

As to Native nurses and cadets, the Acting Chief Medical Officer, in his report dated the 7th April, 1921, says :—

“*Native Nurses and Cadets.*—The work of training Samoan girls as nurses has been continued during the past year, and the experiment promises well for the future. Four of the senior girls were examined last January, and all passed their qualifying examination. Two of these girls have just returned from the Aleipata district, where there has been much eye trouble. Their work there has fully justified the time and money spent in their training, and, as time goes on, and more nurses are available to be sent to the out-stations, they will be of still greater assistance.

“The cognate scheme of training Samoan youths as Native practitioners has not been so fully developed, but as soon as there is accommodation for them at the Hospital it is hoped that six will be taken on to commence the three-years course laid down.

“At the present time there is one Native (Atimalala) who has had nine years’ experience in medical work, and who is ranked as a Native medical practitioner. His work is of very high value, and he has been extremely useful in many ways—i.e., he can be sent on short *malagas* to villages where sickness is reported. We have always found him reliable on these expeditions.”

The medical staff on the 31st March, 1921, numbered four, and for the greater part of the year numbered three only, including the Chief Medical Officer, although provision had been made for a greater number, and although several medical officers came and went. During this period very great difficulty was experienced in securing medical officers of the right stamp. The situation has improved since that date, and on the 1st September, 1921, there were six medical officers on the staff, including the Chief Medical Officer and the Medical Officer of Health. The number of medical officers contemplated by the estimates is still short, and arrangements are being made, both in New Zealand and with the London School of Tropical Medicine, for further officers. The projected medical out-stations, in addition to Tuasivi, cannot be established until the clinical staff is strengthened as intended by the estimates.

The nursing staff on the 31st March consisted of a Matron and eight Sisters.

In his report of the 7th April quoted above the Chief Medical Officer says :—

“It is a well-known fact that no hospital can do good work unless the staff is contented, and the conditions under which the Sisters have had to carry out their work in the past have not conduced to a contented frame of mind. Nursing at any time calls for much self-sacrifice and self-denial on the part of a nurse, but in Samoa the conditions are infinitely more trying than in New Zealand. The absence of a home life, and the many discomforts incidental to living in the tropics, make it essential that everything possible should be done to make the staff as comfortable as possible.

“During the past year our small staff has been still further depleted by the necessity for sending a Sister to take charge of quarantine. The result of this has been that all the Sisters have had to work almost continuously, and off-duty days have been few and far between. When it is remembered that a nurse works seven days a week, this deprivation of their customary days off duty is a very serious matter.

“The same argument applies in the case of the medical officers, and there is no doubt that the absence of proper housing and furniture has been one of the reasons why medical officers do not stay for long periods.

“The conditions of the paths between the various wards and *fales* at the Hospital has caused a great deal of hardship, and even suffering, to the nurses. At night falls are frequent, and wet muddy feet almost a daily condition.

“The quarters provided for the nurses are altogether inadequate. Overcrowding is bad anywhere, but in the tropics is unsupportable, and until really satisfactory quarters can be supplied we cannot hope to keep the nurses or expect them to be contented while here. The nurses at present on the staff are very satisfactory, and it will be very disappointing if the conditions referred to lead to the early resignation of any of them.”

The provision of improved or further nurses’ quarters must be faced, but up to the present it has been impossible to undertake the work.

Provision of dwellings for the medical staff is a portion of the difficult general problem of accommodation, a problem which can only be solved as time goes on. One dwellinghouse, of approved tropical type, completely mosquito-screened, has been erected near the Hospital.

The Chief Medical Officer further says : “In the scheme submitted last year no mention of district nurses was made, but I should like to say here that since the drawing-up of that scheme my observations during journeys round the islands have convinced me that the inclusion of, say, six such nurses would be of exceeding value, especially from the welfare of children point of view. These nurses could as required also act as relieving or extra nurses at the Hospital in times of stress and during periods of leave or sickness among the regular staff. In this connection I should very much like, if it could be arranged, to have an expert, such as Dr. Truby King, visit Samoa for two or three months to study the conditions as affecting infants, and advise us as to the most suitable methods to adopt, having regard to local conditions and foods.”

These and other suggestions concerning the health of the community generally will be dealt with by the Board of Health, and recommendations submitted.

For a considerable part of the year the Department of Health has had the assistance of a mission from the London School of Tropical Medicine, consisting of Dr. F. W. O’Connor and Mr. Berry. This mission was sent out to the Pacific islands to conduct research work in connection with certain tropical diseases, and changed its base from the Ellice Islands to Samoa. During his stay here Dr. O’Connor has given ungrudgingly of his time and knowledge, and his assistance has been very valuable. From what Dr. O’Connor has seen of the work and material available in Samoa, he expressed the opinion that there is an unlimited field for investigation, and that the work done in Samoa will help to elucidate many of the unsolved problems in tropical medicine.

A proposal strongly recommended by the Chief Medical Officer in his report of the 7th April was : “That a comfortable building in the nature of an accommodation-house or convalescent home