
Ophthalmologist	1	....	....	....	....	....	....	....	1
Radiologist	1	....	....	....	....	....	....	....	1
Anaesthetist	1	....	....	....	....	....	....	....	1
Director of Health .. .. .	....	1	....	....	....	....	....	....	1
Chief Medical Officer	4	....	2	1	....	1	1	1	10
Senior Health Officer									
Senior Medical Officer									
Medical Officers	15	2	1	....	5	2	....	1	26
Medical Superintendent, Makogai	1	....	....	....	....	....	....	....	1
Principal, Fiji School of Medicine	1	....	....	....	....	....	....	....	1
Assistant Principal, Fiji School of Medicine ..	1	....	....	....	....	....	....	....	1
Lecturer in Social and Preventive Medicine, Fiji School of Medicine	1	....	....	....	....	....	....	....	1
Total	33	5	3	1	6	3	1	2	54

NURSING STAFF

19. Under the Agreement the Board is required to maintain a pool of Nurses based on New Zealand for secondment to participating territories. The New Zealand Authorities have been most helpful in the recruitment of Nursing Sisters for the territories. In recent years several territories have become less dependent on overseas recruitment, either because of the introduction of local training of Nursing Sisters as in Fiji or by sending local candidates overseas for full nursing training.

20. The offer by the Director, Division of Nursing, New Zealand, to arrange post-graduate instruction for island nurses in specific subjects such as paediatric nursing, theatre techniques, ward administrations, etc. etc., has been warmly welcomed. This is a means by which locally trained nurses of ability can be given post-graduate experience to enable them to accept increased responsibility on their return home.

V—TRAINING OF STAFF

(1) FIJI SCHOOL OF MEDICINE

21. The original Medical School in Fiji was a very rudimentary affair was founded in the year 1886 for the purpose of training young Fijian men in the diagnosis and treatment of the common diseases. The initial training period was three years and this was mainly carried out on "the apprenticeship system".

22. In 1928, with the financial assistance of the Rockefeller Foundation, a new school on more formal lines was established which was named the Central Medical School. It was in this year, also, that the other island territories of the South Pacific commenced sending students to the school; and has continued in increasing numbers ever since. In 1952, the first students were enrolled for an extended five-year course and in 1953 the new building at Tamavua was opened by Her Majesty the Queen. Since 1886 the length of the course has been extended and the breadth of teaching widened and it is now considered that graduates of the school form a body of highly trained medical men, who can, to all intents and purposes, take the full responsibilities of University graduates in the medical field.

23. A number of students coming from territories outside of Fiji are required to undertake a one of two-year "Preliminary Course" in basic subjects of general education (English, Mathematics and General Science), before entering the medical course proper. The first year of the medical course covers the basic pre-medical subjects (Chemistry, Physics and Biology). The second year subjects are Anatomy, Physiology, Biochemistry and Histology. The final three years are devoted to clinical subjects and the curriculum includes lectures, ward teaching and practical work. Pre-medical, pre-clinical and Social and Preventive Medicine are taught at the school at Tamavua. Clinical work is mostly undertaken at the Colonial War Memorial Hospital, Suva, but students also attend the Tamavua Tuberculosis Hospital, St. Giles' Mental Hospital, Suva, and other medical units in and around Suva. Most of the clinical teaching is done, part-time, by the Specialists and members of their units at the various institutions, mainly at the Colonial War Memorial Hospital, Suva.

24. The full-time staff of the school consists of:—

Principal	.. .. .	A. R. Edmonds, M.B., B.S. (Melb.)
English and Mathematics	.. .. .	Dr. E. M. Williams, B.A., B.Ed., M.B., B.S. (Melb.)
		K. H. Subramoniam, M.Sc. (Nagpur)
Biology	.. .. .	U. C. Srinivasan, M.Sc. (Bombay), B.Ed. (Delhi)
Physics	.. .. .	P. C. Jain, M.Sc. (Lucknow)
		M. L. Vithal, B.Sc. (N.Z.)
Chemistry	.. .. .	B. Jain, M.Sc. (Lucknow)
Anatomy and Surgery	.. .. .	K. J. Gilchrist, M.B., B.S. (Lond.), L.R.C.P. (Lond.), F.R.C.S. (Eng.)
Anatomy	.. .. .	A. Konusi, D.S.M. (Fiji)
Physiology	.. .. .	P. McN. Hill, B.A., M.B., B.Ch., B.A.O. (Dublin), D. A. (Eng.), D. Obs. R.C.O.G.
Social and Preventive Medicine	.. .. .	T. G. Hawley, M.B., Ch.B., (N.Z.), D.P.H. (Eng.)
		S. Lomani, D.S.M. (Fiji)
Dentistry	.. .. .	A. H. Thomson, L.D.S. (Liverpool)
Hygiene	.. .. .	Mr. R. L. Miller, M.R.S.H.

25. The Heads of Department responsible for part-time clinical teaching over the two years reviewed were:—

Medicine	C. H. Gurd, O.B.E., M.D., C.P.H., (Bristol), M.R.C.P. (Edin.), D.T.M. & H. (Lond.) followed by J. T. Cassidy, M.D., M.B., B.Ch., B.A.O., C.P.H. (Dublin), M.R.C.P.I.
Surgery	J. L. M. de Beaux, F.R.C.S., D.T.M. & H. (Liverpool), M.B., B.S. (Madras)
Obstetrics and Gynaecology	D. J. Lancaster, M.B., B.S., M.R.C.O.G.
Pathology	W. G. MacIntosh, M.B., Ch.B. (Glasgow)
Tuberculosis	G. D. Murphy M.B., B.Ch., B.A.O. (Q.U. Belfast), D.T.C.D. (Wales)
Leprosy	D. W. Beckett, M.A., M.D., M.B., B.Ch. B.A.O. (Dublin), D.T.M. & H. (Eng.).
Anaesthetics	L. A. Phillips, M.B., B.S. (Lond.), D.A. (Eng.)

