Native Affairs.

The Niueans are a peaceful and law-abiding people. Although Polynesians, in many ways they differ widely from the Natives of other Pacific Islands. They are contented and happy, and no problems concerned with Native administration have arisen during the year.

Medical and Public Health.

During the year the Island has fortunately been free from any serious epidemics.

Twelve vessels have been isolated while in port on account of various epidemics at their previous ports of call, and the men actually employed thereon quarantined after completion of the work. This and the prohibition of immigrants from infected areas have been successful in keeping the island free from sickness.

The following is a summary of the work performed at the Hospital: Infectious diseases—Tuberculosis, 40; gonorrhoea, 72; yaws, 182; pneumonia, 7; typhoid fever, 3; conjunctivitis, 37; ringworm, 94; filariasis, 125; measles, 2; chicken-pox, 8; malaria, 1. Hospital and dispensary statistics—Remaining in hospital, 31st December, 1935, 2; admitted during the year, 176; discharged during the year, 165; died in hospital, 5; remaining in hospital, 31st December, 1936, 8; average number of days in hospital, 15·81; average number of beds occupied per day, 10·6; district out-patients, 5,287; dispensary out-patients, 2,177; special visits, 426; district special visits, 1,071; hospital dressings, 1,830; hospital out-patient dressings, 1,830. Operations—Major, 13; minor, 246; dental extractions, 233; dental fillings, 7. Injections—Bicreol and N.A.B., 625; Gonococcal vaccine, 309; peptone, 95; manganese, 72; tuberculin, 42; miscellaneous, 140.

Vital Statistics.—Births, 140, or 33·97 per 1,000 of population. Deaths, 74, or 17·95 per 1,000 of population. The following is an analysis of deaths by age-groups: Under 1 year, 12; 1 to 5 years, 3; 5 to 10 years, nil; 10 to 20 years, 2; 20 to 30 years, 4; 30 to 40 years, 5; 40 to 50 years, 5; 50 to 60 years, 9; over 60 years, 34.

Yaws.—The notifications for yaws are probably of more serious import than any other figures. While a few of the 182 cases notified have been treated for tertiary symptoms, the majority have required treatment for yaws in the infective stage, where in many cases the ulcers have been superimposed upon unhealed cuts and abrasions, the infection being spread sometimes by direct contact, but more often by flies. It is hoped that the campaign now being conducted for cleaning up the island and further propaganda work will result in fewer flies in the village areas at least, and consequently fewer cases of yaws.

Gonorrhoea.—The number of cases notified would indicate a spread in this disease, but this is not so. Actual acute cases seen are not numerous, but many chronic cases are being notified through the co-operation of the Administration in sending for examination all persons charged with adultery.

Tuberculosis.—This disease in its pulmonary, glandular, and general manifestations is ever present among these people and is a big problem. Last year fifteen deaths, or 20·27 per cent. of the total, were due to the ravages of the tubercle bacillus, and of these fifteen, seven, or 46·6 per cent., were in the age-group of 20–40 years, which should be the most active and most useful period of a man's life, and this represents a big economic loss. The experiment conducted during the past year at the Lord Liverpool Hospital of treating early cases of tuberculosis on modified sanitorium lines has proved worth while. Six cases, of which five were pulmonary and one a combination of pulmonary and glandular, have been admitted, and all have shown marked improvement during their residence in the shelter. One case, an unsuitable patient, died some months after discharge from hospital with visceral complications, but the other five are fit and well at present and able to take an active part in the community life. In the case of a patient with T.B. adenitis, routine treatment was supplemented by injections of old tuberculin emulsion, otherwise there is nothing in the treatment of these cases that cannot be conducted by the Natives in their own homes. Lack of ventilation and overcrowding of sleeping-quarters are responsible in part for the spread and advance of the disease and can only be overcome by education and the demonstration of the advantages of the mode of living as conducted in the T.B. shelters at hospital.

Death-rate.—The vital statistics show a very high infant mortality, being at the rate of 79·13 per 1,000 live-births, and indicate the need for more extensive educational work among the Natives, principally along the lines of correct infant-feeding. The majority of deaths are wholly attributable to incorrect feeding of the infants; for when the child reaches the age of five to six months, or sometimes earlier, depending upon the wealth of the parents, the mothers may have to go out to the plantations working and the child is weaned in part, its principal diet being boiled taro, which has been previously masticated by some adult whose teeth and mouth are in a very unhealthy state. There is therefore little cause for wonder that the children suffer from malnutrition and digestive disorders and are backward in dentition and general development. The Natives are slowly growing accustomed to the use of "Glaxo," which is found to be a useful substitute in the majority of cases where supplementary diet is required, and the use of taro for a child under one year is discouraged as much as possible. Nevertheless, constant supervision and education are essential to eradicate this Native custom, which is responsible for such a large proportion of infant deaths, as well as laying the foundation of weak constitutions, which readily succumb to other infections, particularly tuberculosis, in later life. The largest group of deaths is among people over sixty years of age, in the majority of cases the cause of death being stated only as "senile decay." In many cases the Medical Officer does not see them prior to death, or has been called in a day or so before death is expected in order to facilitate the relatives obtaining a death-certificate. Following Native custom, these old people, enfeebled through years rather than by any organic disease, are usually placed in an old tumbledown leaf hut, when they or their relatives consider the end near at hand. There they await death, which oft-times is hastened by the wish to die and by abstinence from food and drink. The treatment of these people presents a problem, for which the only solution apparent is the improvement of their surroundings and living conditions and more kindly attention on the part of the relatives.

Nursing Staff.—During the past year two Niue girls were chosen to go to Apia Hospital, there to receive a three years' nursing training, at the completion of which they will return to Niue to work among their own people. Encouraging reports have been received from time to time of their progress,