II. SOCIAL CONDITIONS

8. Health and Sanitation

Health services in the Tokelau Islands are organized and supervised from Apia, from where also the supplies are drawn. The basic staff on each of the three islands consists of one local dresser (male), and one local nurse (female). Two Native medical practitioners are resident in the islands. At Atafu, the northern atoll, there is a Native medical practitioner in full-time residence. The other two islands share a Native medical practitioner, who resides in each for approximately six months per year. At Fakaofo, where there is the largest population, there is, in addition, a Samoan trained nurse. A European qualified Medical Officer visits the islands at approximately six-monthly intervals.

In each island the dressers and local nurses serve in the hospital, doing mainly out-patient dressings, and nursing such in-patients as may be admitted. The Native medical practitioner performs the full functions, both preventive and therapeutic, of a doctor, holding his more difficult cases for consultation with the European Medical Officer when he comes. The addition of a Samoan trained nurse to the staff at Fakaofo was for the purpose of separating health maintenance, and particularly infant-welfare work, from the general function of the hospital there. Her duties are mainly concerned with health education and supervision in these fields through the women's committees.

The women's committees are voluntary organizations to which most of the women in each island belong and through whom health education and propaganda may be disseminated. They perform a useful function by mutual assistance in such matters as home nursing, and maternal and infant-welfare work. In addition, they perform a useful social function by keeping alive the Native arts and crafts and assuring that the home conditions of each family are at least up to a minimum standard laid down by the Committees.

The incidence of disease in the islands is slight. There have been no cases of smallpox, leprosy, plague, or cholera, and yellow fever is unknown. The only mosquito identified in the islands is the *Aedes pseudoscutellaris*, and *Filaria* is present, carried by this mosquito. There is no malaria. Recent surveys reveal a micro-filarial rate of about 10 per cent., most of the carriers having resided, either in Samoa or some other endemic zone, for at least some months. No cases of syphilis have been reported, although yaws is common among the children, but is quickly reduced by appropriate therapy. Rats constitute an economic problem of some magnitude, but examinations of rats caught have failed to reveal any fleas or other diseases of rats.

The health of these small communities is satisfactory. Their villages are clean, and the general sanitary conditions are good. Latrines present only a small problem as they can be erected over deep water on all living islets, but care must be exercised to ensure that this is always done.

Several visits have been made and extractions and treatment given by Samoan dental officers, and on a recent visit a European Medical Officer examined eye conditions and prescribed 179 pairs of spectacles. These will be delivered on the next visit.

The diet of the people which consists mainly of fish and coconuts appears superficially to be deficient in many necessary ingredients.

9. Water-supplies

Under primitive conditions life in coral atolls is complicated by the necessity for storing every available drop of water. The indigenous method was to cut grooves and hollows on the under-side of the trunks of coconut-palms and so lead the water into numerous small reservoirs. Now, however, tanks have been established on each of the living islets. At Fakaofo there are three tanks with a total capacity of 43,800 gallons and a catchment area of 2,646 square feet. At Nukunono there are three tanks with