

REVENUE AND EXPENDITURE OF DEPARTMENT OF HEALTH FOR YEAR ENDED 31ST MARCH, 1926.

Financial Year (1st April to 31st March).	Total Expenditure of Department of Health.*	Percent- age of Total Revenue of Terri- tory.	Expendi- ture per Head of Population†	Gross Revenue (Costs of Collection not deducted).					Amount required from Revenue other than that of the Depart- ment to cover Expenditure.	Amount per Head required to balance Expen- diture.
				Subsidy from the New Zealand Government.	Native Medical Levy.	European Fees.	Chinese Fees.	Total Revenue of Department of Health.		
1922-23‡	£ 25,715	19.6	s. d. 14 1.2	£ 12,500	£ 2,790	£ 4,299	£ 19,589	£ 6,127	s. d. 3 4.3	
1923-24	23,995	17.9	12 10.4	12,500	7,327	2,814	2,023	24,664	-670§	-0 4.3
1924-25	24,425	18.7	13 0.2	14,000	7,705	1,461	1,140	24,306	119	0 0.8
1925-26	25,700	..	13 0.0	14,000	9,188¶	1,700	1,512	26,400	-700	-0 4.2

* Expenditure shown does not include interest and sinking fund on capital expenditure, cost of repairs to buildings, and miscellaneous expenditure under head XV of general estimates, such as travelling-expenses of officers to and from New Zealand, &c.; expenditure under these heads does not come under the control of the Department of Health.

† Average population taken as the population as at 30th September each year.

‡ Medical levy not in force. It was during this year that the Natives brought forward the proposal that a medical levy be enforced and free treatment instituted. This was agreed to, and came into force on the 1st April, 1923.

§ Surplus of revenue over expenditure.

¶ Figures not final, as Treasury return not yet received, but final figures will be very close to the amounts stated.

|| Includes some taxes paid too late to be shown in the previous year's returns.

REPORT OF THE RESIDENT MEDICAL OFFICER OF THE APIA HOSPITAL, 1925-26.

ADMINISTRATION.

During the past year several welcome improvements in the hospital buildings and equipment have been effected. A new maternity *fale* for Samoan patients has been built, and is now ready for occupation. It is situated beyond and parallel to the Samoan Ward, its dimensions being 51 ft. by 28 ft., so that it is considerably larger than any of the other *fales*. It has been well and solidly built by the Public Works Department, and is divided by a 6 ft. wooden partition into two parts, 20 ft. and 31 ft. respectively, with a concrete floor. The smaller end is reserved entirely as a labour-room, and is well fitted with cupboards, sink, &c. The stove-house is specially built of galvanized iron, and, being quite detached from the *fale*, is practically fireproof. The larger part of the *fale* will accommodate six or eight patients comfortably, as required.

It has long been felt that our nurses should receive practical instruction in the conduct of normal labour, but so far, owing to lack of accommodation, we have only been able to admit abnormal cases, most of which require instrumental or other assistance, and are not of any great value from the teaching point of view. We now hope to encourage Samoan women to look upon our new *fale* in the light of a maternity hospital, and to come to us for their confinements instead of trusting to Native midwives. There is no doubt but that a knowledge of midwifery, supplemented as it will be by practical demonstration, must prove of great value to our nurses in their work in out-stations.

We sincerely hope to see the new *fale* made good use of by the women of Samoa, and, if so, we propose to bring in our certificated nurses from the out-stations in rotation and give them also a post-graduate course in midwifery.

It seems hardly necessary to point out that this *fale*, if properly used, will serve a double purpose—on the one hand ensuring good treatment for the mothers, with instruction in the correct way to feed and manage their babies, and on the other adding largely to the usefulness of our nurses to the Samoan community.

The end of the year saw the European hospital and kitchen, and the Samoan ward, electrically lighted; and although at first we were only able to supply current for three hours—from 6 to 9 p.m.—the change has been much appreciated. At the time of writing the work of wiring the rest of the hospital is steadily proceeding—the Sisters' Home, Medical Officers' residence opposite the hospital gates, the new maternity *fale*, and Chinese wards being already lit up—and the current is available from 6 to 11 p.m. At the present time our power is generated by a small plant installed under the second Chinese ward, but when all wiring is completed we expect to be connected up to the Apia supply, and to be able to use the current all night if required. We are already finding the electric light a great boon, the chief difficulties in the past having been the effective lighting of the main entrances to the hospital.

The New Zealand Government has generously presented us with an X-ray apparatus which, on arrival, will be installed in the lecture-room, and this should prove a very valuable aid in diagnosis.

STATISTICS.

In accordance with the plan adopted in last year's report, the analysed hospital statistics are given for the calendar year 1925.

TREATMENT—MEDICAL.

With the exception of whooping-cough, which was indirectly responsible for fourteen deaths among children—due to intercurrent pneumonia and broncho-pneumonia—the past year has been free from any epidemic. Gastro-enteritis has again been very prevalent, causing seven deaths in sixty-one admissions, practically all of which were moribund on arrival at the hospital, and it is difficult to refrain from reiterating that probably all of these might have been saved if admitted earlier.