

MEDICAL AND HEALTH.

Dr. Buck, M.P., who acted as Medical and Health Officer for five months, left for New Zealand on the 19th May, 1913. Dr. Dawson, the newly appointed Medical Officer, arrived in Niue on the 1st July, 1913. From the time Dr. Buck left until Dr. Dawson arrived, a period of six weeks, the island was without the services of a Medical Officer. During that time the Rev. Gavin Smith regularly attended at the dispensary and dispensed medicines. The thanks of the Administration are due to him for his voluntary assistance.

It has been suggested by Dr. Buck that instead of establishing a hospital in the ordinary sense, a midway course be adopted for the present by establishing a small cottage hospital. This suggestion is supported by Dr. Dawson, who adds, "it might prove economical in the long-run to build a substantial building at the beginning." With this latter view I entirely agree, and in drawing up plans for the initial scheme strict attention should be paid to future developments. In this way the foundation might be laid for a small but fully equipped hospital, and gradually developed as funds permitted.

Turning to the financial side of this proposition I foresee many difficulties. The present income of the Administration is already too small for requirements, and it is impossible to incur fresh liabilities unless an increased income is assured. From inquiries I have made I estimate that at least £2,500 would be required to establish a cottage hospital on a modest scale. In this amount I have included the probable cost of necessary land, doctor's residence, nurses' residence, operating-room, and dispensary, also six shelters. As the institution would necessarily have to be some distance out of Alofi the present Medical Officer's residence would have to be vacated. However, those premises would prove very useful for other purposes. It will be noticed that provision is made for a nurses' residence. I am advised that two nurses are absolutely necessary in such an institution, however small the institution may be. From information I have gathered I estimate the probable working-expenses of a small cottage hospital such as I have outlined would absorb at least £1,300 per annum. This sum includes salaries.

The total cost of the present medical service for the past year amounted to £901 8s. From this must be deducted the sum of £150, being subsidy subscribed by the Natives, and £125, being subsidy from the New Zealand Government, leaving a sum of £626 8s., which was paid by the Niue Administration. Recently the Native Council informed me that the people were not desirous of continuing the subsidy of £150 per annum which they have subscribed for the past three years. I have strong hopes, however, of getting them to change their minds in this matter.

In conclusion, I would say that the cost of the present service is proving a heavy drag on the Administration funds, and if it is decided to establish a hospital, even on a modest scale, then the Administration must receive outside assistance in providing the capital cost, and authority must, in addition, be given to impose considerable extra local taxation in order to provide for the working-expenses.

I attach hereto a report from the Medical Officer :—

SIR,—

Alofi, 31st March, 1914.

I beg to submit my report on the work of the Medical and Health Department for the last nine months.

Consultations at the dispensary and visits to patients numbered 7,067; sixty-nine members of a labour gang were medically examined before leaving for Malden Island. Over a thousand successful vaccinations have been performed.

Disease.—Filariasis and framboesia in their various clinical manifestations are common, very few, if any, of the Natives escaping the latter disease. Syphilis, mostly observed in its tertiary stage, is also common. As Native patients do not usually worry about any disease unless it causes them discomfort they do not, as a rule, apply for treatment in the earlier stages. This, I think, is one of the reasons why the disease has become so prevalent. Gonorrhœa does not give rise to so many complications in the male as one finds in temperate climates. In the female the results are frequently disastrous. Probably it is the chief cause of so many of the women being childless. Eye-diseases are very prevalent, conjunctivitis due to various infections affecting a large percentage of the population.

Skin-disease: Tinea imbricata affects a considerable number of people on the eastern side of the island. It is said that this disease has become more prevalent since the practice of oiling the body has been given up. Tinea versicolor, tinea circinata, impetigo, and scabies are common.

Tubercular disease is not as yet very prevalent, but some cases of phthisis have come under observation. The excellent ventilation of the Native houses is a good safeguard.

One case of nodular leprosy has been discovered and isolated.

While the younger Niueans have excellent teeth, the same cannot be said of the older people. Dental caries and pyorrhœa are rife in middle age and after, giving rise to a great deal of gastro-intestinal trouble and chronic rheumatism.

Within the last few weeks there has been an outbreak of enteric fever in the northern end of the island. All necessary measures are being taken with regard to it.

Water-supply.—The excellent storage-tanks erected by the Administration should do away with the necessity for such irregular receptacles for water as one sees round some of the dwellings. As a rule these have no cover, and form excellent breeding-places for mosquitoes. The water in them is very liable to become contaminated.

Sanitation.—The weekly clean-up of the kaingas should help to reduce the fly plague by the removal of possible breeding-places. The erection of closets will tend in the same direction. The flies are a decided menace to the health of the community. It has been shown that the flies hatched out in infected excreta are the ones that are the worst offenders in disseminating disease.

Accommodation.—Branch dispensaries have been opened at Mutalau and Avatele, but trans-