26. The terms and conditions of service and nomenclature of graduates of the school vary to some extent from territory to territory. In Fiji, the graduate is known as an Assistant Medical Officer, he is required by law to undertake one year internship at one of the larger hospitals after graduation, and is only permitted to practice medicine and surgery while in Government Service. They are not permitted to engage in private practice. In other territories there are variations of title such as Samoan Medical Practitioner and Tongan Medical Practitioner, and although in no territory is private practice permitted, some territories do allow non-Government practice with a mission or private estate.

27. In 1959, the Nuffield Department of Social and Preventive Medicine was opened. It was built, equipped and operated for three years on a grant from the Nuffield Foundation. A full-time dispensary is an integral part of this unit and this is used for teaching the management of an island-type practice. The dispensary building has been used also as a prototype and several dispensaries based on this design have been built in Fiji. An increasing emphasis has in recent years been placed on the teaching of Social and Preventive Medicine and students spend considerable time in the department in their third and fourth years. In the final year, the students participate in an environmental and medical survey of a section of the population.

(2) POST-GRADUATE TRAINING

28. A course leading to the Certificate of Public Health was started in 1960 and it has subsequently been held annually. Although post-graduate courses are arranged by the school the courses are conducted by the Specialists in charge of units at the Colonial War Memorial Hospital, the Tuberculosis Hospital and the Leprosy Hospital at Makogai.

(3) TRAINING IN DENTISTRY

29. The course of training of Assistant Dental Officers is of three years duration. The first year covers the basic sciences with some dental subjects. The second year—Anatomy and Physiology with the addition of more dental subjects and the third year is entirely confined to clinical dentistry.

30. The teaching staff consists of the Senior Dental Officer, two full-time Dental Officers on the School staff, and one Assistant Dental Officer. Prosthetics are not taught in the Diploma Course itself but an extra year in Prosthetics can be provided if required.

(4) TRAINING OF AUXILIARY PERSONNEL

31. Until late in 1963, there was a rather loose connexion between the Fiji School of Medicine and the training of Medical Auxiliaries. Although enrolment in the courses was organized by the school, the curriculum and training was in the hands of the particular section of the Medical Department concerned. In 1963, however, it was decided that the school should be responsible for all auxiliary students from Fiji and other territories, and curricula were designed with the approval of the Academic Board of the Fiji School of Medicine. The courses are—

- (i) *Sanitation*—This is carried out in the Nuffield Department of Hygiene, which is an integral part of the school. A new building was erected in 1961 from funds provided from the Nuffield grant. This building is to be enlarged in 1964. There are two courses. One of two years duration prepares candidates for the examination for the overseas certificate of the Royal Society for the Promotion of Health and qualifies them as Health Inspectors eligible for membership of the Society. The examinations are conducted by the Society. The second course is for Assistant Health Inspectors. This is a one-year course followed by one year of practiced experience in the field. Successful students are granted a certificate as Assistant Health Inspector.
- (ii) *Assistant Laboratory Technicians*—This course is of three years duration and training is undertaken mainly at the Central Laboratory, Suva, under the direction of the Pathologist. Students also attend lectures at the Medical School.
- (iii) *Pharmacy*—Courses for Assistant Pharmacists commence every two years. It is a three-year course and the training is done at the Fiji School of Medicine and the Central Pharmacy.

- (iv) *Assistant Radiographers*—The training of Assistant Radiographers is carried out at the Fiji School of Medicine and in the X-ray Department of the Colonial War Memorial Hospital under the direction of the Radiologist. This is a two-year course.
- (v) *Dietitian/Housekeepers*—A three-year course in housekeeping and dietetics was started by the Nutritionists in the Nutrition Section of the South Pacific Health Service in 1957. Girls are trained in hospital catering and dietetics with the object of providing Dietitians for the larger hospitals in the area. By arrangement with the Royal Melbourne Hospital they then work for a further period of six months in Melbourne to obtain additional experience.
- (vi) *Physiotherapists*—Only one course for Assistant Physiotherapists has so far been arranged but it is hoped to start another in 1964. It is a three-year course. Part of the teaching is done at the school but the greater part is carried out at the Physiotherapy Department of the Colonial War Memorial Hospital.
- (vii) *Dental Hygienists and Dental Nurses* are trained by the Dental Department.

(5) TRAINING OF NURSES

32. Training of Nurses is carried out in Fiji, Western Samoa, the Cook Islands, Niue, the Kingdom of Tonga, the British Solomon Islands Protectorate and the Gilbert and Ellice Islands Colony. The training of dressers and/or medical assistants is carried out in the British Solomon Islands Protectorate and New Hebrides. The standard of training in all territories has shown a continuous improvement and the academic standards continue to rise.

33. The Central Nursing School in Suva, Fiji, offers two courses. One follows the Fiji curriculum, has a less exacting standard of entry and takes local standard examination, whilst the other course is conducted strictly in accordance with New Zealand Regulations and the nurses take the New Zealand examinations.

34. The preliminary steps have been taken to initiate a midwifery class to New Zealand standards as a counterpart to the one in General Nursing.

35. Nurses passing the New Zealand examinations are appointed to the Fiji Nursing Service as Junior Sisters and after two years are eligible for promotion to Sister. Nurses qualifying from the lower level course are appointed initially as Staff Nurses but have the prospect of promotion to Sister open to them if they possess the necessary qualities.

(6) MEDICAL REFERENCE LIBRARY

36. The Library continues to be located in part at the Fiji School of Medicine and in part at the Colonial War Memorial Hospital as indicated in the last report. This is not altogether satisfactory and it is felt that the Medical School should have its own Library.

(7) THE GRADUATES

37. Increasing numbers of scholarships are being made available to Fiji graduates for post-graduate education in Australia, New Zealand and elsewhere, and for some time now some of the Australian States grant temporary registration to graduates to allow them to practice medicine within the hospital units in which they are working. The same facility has recently been made available in New Zealand. The China Medical Board, the World Health Organization and the Rockefeller Foundation have generously granted scholarships in addition to those provided by the Fiji Government.

