

ment in 1902. In 1914 the position was the same, except that *fale* No. 3 had disappeared, and *fale* No. 6 had been replaced by a half-Samoan half-European house. During military occupation a female ward for Samoans was erected, and since 1920 extensive additions have been made, consisting of ten *fales* (Samoan houses) with concrete floors, a laboratory, and offices. In addition, the European hospital and the Samoan female ward have been enclosed with mosquito-netting, and modern drainage installed. The accompanying plans and photographs of the hospital (Figs. 5 to 8, and 18 to 21) as it appears to-day indicate the advance that has been made in the last few years.

*District Medical Hospitals.*—In 1921 the first medical out-station was opened at Tuasivi, Savai'i, and in April, 1924, a second one was opened at Aleipata, Upolu. These out-stations, which consist of a residence, a dispensary, and three *fales* for patients, are each under the control of a European medical practitioner, assisted by a dresser, who acts also as interpreter, and two trained Samoan nurses. Figs. 10, 11, and 12 show the new station at Aleipata.

*Dispensaries.*—Until a year ago the only attempt made to reach the Natives beyond reach of the hospitals at Apia and Tuasivi was by means of infrequent *malagas*, or journeys, by medical officers. Before that time the work of attending to the medical wants of the Natives was carried out by the various missionary societies, to whom great credit must be given for the time and money they spent. By the beginning of 1923 sufficient nurses had been trained to allow of some being sent out to districts, and during the year four trained Samoan nurses have been allotted to different mission stations. This number will be increased as trained nurses become available.

Figure 14 shows the extent to which medical assistance is available to the Samoans at the present time.

#### REPORT OF THE RESIDENT MEDICAL OFFICER ON THE CASES TREATED AT THE APIA HOSPITAL, 1923-24.

The outstanding feature of the year has been the introduction of a medical-tax for the Samoan population, in place of a system of payment for treatment received. In consequence of this change I am forwarding the annual returns for the year 1922-23 to compare with those of the present year.

On the whole, the figures of the two years are very similar, the main increase in the number of admissions to hospital having been due to the dysentery epidemic, on which a separate report is forwarded.

It will be noted that during the last few months of the year the major surgical operations showed a tendency to increase, and were considerably in excess of those of the previous year. The reason for this excess is difficult to find, but probably it was due to more than one cause—the most important being the collection of the medical-tax.

The greatest increase in the work at the hospital has taken place in the out-patient department, especially in the number of dressings for open sores and the number of N.A.B. injections that have been given for yaws in its various stages. It is disappointing to note that the majority of the cases do not return for their full course of injections, but this will probably improve as more instruction is given on the disease.

Gastro-intestinal disorders still form the largest group of admissions to the hospital, and are the most important because of the great infantile mortality which they produce. Probably a large proportion of the deaths that have been recorded as due to broncho-pneumonia were secondary to an original gastro-enteritis. Nearly all our pneumonia deaths were in young children, and were so rapidly fatal that there was little chance of obtaining much clinical evidence; no post-mortem examinations were made, due to the reluctance of the Samoan to submit to such examination, so that the accuracy of the diagnosis in these cases may well be doubted.

Filariasis will not be mentioned in this report, except to state that this infection is believed to play an important part in producing the large number of deep muscular abscesses that are so frequently seen in the Samoan population, and also plays some part in producing the hydroceles and elephantoid scrota which form a large part of our operation cases. In the records of operations, hydroceles are those cases where this is the most noticeable condition present, whereas elephantoid scrota are cases in which the elephantoid tissues predominate, although hydroceles may be, and in fact usually are, present.

The number of patients treated in the Chinese wards shows a considerable decrease on those of the last year. This is due to the fact that now only serious operation cases and infectious diseases receive treatment, together with a few cases from the district surrounding the hospital—the majority of the minor cases being treated at the Sogi Hospital.

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Resident Medical Officer.

#### APIA HOSPITAL.—ATTENDANCE, OPERATIONS, ETC., FOR THE YEAR 1923-24.

General attendance (includes out-patient attendance, out-patient dressings, N.A.B. injections for yaws, and out-patient injections for elephantoid fever)	..	..	..	..	..	..	..	..	37,279
Out-patient attendance (Europeans and Samoans)	..	..	..	..	..	..	..	..	10,777
Out-patient dressings (Europeans and Samoans)	..	..	..	..	..	..	..	..	12,546
N.A.B. injections (Europeans and Samoans)—									
First injections	..	..	..	..	..	..	..	..	7,744
Second injections	..	..	..	..	..	..	..	..	4,093
Third injections	..	..	..	..	..	..	..	..	1,202
								—	13,039
European in-patients	..	..	..	..	..	..	..	..	184
Samoan in-patients	..	..	..	..	..	..	..	..	662
Chinese and Melanesian in-patients	..	..	..	..	..	..	..	..	166
Chinese and Melanesian out-patients	..	..	..	..	..	..	..	..	118
Operations—									
Major	..	..	..	..	..	..	..	..	225
Minor	..	..	..	..	..	..	..	..	270
								—	495