in only one was there any evidence of a secondary rash, and this was in the form of a small "crab tona." That the condition is due to the organism of yaws we have no doubt, as it readily clears up if the mother is injected with Novarsenobillon, but only if the baby is treated at the same time or ceases to use the breast. We regard the condition as being due to repeated massive infections with the T. pertenue, which is sufficiently virulent to cause a local manifestation, but the immunity of the mother is sufficient to prevent the infection becoming a general systemic one.

Another method of determining the effect of the treatment on the population that was used was to compare the average age of the children at the time they contracted their primary lesions, only those cases being recorded which showed an active primary lesion when the child was seen, so as to avoid inaccurate histories as far as possible.

In 1923 the Samoans did not bring their children in the earliest stages of the disease for treatment, so that the numbers seen and recorded are small; but the following year they brought all their children up, even in the primary stage, and, as there would be still plenty of acutely infective cases about the villages from the cases that had received no treatment the previous year, the average age of infection will probably be about the same. This year, with more thorough injections of the cases last year, it was difficult to find many primary sores in the control district, but the numbers have been brought up by including children reporting at the Apia Hospital for treatment while suffering from primary lesion. In the following table the average age is given in months, and is the age when the primary lesion first appeared :—

Age of primary lesion :—	Number of Cases recorded.	Average Age (Month).
First campaign	12	11·2
Second campaign	31	10·6
Third campaign	33	15·5

This does not take into account the increasing number of children who do not contract yaws now as compared with the practically negligible number two years ago, so that the delay in primary infections is really greater than is shown by the figures.

Conclusions.

1. That we see no reason to change our belief that one attack of yaws produces an immunity against subsequent attacks of either yaws or syphilis.
2. That our method of treatment is gradually exterminating yaws from the islands, and already is producing a juvenile non-immune population.
3. That the non-immune population that is gradually growing up will not be liable to spread syphilis through the islands for at least ten to fifteen years.

APPENDIX C.

CHILD-WELFARE WORK IN WESTERN SAMOA.

By Mabel A. Christie, M.B., Ch.B., Medical Officer for Child Welfare.

The year 1925 marks the commencement of child-welfare work amongst the Samoan women and children. In the past there has been a high mortality in the first two years of life, especially in the period between six and eighteen months. Our object is by education to reduce the death-rate, which is chiefly due to the ignorance of the mothers as to the proper care and feeding of the babies at the time of weaning, and in very little to indifference on the part of the mothers.

The climatic conditions in Western Samoa are ideal for the upbringing of healthy children, as there are no extremes of heat or cold. The type of dwelling they live in, the *fale*, open on all sides except for curtains which they can let up or down according to the weather, is very healthy.

Very few of the infectious fevers are endemic in this country—any fever that becomes epidemic is usually introduced into the country, as was most probably the case with the whooping-cough epidemic which appeared during the year and, unfortunately, was the cause of a marked increase in the infant-mortality rate. At the time of writing, an outbreak of dysentery, due to the bacillus of shiga, has occurred, and spread to some districts, but is at present being controlled.

To obtain the best results in this child-welfare work it is essential to have interest and patience, with an understanding of the Samoan people, for the Samoans are in many ways still a primitive people, possessing a deep-rooted belief in their Native medicines, and the agency of their "devils" in causing sickness and death. To help to rid them of these beliefs and to teach them the correct methods of looking after and medically treating themselves and their children it is necessary to enter into their homes and lives as much as possible, and all the child-welfare work is carried on in their villages and homes.

Every village in five large districts in Western Samoa has been personally visited by the Child-welfare Officer and her Samoan nurse, who also acts as interpreter. One district, the largest and most populous, has a satisfactory motor-road, and the villages have been visited several times, with frequent inspections of the babies, children, and villages, and with many talks to the women's committees and the mothers. As the other districts have not roads suitable for a vehicle, *malagas* (trips) were made to these districts. Each of these visits took several weeks to do, and walking from village to village was the means of travel.