(8) GENERAL

38. Living accommodation at the school is limited and by no means satisfactory. Plans are afoot to build a new hostel for students at the Colonial War Memorial Hospital and this will help to relieve the congestion. Class-room space is also urgently needed not only for medical, dental and ancillary course students but for the increasing number of students who are attending for science teaching at the Fiji School of Medicine. In 1962 and 1963, students from the Fiji School of Agriculture were admitted to the school for the teaching of science subjects in their first year. It is felt that the science facilities could well be used by other disciplines in the same way.

39. It is greatly regretted that, during the two years under review, it has not been possible to select from the first or second year of the Medical Course, suitable candidates for full university medical training.

40. Weekly broadcasts to Assistant Medical Officers have continued and these now are transmitted over the more powerful Posts and Telegraphs' Station. A large number of the tape recordings of these broadcasts are now in circulation among the territories.

41. In 1962, the Nuffield Foundation gave a scholarship to a final year student from a British University to visit the school and work with the students for three months from July to September. In 1963, the experiment was repeated and two students came to Fiji on similar scholarships.

42. In 1958 the Assistant Medical Officers' Association held their first Seminar at the school and this has been an annual event ever since. It continues to be an important professional and social event both for the Assistant Medical Officers' Association and the Department.

43. The following tables are attached:—

Table II	..	..	The number of students enrolled for each Territory at the beginning of 1962 and 1963.
Table III	..	..	Total enrolment 1954-1963.
Table IV	Medical graduates (by Territory) 1954-1963.
Table V	Dental graduates (by Territory) 1954-1963.

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TABLE III

TOTAL ENROLMENTS 1954-1963

Course	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Medical	100	88	86	92	90	89	81	75	81	79
Dental	31	28	16	14	6	6	10	17	22	23
Pharmacy	6	6	4	2	4	3	5	4	5	1
Assistant Health Inspector	12	7	14	11	16	26	16	5	14	8
Health Inspector .. .. .	.....	.....	.....	.....	.....	.....	.....	5	5	.....
X-ray	5	5	1	1	.....	2	3	4	5	6
Dietetics .. .. .	.....	.....	2	3	1	2	3	6	7	4
Physiotherapy .. .. .	.....	.....	.....	.....	.....	.....	3	3	3	2
Laboratory	8	10	6	4	6	7	8	9	12	12
Agriculture 1st Year .. .. .	.....	.....	.....	.....	.....	.....	.....	.....	11	12
Post-Graduate .. .. .	.....	.....	.....	.....	.....	.....	12	9	7	7
Total	170	168	129	127	123	135	141	137	172	154

TABLE IV

MEDICAL GRADUATES BY TERRITORY AND YEAR 1954-1963

Administration	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Total
Fiji	16	3	10	4	7	8	7	5	4	3	67
Western Samoa	3	2	1	.....	.....	.....	.....	.....	.....	.....	6
Cook Islands	3	2	1	.....	1	.....	.....	.....	.....	.....	7
Gilbert and Ellice Islands Colony	2	.....	.....	.....	.....	.....	1	3	.....	2	8
United States Trust Territory	6	.....	.....	.....	1	.....	.....	.....	1	1	9
Papua-New Guinea .. .. .	.....	1	.....	.....	2	.....	2	1	3	.....	9
American Samoa .. .. .	.....	1	.....	1	.....	.....	.....	1	2	.....	5
British Solomon Islands Protectorate	.....	2	2	1	1	.....	.....	.....	.....	.....	6
Tonga .. .. .	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1
Nauru Island .. .. .	.....	.....	.....	1	.....	1	.....	.....	.....	.....	2
Niue Island .. .. .	.....	.....	.....	2	.....	.....	.....	.....	1	.....	3
New Hebrides .. .. .	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Tokelau Islands .. .. .	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1
Total	30	11	15	9	12	9	10	10	13	7	126

TABLE V

DENTAL GRADUATES BY TERRITORY AND YEAR 1954-1963

Administration	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Total
Fiji	1	5	2	1	1	.....	.....	4	1	15
Western Samoa	1	1
Cook Islands	2	.....	.....	.....	1	.....	.....	1	.....	4
Gilbert and Ellice Islands Colony
United States Trust Territory	12	1	.....	.....	.....	.....	.....	.....	.....	.....	13
Papua-New Guinea	2	2
American Samoa	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
British Solomon Islands Protectorate
Tonga	1	1	.....	1	.....	.....	.....	.....	3
Nauru Island
Niue Island	1	.....	.....	.....	.....	.....	.....	.....	.....	1
New Hebrides
Tokelau Islands
British Honduras	1	1
Total	12	6	6	3	1	3	.....	.....	5	5	41

VI—LEPROSY

44. The Fiji Government established a Leprosarium on the island of Makogai in 1911.

45. For many years this Leprosarium also acted as a Central Leprosarium for the other participating territories.

46. However with the advent of specific therapy for leprosy in 1948 the need for centralization no longer existed so that the territories have gradually repatriated their patients and set up their own leprosy services.

47. The number of cases being treated at Makogai at the end of 1963 was 183 made up as follows:—

Fijians	99
Indians	56
Europeans and Part-Europeans	6
Polynesians and Others	22
Rotumans	5
Banabans	1
Chinese	3
Tongans	7
Samoans	1
Cook Islanders	1
Solomon Islanders	4

183

48. The considerable reduction of the number of in-patients at Makogai demanded the reappraisal of leprosy policy. The building of a new leprosy hospital in Suva is therefore under consideration. The new hospital will provide for the treatment of infectious leprosy, the care of people incapacitated by leprosy, and will have facilities for the surgical correction of deformities and will also provide for rehabilitation of people so affected.

49. In the British Solomon Islands Protectorate, treatment is carried out at the Tetere Government Leprosarium (nursing and care here is also undertaken by the Sisters of the Society of Mary), the Melanesian Mission Leprosarium at Fauabu, Methodist Mission at Ozama, the Roman Catholic Mission at Buma, and the Seventh Day Adventist Missions at Kukudu and Kwalibisi. In the Gilbert and Ellice Islands Colony, the Leprosarium is adjacent to the main general hospital at Bikenibeu. The Leprosarium at Apia, Western Samoa, forms an integral part of the main hospital. In the Cook Islands the colony at Aitutaki was closed down in 1960, all patients having negative smears.

