

Hospital each year. Within a year there was an epidemic in Mangaia. Shortly there will be the condition that has prevailed in Tonga, which has a similar latitude to the Cooks, where typhoid is a dire problem. The Cook Islands should be forehanded, learning by the mistakes of neighbours, and preventing a terrific annual toll in health and human lives that will follow. Lock the stable-door in the islands where the typhoid thief has not arrived! Build suitable latrines throughout the Group.

*Medical Service.*—If the present plans for the enlargement of the Fiji Medical School go through, and the Cook Islands join in the plan, it will benefit the people of the outer islands tremendously, and will make her medical service entirely adequate to her needs. With her own Native doctors, health, population, wealth, and prosperity should go forward at a rapid pace.

#### GENERAL REMARKS.

The economic and social problems of all the Pacific groups are remarkably similar. This is easier to appreciate when one remembers that all the Natives east of the 170th degree of longitude speak a similar language, have similar customs and traditions; and nearly all those west of that line are Melanesians, who come from the same ethnic stocks, have the same root languages, and similar customs. In general, all live under similar climatic conditions and eat the same foods. The main product of all is the dried meat of the coconut—copra—the sale of which provides money for the improvement and advancement of the groups. The educational requirements of the Melanesian and Polynesian are not dissimilar, in many islands the two races blending. Their disease conditions are the same with the exception of malaria, which is found on no Polynesian Island as yet, and is found on all Melanesian islands except New Caledonia, and Fiji, which is Melo-Polynesian.

But the government of them is as variegated as the spectrum. Australia controls two groups, Papua and New Guinea. A line running east from the point where the 5th parallel crosses the 141st meridian, down the central backbone of the island of New Guinea to the 8th parallel, divides its eastern half approximately in two equal parts. The southern part, with contiguous islands, is the Territory of Papua; the northern part, with contiguous islands, is the Australian Mandated Territory of New Guinea.

The Western Pacific High Commission includes five groups—the New Hebrides, Gilbert and Ellice Island Colony, the British Solomons, Fiji, and Tonga. Tonga, where Great Britain only shows her hand through a paternal Consul and Agent, is governed by a Tongan monarch, and to-day has no external debt and a surplus of £100,000, with a happy, healthy, increasing population, and increasing imports and exports.

The Western Pacific High Commissioner is Governor of Fiji. Fiji has an excellent medical service, and a Native medical school in which Natives are made competent to handle South Pacific conditions, medical and surgical.

New Zealand has three Pacific groupings. Western Samoa, the mandated territory, with which is included the Union Group (except Swain's Island)—these are under the Department of External Affairs. The Cook Group is under its own Minister. Niue comes under this Minister as well, but separated from the Cook Islands. All of these people under New Zealand are Polynesians, with similar customs, language, and tradition. They face the same medical, educational, and economic problems.

The rest of the South Pacific is divided between France and the United States. France has the Society Islands, the Paumotus, and the Marquesas in the East, and New Caledonia, the Loyalties, and a half-interest in the New Hebrides in the west. The United States has American Samoa, with nine thousand people, and Swain's Island, in the Union Group.

From the standpoint of public health and preventative medicine, and I believe as well that of general and technical education, there will gradually grow to be a better realization of the necessity for looking on the South Pacific island groups as an entity, instead of as isolated groups having no interests in common. The sooner these groups wake up to the fact that medicine and education are international and not parochial in their outlook, the sooner shall we have these groups working in a spirit of reciprocity.

There are two very hopeful prospects for the beginning of this international spirit. The High Commission Groups of Tonga, Fiji, Gilberts, and Ellices, and the British Solomons, together with New Zealand, Samoa, and the Cook Islands, are concentrating all their lepers on the admirable leper-station of Makogai, Fiji.

The High Commission Groups of Fiji, Tonga, Gilberts, and Ellices, the British Solomons, and the New Hebrides, together with Samoa and the Cook Islands, are thinking of combining, on the invitation of the Governor of Fiji, to make the Fiji Medical School for Native medical practitioners large enough to furnish Native doctors for these groups. If Australia came in for Papua and New Guinea, it would mean all the British South Pacific. American Samoa can ill afford to have her Samoans miss this opportunity for helping themselves.

These Native doctors, well trained in Western medicine, and understanding the Native mind, will do more than any other thing to check the decline of Native races and start population on the up-grade, with a resultant productivity and prosperity of the South Pacific.

This same plan might be tried in higher technical and general education. In the South Pacific, as elsewhere, in unity there is strength.

*Approximate Cost of Paper.*—Preparation, not given; printing (750 copies), £55.