

5. It is impossible to know, at a date sufficiently early for us to be able to erect buildings accordingly, how many patients are coming from each Government outside Fiji, what proportion are females, what proportion males well enough to live in villages, and what proportion males that must be accommodated in hospital. Also, in the case of the first batch of Cook Islands patients, a request made by Sir Maui Pomare and agreed to was that the healthy males should be allowed to occupy permanently village houses originally intended for Fijians.

6. For these reasons the amount of accommodation provided at the cost of each outside Government's funds has not strictly corresponded with the number of patients admitted from that Government's territory, and the accommodation provided has not necessarily been occupied by patients from the territory whose Government provided funds for its erection.

7. The Tongan Government provided £591 for accommodation of ten male Natives in a village; but Tonga has sent three men suitable for accommodation in a village, three men who are hospital cases, six women who are in the Native hospital, and one half-caste who is in the European hospital building.

The Samoan Government has provided £1,448, which has been spent on accommodation in the villages for twenty patients; but there are fifteen Samoan Natives (some women, some hospital cases, and some living in the village), three Chinese, six half-castes, and three Solomon-Islanders.

9. The Cook Island Government provided £2,110, for which accommodation for forty-two persons was erected; but, of the Cook-Islanders, fifteen live in the village originally intended for Fijians, nine males are in hospital, one man and his wife (who is a half-caste) live in a house outside the village, and twenty-four women live in the hospital house built for them.

10. Shortly, the Tongan Government has paid for accommodation for ten and has thirteen patients in the Asylum, the Cook Islands Government has paid for forty-two and has fifty-seven, and the Samoan Government has paid for twenty and has twenty-seven in the Asylum.

11. The cost of maintenance of each patient was arrived at as follows:—

(a) The expenditure from Makogai votes (less the expenditure on transport of lepers, which is an expense from which outside Administrations do not benefit).

(b) Interest on purchase price of island.

(c) Interest and sinking fund on cost of buildings. This is complicated by the fact that some of the buildings were put up to house Samoan, Cook Islands, or Tongan patients at the expense of their respective Governments, and therefore in the cost to Fiji of the maintenance of these patients should not be included interest and sinking fund on the capital cost of these buildings, or interest and sinking fund on the capital cost of the corresponding buildings put up by Fiji to house Fijian lepers. On the other hand, maintenance of all buildings, &c., should be contributed to, and, of course, interest and sinking fund on all other buildings, machinery, &c.

(d) Expenditure on drugs, instruments, &c.

(e) Public-works-maintenance expenditure.

(f) Cost of leave, pensions, &c.

12. Of these, I know no way of arriving at more than a guess as regards (g); but such a guess would probably be fairly accurate, and, in any case, the error would not amount to a serious sum.

13. On the other hand, revenue (other than fees for maintenance of lepers) paid into Fiji revenue should be deducted.

14. The total expenditure thus found has to be divided per unit among the patients, but European patients are more expensive than Chinese, and Chinese than Native. The plan adopted is to take a Native as a unit, a Chinese as one and a half units, and a European as two units. This is as nearly accurate as is possible.

15. The figures worked out in this way show the cost per unit for 1926 as very closely approximating the charge per unit that is made. (See Enclosure No. 2.)

16. A valuation of the buildings, machinery, and equipment of the Asylum in January, 1928, has been made by the Public Works Department, and the cost per unit for 1927 has been worked out. (See Enclosure No. 3.)

17. Points which appear to me to call for consideration, and which fall within the terms of reference, are—

(a) Should Fiji continue to make a fixed charge to other Administrations, or should the total cost for each year be ascertained and then each Administration charged in proportion to its daily units in the Asylum? If a fixed sum, should the present charge be varied; and, if so, in what respect?

(b) How should the cost of providing future accommodation for patients from outside Fiji be met?

(c) How should new capital expenditure for the general benefit of the Asylum be met?

(d) What should be the future policy of the Fiji Government in determining what permanent major improvements should be undertaken?

(e) How should questions of improvements causing increased costs for maintenance be decided?

(f) What security, if any, are outside Administrations prepared to give that they will remain in the scheme for a term of years?

(g) What is the maximum accommodation that can be provided, particularly in relation to water-supply?

(h) To what extent will the increase of numbers increase the cost per unit owing to heavy expense in increasing the water-supply?

(i) Is the appointment of a second Medical Officer an urgent question?

(j) What system of rendering accounts and an annual financial statement of expenditure should be adopted?

(k) What is the urgency for provision of (1) a motor-road from Nasau to Dalice, and (2) a refrigerating plant?

A. MONTAGUE, Chief Medical Officer.

ENCLOSURE No. 2.

CAPITAL VALUE AS AT 31ST DECEMBER, 1926.

Total valuation in 1924—		£
Island .. .. .	.. .. .	10,000
Buildings and other works, not including buildings for accommodation of patients (estimated) .. .. .	.. .. .	20,000
		<u>30,000</u>
		£
Expenditure since 1924 .. .. .	.. .. .	7,247
Less amount recoverable .. .. .	.. .. .	3,101
Less amount expended on account of Samoa and recovered .. .. .	.. .. .	1,048
		<u>4,149</u>
		<u>3,098</u>
		<u>£33,098</u>