50. The continuation of generous help by the New Zealand Lepers' Trust Board is gratefully acknowledged. This help which is distributed widely in the island territories of the South and Western Pacific Islands has in certain circumstances also been extended to the provision of funds for hospitals and medical ships.

51. The Fiji Lepers' Trust Board administers an annual allocation provided by the parent body in New Zealand.

52. The death of Sir Hugh Ragg in May, 1963, who was Chairman of the Board from June, 1956, is recorded with deep regret.

53. The present Chairman, Mr. H. Maurice Scott, C.B.E., D.F.C., is the son of Sir Henry Scott, Q.C., who was Chairman of the Fiji Board from January, 1944, to June, 1956. (The Secretary to the Board is Mr. W. E. Donovan, O.B.E., I.S.O., K.S.G., O.St.J.).

54. The death of Mr. P. J. Twomey, M.B.E., J.P., Legion of Honour, in August, 1963, who was the Secretary of the New Zealand Board is recorded with deep regret.

55. The allocation to the Fiji Trust Board during 1962 and 1963 were £5,510 12s. 6d. and £9,919 7s. 6d. respectively. Contributions to Missions and Government Leprosaria in other territories during 1963 included:—

	£	£
<i>General Purposes : Fiji—</i>		
Central Leprosy Hospital Makogai	4,000	
Korovou Sub-Station	5,000	
	<hr/>	9,000
<i>New Hebrides—</i>		
Presbyterian Mission	4,000	
Anglican Mission	3,000	
Catholic Mission	3,000	
British Ante-Natal Clinics	1,000	
Seventh Day Adventist Mission	1,000	
	<hr/>	12,000
Carried forward		21,000

	Brought forward ..	21,000
<i>British South Solomons—</i>		
Anglican Mission		4,000
Catholic Mission		4,000
Methodist Mission		4,000
Central Leprosy Hospital, Tetere .		1,000
Government Native Councils		500
Seventh Day Adventist Mission		1,000
South Seas E. V. Mission		500
		15,000
<i>Bougainville—</i>		
Methodist Mission		3,000
Catholic Mission		3,000
		6,000
<i>General Purposes—Sundry—</i>		
Eastern and Western Samoa		3,000
Tahiti		500
New Caledonia		500
Niue Island		500
Gilbert and Ellice Islands Colony		500
		5,000
<i>Emergency Funds—</i>		
Bougainville .. .. .		....
<i>Leprosy Relief Vessels—Insurance, etc., and Running</i>		
<i>Costs of—</i>		
Anglican vessel		5,000
Catholic vessel		5,000
Methodist vessel		5,000
		15,000
<i>New Buildings—</i>		
Anglican Mission		3,000
Catholic Mission		3,000
Methodist Mission		3,000
Churches of Christ		250
Presbyterian Mission		3,000
		12,250
<i>Nurses' Training Centre—</i>		
Melanesian Mission		2,500
Methodist Mission		2,500
Catholic Mission		2,500
Catholic Mission		2,500
Presbyterian Mission		2,500
		12,500
	Total ..	£86,750

VII—EPIDEMIOLOGY

EPIDEMIOLOGICAL SERVICE

56. The Inspector-General is responsible for the administration of the Epidemiological Information Service which was established some years ago to aid the various territories in this connexion. Originally the service was confined to those territories coming within the South Pacific Health Service, but in 1949, the South Pacific Commission adopted a recommendation of its Research Council and requested that it be extended to territories coming within the sphere of the Commission. The Epidemiological Information Service was reviewed by the Research Council in June, 1957, and certain modifications regarding procedure and the diseases to be notified were recommended and accepted. The Commission made a grant of £400 per annum to the South Pacific Health Service to assist in the running of the service up to 1961, but this has been subsequently reduced to £200 per annum.

57. The procedure adopted is as follows: The notifiable diseases are divided into two categories—Category A and Category B. Category A diseases are the formidable epidemic diseases set out in the International Sanitary Regulations (World Health Organization), i.e. Cholera, Plague, Smallpox, Typhus (Louse-borne), Yellow Fever, Relapsing Fever (Louse-borne). If a case of any one of these diseases is diagnosed, the outbreak is notified by telegram direct to—

- (1) The World Health Organization Epidemiological Bureau, Singapore, and
- (2) The South Pacific Health Service Headquarters, Suva, Fiji (PACIMED).

Category B diseases are—

- Acute anterior Poliomyelitis.
- Cerebro-Spinal Meningitis.
- Diphtheria.
- Bacillary Dysentery (Shigellosis).
- Encephalitis (Specify).
- Influenza.
- Measles (Rubeola).
- Typhoid.
- Pertussis.
- Typhus (Flea-borne)
- Typhus (Mite-borne).

58. Should an epidemic focus of any one of these diseases become established in a territory, the Health Authority of that territory is required to notify the South Pacific Health Service Headquarters by telegram giving the location of the case or cases and the measures taken to prevent the spread of the disease. Weekly progress reports giving the number of new cases and any changes made in the preventive measures are then made until final notification is made of the disappearance of the disease.

59. The decision as to what constitutes an epidemic focus is left to the discretion of the Health Authority concerned, but it has been suggested that a single case, e.g. Poliomyelitis or Cerebro-Spinal Meningitis, might be considered to constitute such a focus if the territory is normally free of that disease.

60. In addition, the Health Authority is required to notify the Inspector-General, South Pacific Health Service monthly by air mail or sea mail (if no air mail exists) of the number of cases of diseases in Category A or B occurring in that territory during the month.

61. The Inspector-General, South Pacific Health Service is required to notify by telegram the Health Authorities of all participating territories of any outbreak of any Category A or B disease in any of the territories and keep them informed by weekly telegram of subsequent events up to and including disappearance of the disease.

62. He is also responsible for consolidating the monthly returns and providing a statement every six months showing the number of cases of each disease notified during that period.

