(*f*) *Safotu Hospital Area.*—This area is comparatively a small one, bounded on either side by lava-fields. It is in charge of a Native medical practitioner, who is assisted by a trained Native nurse.

(*g*) *Salailua-Asau Area.*—This is the most difficult area in Western Samoa to deal with. The population is scattered in small communities along a rocky coast-line with very few landing-places. Water-supplies and sanitation are both problems not easy of solution. For the past few years a nurse has been stationed at Salailua, the most thickly-populated area, and this year stations in charge of nurses have been opened at Samataitai and Sataua.

The opening of dispensaries in the out-districts depends on our supply of trained Native nurses. Each year sees a further advance, and during the past year we were able to open six—at Fagaloa, Poutasi, Lefaga, Samataitai, Sataua, and Fasitootai—and in addition to station a Native nurse, trained in child-welfare work, at Fagamalo, Savai'i.

Infectious Diseases.

The return given below does not include all cases of infectious diseases occurring in the Territory, but only those which have been reported from Apia Hospital: Dysentery (shiga), 167; dysentery, (amœbic), 1; pneumonia, 53; enteric fever, 21; leprosy, 5; pulmonary tuberculosis, 12; tubercular peritonitis, 2; tubercular meningitis, 1; gonorrhœa, 14; ophthalmia neonatorum, 1; beriberi, 2; tetanus, 3; puerperal sapræmia, 1; mumps, 1.

(*a*) *Dysentery.*—In February, 1926, an outbreak of dysentery (shiga) occurred in two villages in Savai'i, with a few cases in several other villages. Fortunately the steps taken to prevent it becoming epidemic were successful, but it was not until June that the outbreak subsided. Dysentery is endemic in Western Samoa, and has been so for over a century. At intervals of several years it has become epidemic, and has probably been one of the chief factors in the very slow increase in population. The last epidemic was in 1923, when it caused the death-rate to rise to 41·5 per thousand of mean population, as compared with a death-rate of 27 per thousand the previous year. The increased sanitation and cleanliness of the villages, the opening of dispensaries in the outlying districts, and the education of the Natives, all undoubtedly played their part in preventing the outbreak during 1926 from becoming epidemic.

(*b*) *Influenza.*—During August influenza of a mild but highly infectious type appeared in one of the villages on the outskirts of Apia and rapidly spread throughout the Territory. Fortunately, information regarding the disease and advice as to treatment were circulated in advance of the epidemic in the more outlying districts. Of the twenty-five deaths which were returned as due to influenza, all but a few were of old people, the few being young adults who neglected to carry out instructions as to remaining in bed. This epidemic gave us a very satisfactory demonstration of the value of the women's committees in the villages. These committees were formed two years ago in connection with our child-welfare work, and during the epidemic they worked splendidly in caring for and treating the sick.

(*c*) *Measles.*—The last epidemic of this disease occurred in 1921. Since then sporadic cases have been seen from time to time, and during the year an outbreak occurred in a village several miles from Apia, but isolation of cases and of the village prevented its spreading to other areas.

(*d*) *Hookworm.*—During the year only 2,580 treatments for hookworm were given. The interference with ordinary routine work caused by the epidemics already mentioned and by changes in staff, coupled with a very wet summer, are the factors causing the drop in numbers. Attempts to obtain supplies of hookworms during the year showed that even where they were present in patients they were very few in numbers.

(*e*) *Yaws* (*Frambœsia tropica*).—The systematic treatment of yaws throughout the Territory was commenced in April, 1923. Since that date 75,581 injections of Novarsenobillon have been given. Three injections are given to each case (at intervals of a week), and thus over 25,000 cases have been treated in the four years. The number of injections each year has been: 1923—32,366; 1924—21,222; 1925—12,012; 1926—9,981. The improvement in regard to the disease is really more marked than the figures indicate. To-day the majority of cases coming forward for treatment are cases of tertiary manifestations, the primary and early secondary cases being a very small minority of the total treated. Thus in one isolated district in Savai'i, with a population of 3,500, there were only three cases showing primary lesions, and fifteen showing early secondary lesions, in a total of 236 cases treated. Four years ago in this area the number of cases treated was 1,900.

Before systematic treatment was commenced, practically every child contracted yaws before reaching the age of two years. Of the six thousand children under the age of four years in the Territory at the present time, very few have had to be treated for this condition. Tertiary cases we will have with us for a generation, but primary and secondary cases will rapidly become less and less and, we hope, will shortly disappear.

(*f*) *Leprosy.*—During the year no lepers were transferred to the Leper Asylum, Makogai, Fiji, but early in April seven will be transferred, making the total number of lepers from Samoa twenty-eight. The total comprises—Samoans, nine males and six females; Chinese, three males; half-caste Europeans, three males and three females; Solomon-Islanders, three males; and Cook-Islanders, one male.

Quarantine.

During the year eighty-eight vessels arrived from overseas. It was not found necessary to withhold pratique on any occasion.