Full medical facilities are available to the whole population for the treatment of tropical diseases prevalent, which are limited to filaria, yaws, and some of the fungoid skin conditions. These are treated at all out-stations, and arrangements allow for cases in out-station hospitals to be transferred to Apia for specialist attention if desirable. Venereal disease is not widespread and only gonorrhœa has been isolated. Treatment in each case is usually as an out-patient, but hospitalization is available and is enforced when required.

There is one main base hospital at Apia and thirteen district dispensaries and three District Nurse dispensaries. It is proposed within the next two years to build up four of these district dispensaries to be twenty-four-bed district hospitals. There are no medical units run by missions or private bodies.

Sanitation

In Apia nearly all European dwellings have septic tanks, while many Samoan dwellings have pit latrines. Others have no latrines at all, the beaches being used for this purpose. Most villages have sea latrines and a few pit latrines, but many Samoan families are not provided with latrines at all. In Apia there is one public latrine, but there are none in the villages.

Drainage facilities in Apia are fair. Storm-water drains lead either to natural streams or direct into the harbour. Household drainage is usually into a deep sump—ground drainage is good and this method creates no nuisance. In some villages where there is a piped water-supply but no drainage, swamps are created, but in most areas the natural porosity of the soil or the presence of a natural drainage stream provides well enough to prevent an actual nuisance.

Much of the occupied land about Apia is swampy, and drainage ditches are kept in repair by the owners of the ground. Mosquito control in these areas is provided by swarms of surface-feeding small fish.

Water-supply in the Apia area (population about 8,450) is from three catchment areas all well forested. They are policed regularly and human contamination is kept at a low level. The water, however, does not come up to safety standards and people are advised to boil drinking-water.

Village water-supplies vary. Some are piped, but all are subject to contamination. Most villages are served by seashore springs and the water for domestic use is carried in buckets to the houses. Health Inspectors sample the water regularly for testing at Apia Hospital. Some of the springs are satisfactory at all times, but the majority show signs of contamination.

Stagnant pools, except in a few villages, are not a problem, and apart from a steady filling programme no special measures are taken to deal with them. In the absence of malaria, mosquito-breeding is not dangerous. The only disease-carrying mosquito is *Aedes pseudo-scutellaris* (filariasis carrier) which is a tree-hole breeder. This latter is tackled by the Health Inspectors, who demonstrate its control on their village inspections and endeavour to have the people block up tree holes and clean up collections of coconut husks, cocoa pods, &c., where it may also breed.

Rats create an economic and health problem which is being tackled now by use of Antu, a new and potent poison. Live rates are trapped and examined for diseases which may be transmitted to man, and although results have been negative, the system has been in operation for too short a period to exclude any possibilities of infection from this source. There is a strong suspicion that some rats are infected with leptospirosis, as some years ago positives were found in liver sections sent to Australia for special investigation.