63. The code groups used in exchange of epidemiological telegrams are:—

PACIMED	South Pacific Health Service Headquarters, Suva, Fiji
EPINT	Epidemiological Telegram
CNHEB	Condominium of New Hebrides
COOKI	Cook Islands
FIJII	Fiji Islands
GIELI	Gilbert and Ellice Islands
GUAMI	Guam Islands
NAURU	Nauru Island
NIUEI	Niue Island
NNGUI	New Guinea (Netherlands).
NOCAL	Nouvelle-Caledonie
OFRAN	Oceania-Francaise
PAPNG	Papua-New Guinea
WESAM	Samoa—Western (including Tokelau Islands).
EASAM	Samoa—Eastern (American)
SOLIS	Solomon Islands
TONGA	Tonga
USTTP	United States Pacific Islands Trust Territory

NOTE.—Although the territory of Hawaii does not participate officially in the Service, the Health Department does exchange epidemiological information with the South Pacific Health Service Headquarters, Suva. Notifications of diseases from Hawaii are therefore included in the consolidated returns issued to participating administrations.

64. The diseases, of which inter-territorial notification is required, together with the code group of each disease, are as follows:—

Category A—

AA	Cholera
AB	Plague
AC	Smallpox
AD	Typhus (epidemic louse-borne)
AE	Yellow Fever
AF	Replapsing Fever (epidemic louse-borne)

Category B—

BA	Acute anterior Poliomyelitis
BB	Cerebro-Spinal Meningitis
BD	Diphtheria
BE	Bacillary Dysentery (Shigellosis)
BH	Encephalitis (Specify)
BK	Influenza
BL	Measles (Rubeola)
BP	Typhoid
BQ	Pertussis
BS	Typhus (Flea-borne)
BT	Typhus (Mite-borne)

COMMUNICABLE DISEASES

65. No cases of any of the diseases clasified under Category A were notified during 1962–1963.

66. The figures for notification of Category B diseases are set out in the accompanying Appendices. In 1962 only Papua and New Guinea reported more than the occasional case of poliomyelitis and in 1963 a further 168 cases were reported from that territory, and an outbreak was also reported in the United States Pacific Trust Territories.

VIII—NUTRITION

67. Reports of the activities of the Nutrition Section during the period under review are contained in an appendix to this report.

IX—ACTIVITIES OF INTERNATIONAL AND OTHER ORGANIZATIONS IN THE AREA

68. The years under review saw an increasing interest displayed in the area by international agencies.

69. The Inspector-General continued to keep a close liaison with the various organizations. In September, 1962, he attended the 13th Session of the World Health Organization Regional Committee held in Manila and the following year attended the 14th Session in Port Moresby. In April, 1963, he attended the meeting of the Research Council of the South Pacific Commission held in Papeete, Tahiti.

WORLD HEALTH ORGANIZATION

INTER-REGIONAL PROJECTS

70. *Yaws Campaign*—Follow up work on the Campaign was continued in the territories in 1962 and 1963.

71. The mass campaign was extended to Tonga in the second half of 1962 when mass treatment was given to 89·8 per cent of the population.

72. At the end of 1963 planning of the first Yaws re-Survey of Tonga was well advanced and was scheduled for January, 1964.

73. *Maternal and Child Health*—Perhaps the most significant project carried out in the area in 1962–1963 was the joint World Health Organization/South Pacific Commission Maternal and Child Health Project, carried out in the area between August 1962 and June 1963.

74. The survey was carried out by Dr. L. R. C. Verstuyft and Miss M. Farland, a World Health Organization Public Health Nurse.

75. The visits were probably the most extensive carried out in the area by a single team and their constructive reports stimulated further interest in the problems highlighted for which solutions have been sought.

76. The possibility of United Nations Children's Fund assistance in the resolution of some of the problems so defined, is welcomed and will be of considerable value to the region.

TERRITORIAL PROJECTS

77. *Environmental Sanitation*—Considerable progress is being made in the provision of village water supplies in Tonga. The project is under the direction of Mr. B. L. Adan of the World Health Organization.

78. The local people have co-operated enthusiastically in the project and have provided the necessary labour. Deep wells have been hand-dug by villagers down to a lens of fresh water supported by the salt water below. The wells have been properly sealed and water is pumped to high level tanks by windmill or motor power but the pumps can also be hand-operated if necessary. Reticulation is provided to stand pipes in the villages and to sanitary facilities in schools.

79. *Malaria*—A malaria eradication pilot project was begun in the British Solomon Islands Protectorate in 1961. The area chosen was the islands of Guadalcanal, Savo and the New Georgia group. At Savo the effect of drug administration was combined with residual spraying of houses with D.D.T. whilst spraying alone was used at the other locations.

80. In Guadalcanal houses were sprayed with an application of 2 G. per square metre of D.D.T. between the months of October, 1962, and January, 1963. The overall parasite rate fell from 30 per cent in the pre-spray period to 11·6 per cent four to five months after the first complete spray and to 4·1 per cent four to six months after the second spraying. *Plasmodium falciparum* infection was the most affected of the three species of parasite concerned. The proportion of the population with positive blood slides for *Plasmodium falciparum* fell from 42·5 per cent to 31 per cent in the second survey and to 20 per cent in the third.

81. In Savo where drug therapy consisting of a mixture of chloroquine, pyrimethamine and primaquin was combined with residual spraying, the crude parasite rate fell to 0·4 per cent in the 87·5 per cent of the population examined two months after combined spraying and drug therapy had been commenced. (The original parasite was 39 per cent).

82. The work continues on this project.

83. *Nursing Education Projects*—The Nursing Education Project in the British Solomon Islands Protectorate which has received considerable help from both the World Health Organization and United Nations Children's Fund has continued and late in 1963 a project of a similar nature was commenced at the Central Hospital, Bikenibeu in the Gilbert and Ellice Islands Colony.

X—GENERAL

84. I would like to record my thanks to the members of the South Pacific Health Board and to officials of the participating territories for the generous help and assistance they have given to me.

85. In particular I would like to thank the Government of Tonga for the hospitality extended to the Board on the occasion of the 17th annual meeting held in Nuku'alofa, Tonga, on the 31st May, 1963, and for the kind welcome expressed by the Acting Deputy Premier, the Honourable M. U. Tupouniua.

