

is more than proved by the fact that from time to time citizens find it necessary to go to Pago Pago to undergo operations which, had they confidence in our local doctors, would be performed here. There is a reason for everything, and probably the reason in this case may be found in the very small number of serious operations which are performed in Apia, and not in the inability to perform such operations. If we are to believe reports, they have a very competent surgeon in Pago Pago, a much smaller territory than this. If they can support a first-class surgeon there is no apparent reason why we should not be able to do the same.

We want a Medical Department that commands respect and confidence, not one which creates more or less ridicule. To bring about this happy state of things we maintain that the chief essential is the appointment of an expert surgeon as Chief Medical Officer, whose past records as a surgeon will be on the closest investigation. To obtain the services of such a man may cost more than at the present, but we do not think there would be the slightest objection to this by one single individual, provided we received the right man.

PRIVATE PRACTITIONERS.

What Western Samoa is badly in need of to-day is one or more private practitioners. The argument may be put forward that there would not be sufficient work to support a private doctor, and for one to carry on it would be necessary for him to receive a Government subsidy; but this is contrary to facts. Many of you will remember that some years ago we had Drs. Thieme, Schwesinger, Zieschank, Funk, and Ross in Western Samoa as private practitioners, and they did very well indeed. A private doctor could also visit the hospital in an honorary capacity, the same as is done in other countries.

When the spirit of competition is absent there is very little incentive for a person to do his best, and what is needed in Samoa to-day is competition, which would go a long way towards removing that casualness which appears to be the outstanding characteristic of our medical men.

NATIVE DISSATISFACTION.

The Native community is dissatisfied with the services rendered by the Medical Department, more so since the introduction of the medical tax, which they claim has had the opposite effect to that intended, which was to ensure proper medical attention. Before its introduction they claim they received more or less proper attention whilst inmates of the hospital, whereas to-day they feel that they do not receive that care and attention to which they are entitled, feeling that the Department, being sure of their tax-money, is not concerned with the health of the Natives to the same extent as it was before the introduction of the tax. Greater encouragement should be given to the Native medical practitioners, who, when all is said and done, probably know a great deal more about the successful treatment of tropical diseases than they are given credit for.

The medical tax is a most unjust one to those Natives who are so remotely situated that when they are taken ill they have to fall back on their own "medicine-man," as no doctor of the regular school is within miles, and yet they are called upon to pay this tax in the absence of services rendered.

We strongly advocate a revision of the Native medical tax, greater liberty for the Native practitioner, bearing in mind the more remote districts where no European doctors are available.

EUROPEAN NURSES.

There are no less than nine European nurses at the Government Hospital. Local conditions do not warrant this number, taking into consideration that, with a population of 169,667, Fiji has six at the Suva Hospital in 1926; Tonga, with a population of 24,000, has one in 1926. Are all these nurses necessary?

In 1925-26 the number of in-patients admitted to hospital was 144, which works out at an average of sixteen patients to each nurse per year, which is certainly ridiculous.

Immediate steps should be taken to extend the period of engagement of nurses from eighteen months, as at the present, to, say, three years. The majority of nurses who come to Western Samoa have had very little tropical experience, and just when they begin to understand something about the treatment of tropical diseases their term expires, and they are returned to New Zealand at the Government expense. On the other hand, if the term were extended, their services during the remaining eighteen months would be very valuable. The shorter the engagement the greater the expense, for it must be remembered that the Administration pays passages both to and from New Zealand. What is wanted is a smaller number of nurses to be engaged for three years instead of eighteen months.

SANITARY INSPECTORS.

We have two sanitary inspectors, one at £500 and one at £380 per annum, whereas in Fiji they only have one at £250.

The senior sanitary inspector receives £500 and a free motor-cycle and side-car. Compare this with the much more responsible position of Postmaster, who also has the Government savings-bank under his care, yet this head of an important Department receives £515 and no allowances.

SECRETARY TO HOSPITAL.

Another case worth mentioning is the "lady Secretary" at the hospital, at a salary of £310 and free conveyance. There are many cases where men are filling much more responsible positions, and many of these are locally born, at salaries not exceeding this one, and in many cases far less. There is no need to send overseas for people to fill positions such as these—they could be filled by our local young men.