C. H. GURD,
Inspector-General, South Pacific Health
Service.

APPENDIX III

DISTRIBUTION OF EPIDEMIOLOGICAL INFORMATION

DISTRIBUTION LIST

Secretary of State for the Colonies, London.
 Ministry of Health, London.
 Director-General of Health, Canberra, Australia.
 Department of Health, Sydney, Australia.
 Director-General of Health, Wellington, New Zealand.
 World Health Organization, Geneva, Switzerland.
 World Health Organization, Manila, Philippines.
 World Health Organization, Singapore.
 South Pacific Commission, Noumea, New Caledonia.
 U.S. Quarantine Medical Officer, Honolulu.
 Director of Public Health, Guam.
 Director of Public Health, Honolulu.
 The Public Health Officer, HICOMTERPACIS, Guam.
 President, Board of Health, Territory of Hawaii.
 British Resident Commissioner, Port Vila, New Hebrides.
 Medical Director, P.A.A., San Francisco.
 U.S. Quarantine Officer, San Francisco.
 American Embassy, Wellington, New Zealand.
 American Consul, Noumea, New Caledonia.
 Consul-General, Papeete, Tahiti.
 Royal New Zealand Air Force, Suva, Fiji.
 Medical Officer of Health, Suva.
 Medical Superintendent, Colonial War Memorial Hospital, Suva.
 Divisional Medical Officer, Central, Suva.
 Divisional Medical Officer, Western, Lautoka.
 Medical Officer-in-Charge, Colonial Sugar Refining Company, Limited, Lautoka.
 Medical Officer, Nadi Airport, Fiji.
 Chief Medical Officer, Nuku'alofa, Tonga.
 Director of Health, Apia, Western Samoa.
 Secretary to Government, Apia, Western Samoa.
 Chief Medical Officer, Honiara, British Solomon Islands Protectorate.
 Senior Medical Officer, Tarawa, Gilbert and Ellice Islands Colony.
 British Medical Officer, Port Vila, New Hebrides.
 Director of Health, Tutuila, American Samoa.
 Chief Medical Officer, Rarotonga, Cook Islands.
 Director of Medical Services, Hollandia, Netherlands, New Guinea.
 Director of Medical Services, Papeete, Tahiti.
 Chief Medical Officer, Nauru.
 Director of Health, Port Moresby, Papua-New Guinea.
 Director of Medical Services, Noumea, New Caledonia.
 Chief Medical Officer, Niue Island.

APPENDIX IV

NUTRITION REPORT 1962-63

Staff—During the period the staff situation greatly improved. Miss Sheran L. Gourley arrived in May, 1963, to undertake the duties of Home Science Extension Teacher. Miss Rosemary M. Wilkins joined the Nutrition Section in September, 1963, as Nutritionist.

2. Throughout the period part-time assistance was given by Mrs. J. D. Walker and Mrs. S. V. Parkinson.

NUTRITION AND HOME SCIENCE EDUCATION

3. *Lectures to Students*—The regular courses in nutrition were given to nursing, medical, assistant dietitian and public health students. Most of these courses have now been given annually for ten years and the results are showing in the work of graduates.

4. *Village Work*—Simple courses in nutrition and cooking were planned for village women. A syllabus for suitable home science courses for women's clubs was prepared. This was based on a course held in rural areas of Fiji. Advice and assistance on matters of nutrition was given to Assistant Medical Officers, Health Sisters and Nurses working in rural areas.

5. A course in cooking, nutrition and sewing was carried out in Honiara, British Solomon Islands Protectorate.

6. *Nutrition Schemes in Schools*—A pamphlet on school lunch schemes was prepared for schools and for women's clubs who assist in school lunch schemes. Advice was given to two schemes in the Suva area.

7. A school milk scheme was initiated at one of the largest girls' schools in Suva. This has proved most successful. Several nutrition displays were arranged as part of Young Farmer's Club field days.

8. *Nutrition and Home Science Propaganda*—The Nutrition Section organized an exhibition on the "Food Uses of the Coconut" at the Agricultural Show. A similar kind of display was given at a rice field day. A series of simple radio talks were prepared for the South Pacific Health Service territories. These were first broadcast in Fiji and scripts were then sent to other territories.

9. *Teaching Aids*—A book on infant feeding for Tongan mothers was published and despatched to Tonga. The Fijian infant feeding book was reprinted.

10. Posters on the daily dietary pattern were revised and printed. A hand book on teaching nutrition from the poster was prepared and printed.

11. The South Pacific Cookery Book was prepared for reprinting. It is intended to revise this book in 1964–1965.

12. A Manual of Nutrition for teachers and community workers was prepared.

13. A display showing various aspects of the South Pacific Health Service Nutrition work was prepared and sent to the World Health Organization Headquarters, Manila, for use in Public Health and Nutrition Seminars.

RESEARCH

14. Food analysis tables for use in the South Pacific Health Service territories were prepared. These will be printed in 1964 and despatched to all territories. The tables show the food value of most of the foods commonly used in this area of the Pacific. A nutrition survey was carried out at Naduri Village, Sigatoka. This survey was undertaken with the view of ascertaining changes in nutrition practices that may have occurred since the initial South Pacific Health Service survey at this village in 1953.

THE TRAINING OF ASSISTANT DIETITIANS

15. Throughout the period lectures were given to two assistant dietitian students. Two students sat for the final examination. One Cook Islands student passed the examination and one Fijian student obtained a partial pass. The Cook Islands student returned to Rarotonga to assist in the hospital.

16. An assistant dietitian was appointed to the senior post at the Colonial War Memorial Hospital. The food served at the Colonial War Memorial Hospital and Lautoka Hospital are now supervised by assistant dietitians.

17. It is hoped that eventually it will be possible to train assistant dietitians to undertake the supervision of hospital food services in all the South Pacific Health Service territories.

APPENDIX V

AGREEMENT FOR THE CONTINUED OPERATION OF A SOUTH PACIFIC HEALTH SERVICE

WHEREAS, on the 7th day of September, 1946 the Government of Fiji, the Western Pacific High Commission, acting for and on behalf of the Gilbert and Ellice Islands Colony and the British Solomon Islands Protectorate, and the Government of New Zealand, acting in respect of New Zealand's Island Territories including Western Samoa, desiring to combine for the more effective protection of the health of the people in the Territories under their administration, entered into an Agreement for the establishment of a South Pacific Health Service:

And whereas on the 11th day of June, 1951 the Government of Fiji, the Western Pacific High Commission and the Government of New Zealand entered into a further Agreement for the continued operation of the South Pacific Health Service replacing the Agreement of 7th September, 1946:

And whereas the said Agreement of the 11th day of June, 1951 provided that it should continue in force until the 31st day of December, 1954:

And whereas with the concurrence of the parties thereto, the said Agreement of the 11th day of June, 1951 has nevertheless continued to have full effect up to the date of the entry into force of the present Agreement:

And whereas the said Agreement of the 11th day of June, 1951 applied to the Colony of Fiji, to the Kingdom of Tonga and to the several Western Pacific and New Zealand Territories for and on behalf of, or in respect of which it was signed:

And whereas it is desired to make provision for the continued operation of the South Pacific Health Service in accordance with the provisions contained in the present Agreement:

And whereas it is desired that the Government of Tonga and the Government of Western Samoa should be joined as parties to the present Agreement:

And whereas the Government of Fiji, the Western Pacific High Commission and the Government of Tonga are authorized to conclude the present Agreement by the Government of the United Kingdom of Great Britain and Northern Ireland:

And whereas the Government of Western Samoa is authorized to conclude the present Agreement by the Government of New Zealand:

Now therefore the Government of Fiji, the Western Pacific High Commission, the Government of New Zealand, the Government of Tonga, and the Government of Western Samoa (hereinafter referred to as "the Participating Administrations") agree as follows:—

1. The South Pacific Health Service shall extend and apply to the Territories named in the Appendix hereto, and may, by agreement between the Participating Administrations, be extended and applied to other Pacific Island Territories.

2. The South Pacific Board of Health, established pursuant to the said Agreement of the 7th day of September, 1946, (hereinafter referred to as "the Board") shall continue to supervise and control the South Pacific Health Service.

3. The Board shall consist of—

- (a) The Inspector-General, South Pacific Health Service, appointed under Article 8 of the present Agreement (hereinafter referred to as "the Inspector-General") who shall be Chairman of the Board;
- (b) The Director of Medical Services, Fiji or (whenever the same person holds office as Inspector-General and as Director of Medical Services, Fiji) a person nominated by the Governor of Fiji;
- (c) The Director-General of the Department of Health, New Zealand, or his representative;
- (d) The Director, Division of Nursing of the Department of Health, New Zealand, or her representative;
- (e) A person nominated by the High Commissioner for the Western Pacific;
- (f) A person nominated by the Premier of Tonga;
- (g) A person nominated by the High Commissioner of Western Samoa.

4.—(1) Meetings of the Board shall be held at those times and places which the Board or the Chairman may from time to time determine: provided that a meeting (hereinafter referred to as "the Annual Meeting") shall be held at least once during each year as near as possible to the month of June; and provided also that at least each alternate meeting shall be held in Suva.

(2) At any meeting of the Board, four members of the Board shall constitute a quorum provided that one of those members shall be the person appointed under sub-paragraph (e) or sub-paragraph (f) or sub-paragraph (g) of Article 3.

(3) At any meeting of the Board, the Chairman shall have a deliberative vote and, in case of equality of votes, shall also have a casting vote; and the decision of the majority of members present shall be the decision of the Board.

(4) The Board may invite observers to attend any of its meetings.

(5) The headquarters of the Board shall be located in Suva.

5. The Board shall have the power to establish and maintain office premises and shall employ the clerical and other office staff which it may from time to time deem necessary.

6. The functions of the Board shall be—

- (a) to advise the Participating Administrations on all health matters within their Territories;
- (b) to collect information in regard to the incidence of disease within the Territories of the Participating Administrations, and to ensure the transmission of relevant information to the Participating Administrations;
- (c) to revise from time to time the standard code for quarantine reporting which has been drawn up by the Board for the guidance of the Participating Administrations;
- (d) to assist the Participating Administrations in maintaining adequate medical, nursing and sanitary staff;
- (e) to nominate a person or persons to act on behalf of the Board in selecting candidates for appointment to the South Pacific Health Service;
- (f) to encourage, co-ordinate and, if necessary, initiate medical research within the Territories of the Participating Administrations;
- (g) to advise the Participating Administrations in all matters relating to the training of Assistant Medical Practitioners, Nurses, Sanitary Inspectors, Technicians and auxiliary health personnel;
- (h) to make recommendations to the Participating Administrations as regards the conditions of service, including the salary scales, of all grades of medical and health personnel;
- (i) to consider the estimates of expenditure presented to it by the Inspector-General, and to establish its annual budget;
- (j) generally to carry out those inquiries and to do all those things or acts which in the opinion of the Board are necessary for the purpose of assisting the Participating Administrations in the more effective control of disease and in the promotion of health within their Territories.

7.—(1) The Inspector-General shall be a medical practitioner appointed by the Secretary of State for the Colonies in consultation with the Government of New Zealand.

(2) For the purposes of his personal service, pay and discipline, he shall be subject to the authority of the Governor of Fiji who is the representative of the Secretary of State for the Colonies.

(3) The Inspector-General shall be the chief executive officer of the Board.

8. The duties of the Inspector-General shall be—

- (a) to visit the Territories of the Participating Administrations at regular intervals and on request, at any time, and generally to keep himself personally familiar with the medical and health problems of those Territories;
- (b) subject to the general direction of the Board, to arrange for the transfer or temporary secondment of medical and health personnel to the Territories of the Participating Administrations, or upon the request of a Participating Administration for the replacement of all or any of those personnel;

- (c) to consult with the Director-General, Department of Health, New Zealand, in regard to the requirements for New Zealand nurses for secondment to the Territories of the Participating Administrations and to obtain his advice on all matters relating to the terms and conditions of service and the posting of those nurses within those Territories;
- (d) to consult with Participating Administrations concerning disciplinary action which they may from time to time consider necessary in respect of medical officers transferred or temporarily seconded to their Territories;
- (e) to obtain regular returns of infectious diseases from the Territories of the Participating Administrations together with those other reports which may from time to time be necessary, and to ensure that that information is transmitted to the Board and to all the Participating Administrations;
- (f) to establish and maintain the necessary contact with the World Health Organization and the South Pacific Commission;
- (g) from time to time to prepare those special reports on medical, health and allied problems which the Board may require or which, at his discretion, he may deem necessary;
- (h) to prepare, for the consideration of the Board at the Annual Meeting, estimates of expenditure for the following year in connexion with the clerical and other office staff of the Board and with all other activities sponsored by the Board, and to submit those estimates for study by the Participating Administrations prior to the Annual Meeting;
- (i) to ensure that action taken, and recommendations made, by the Board are brought to the notice of all the Participating Administrations concerned.

9.—(1) The Board may appoint an Assistant Inspector-General, South Pacific Health Service (hereinafter referred to as "the Assistant Inspector-General"). The Assistant Inspector-General shall be a medical practitioner and shall be appointed on the conditions and with the powers and duties which the Board may from time to time determine.

(2) The Inspector-General may from time to time, either generally or particularly, delegate to the Assistant Inspector-General all or any of his powers, duties and functions under Articles 9 and 12 of the present Agreement. Subject to any general or special directions given or conditions attached by the Inspector-General, the Assistant Inspector-General may exercise those powers in the same manner and with the same effect as if they had been conferred on him directly by the present Agreement and not by delegation. Every delegation under this sub-paragraph shall be revocable at will, and no such delegation shall prevent the exercise of any power by the Inspector-General. Any such delegation shall, until revoked, continue in force, notwithstanding the fact that the Inspector-General by whom it was made may have ceased to hold office and shall continue to have effect as if made by the successor in office of that Inspector-General.

10. In the discharge of their duties as such, the Inspector-General and the Assistant Inspector-General shall exercise their functions in respect of the Territories of all the Participating Administrations in equal measure, and shall not be regarded as having a special responsibility towards any one Participating Administration.

11. The present Agreement is entered into on the understanding that—

- (a) The Board will appoint to the South Pacific Health Service a sufficient number of medical officers to form a pool which, in the opinion of the Board, with the concurrence of the Participating Administrations, is capable of providing the Participating Administrations with adequate health services;
- (b) The pool will be based on the headquarters of the Board, and the Participating Administrations will draw their medical officers from it on a system of transfer or temporary secondment. If the pool is at any time unable to provide for the requirements of any Participating Administration, that Participating Administration may itself appoint to its health service a medical officer or officers: provided that any medical officer so appointed shall be eligible for appointment to the pool;
- (c) The pool will be recruited in part on the basis of a short-term appointment, in part by the Secretary of State for the Colonies and in part from medical officers appointed to the health service of any Participating Administration pursuant to sub-paragraph (b) of this Article. Members of the pool who were not recruited by the Secretary of State for the Colonies may be given a permanent and pensionable appointment to Her Majesty's Overseas Civil Service, if they so desire and are accepted for that appointment by the Secretary of State;
- (d) The Participating Administration to whose Territories a medical officer is transferred or temporarily seconded at any time will be responsible for the full costs involved. These costs shall include, for example, his salary, local travelling expenses, leave with pay, and pension contribution, but shall not include the expenses of the medical officer in travelling between the headquarters of the Board and the Territory of a Participating Administration. The latter expenses shall be borne in accordance with arrangements made in each case between the Board and the Participating Administration or Administrations concerned;
- (e) When any Participating Administration considers that disciplinary action is necessary in respect of medical officers transferred or temporarily seconded to its Territories, it will refer the full facts of the case to the Inspector-General for his opinion before final action is taken;
- (f) The Board will maintain a pool of nurses based on New Zealand for secondment to the Territories of the Participating Administrations. The secondment of nurses will be arranged by the Director, Division of Nursing, New Zealand, in consultation with the Inspector-General. If, at any time, the pool of nurses is unable to provide for the requirements of any Participating Administration, that Participating Administration may recruit nurses from elsewhere.

12. The Participating Administrations shall be responsible for the payment of the actual expenses of the Board in each year in the following proportions:—

Government of Fiji	Seven-sixteenths
Western Pacific High Commission	One-quarter
Government of Tonga	One-sixteenth
Government of Western Samoa	one-eighth
Government of New Zealand	one-eighth

13.—(1) The present Agreement, which replaces the Agreement of the 11th day of June, 1951, shall enter into force on the date on which all the Participating Administrations shall have signed the present Agreement.

(2) After the expiration of a period of five years from the date of its entry into force, this Agreement shall be subject to review at the instance of any Participating Administration, upon notice being given to the other Participating Administrations. The Agreement shall be reviewed by the Participating Administrations during the calendar year following that in which such notice is given.

(3) Unless the Participating Administrations otherwise agree, the present Agreement shall terminate at the end of the calendar year during which the Agreement is required to be reviewed, pursuant to the provision of this Article.

In witness whereof the representatives of the Participating Administrations have hereunto subscribed their names at the places and on the dates hereinafter mentioned.

For the Government of Fiji:

R. H. GARVEY,
Suva, 15th November, 1957.

For the Western Pacific High Commission:

JOHN GUTCH,
Honiara, 10th January, 1958.

For the Government of Tonga:

TU'I HA'ATEIHO,
2nd December, 1957.

For the Government of Western Samoa:

G. R. POWLES,
Apia, 25th September, 1957.

For the Government of New Zealand:

R. M. ALGIE,
Wellington, 20th September, 1957.

TERRITORIES TO WHICH THIS AGREEMENT APPLIES

1. Colony of Fiji.
2. Western Pacific Territories—
Gilbert and Ellice Islands Colony.
British Solomon Islands Protectorate.
3. New Zealand Island Territories—
Cook Islands (including Niue).
Tokelau Islands.
4. Kingdom of Tonga.
5. Western Samoa.

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 (CAKOMBAU), NANDI (NADI), NANDRONGA (NADRONGA), MBENGGGA (BENGGGA).



