

*European Deaths.*—I very deeply regret to have to record two European deaths during the year. On the 12th March the infant son of Mr. and Mrs. Cowan, of the Tufukia School, died from convulsions. The other carried with it a severe and irreparable loss to myself: after an illness of seven weeks Mrs. Barraclough died from acute yellow atrophy of the liver on the 30th May.

*Native Deaths.* There has been a heavy death-rate during the year, totalling for the twelve months, January to December, 164. The two quarters in which sickness was most rife were the first and third. In the first quarter the whooping-cough epidemic accounted for much of the sickness. During Mrs. Barraclough's long illness there was, fortunately, very little sickness in the island, so that I was enabled to devote my sole attention to her. But immediately after the tragic end a furious outbreak of sickness broke over the island, only two villages being practically exempt. Your Medical Officer was vainly attempting to do the work of three men, as may be exemplified by the fact that in the eight weeks following the 3rd June I paid 750 visits, had 3,300 at the dispensary (on one occasion 153 in one day), and visited different outside villages on 41 occasions. Even then I had to leave much undone. The diseases were of a most varied character, but in two villages it assumed the dimensions of an outbreak of epidemic pneumonia. As regards the causes of death, there is one outstanding feature which should allay any alarm which might otherwise arise as to the high death-rate: 54 per cent. were due solely to chronic diseases, and in 14 per cent. of the acute cases an underlying chronic disease played such a leading part that, in the great majority of cases, death would not have occurred if the patient had been otherwise healthy.

*Whooping-cough and its Sequela.* As I noted in my last annual report, there was a fairly severe outbreak of this disease in the early months of the year. I circularized the Natives on the subject, and the advice thus given appears to have been followed in a most exemplary manner. I particularly warned them of the dangers of tuberculosis as a sequela, with the result that only two out of the large number of cases died from this sequela, two others dying from broncho-pneumonia. There were ten deaths directly due to whooping-cough. Of these, eight succumbed at the most dangerous age—one year old and under (six under one year), the other two being five and six years old respectively.

*Senility.*—There were twenty-nine deaths from senile decay and senile cardiac degeneration during the year. In some cases a mild attack of some acute disease has proved too much for a degenerated heart. There is, however, much premature senility in Niue. The people themselves speak of a man being old at forty, but undoubtedly the average Niuean is an old man at fifty, and this applies not only to his general appearance and state of health, but his heart and blood-vessels are those of an old man. This is undoubtedly due to the ever-present syphilitic poison which has sapped the once vigorous race of Niue.

*Heat-apoplexy.*—There have been six cases directly attributable to this cause, and five when it was a contributory factor. In children it is contracted by rushing about in the heat of the sun, and in adults by working bareheaded on a hot day in the bush. It frequently takes the absolutely fatal form of pontine hæmorrhage. I have recently sent out a circular advising as to the best means of preventing this catastrophe.

*Syphilis.* There has been no active form of this disease in Niue for many years, and even tertiary forms are only found in middle-aged or old people. Congenital syphilis, however, abounds, and there are many horrible cases. These, however, have mostly to be sought for, as they bury themselves in the bush and often are never heard of until some one comes in for a burial order. This disease, however, is very largely responsible for the quite modern physical deterioration of the Niueans.

*Tuberculosis.* Last year I uttered a strong warning note as to the increase of this scourge in Niue, and this year that note must be doubled. There have been no less than twenty-six deaths from this cause during 1917. Eighteen of these were chronic and six acute pulmonary cases, one abdominal, and one, strumous marasmus, in an infant. Most of the cases came under my care too late for treatment, and though acute cases are too rapid for effective treatment, several which I saw early enough are now nearly recovered. I have formulated a scheme for utilizing the quarantine-station grounds as a sanatorium, and in this climate the necessary shelters could be erected at comparatively little cost, which could be borne almost, if not quite, entirely by the Niue Administration. I am in hopes that this work will be put in hand as soon as possible after the arrival of the new Resident Commissioner. To add to my contention that something must be done I may say that this year, 1918, up to date (11th April) there have been fourteen deaths from tuberculosis of various forms.

*Malignant Disease.*—Once more I have to note the continued presence of this fearful disease. Among the deaths occur nine cases—eight carcinomata and one sarcoma. The organs affected were—four pylorus; one lower lip, jaw, and neck-glands; two mamma; one pancreas; one sarcoma (parotid). One case is at present under palliative treatment for carcinoma of mamma and lung.

*Cardiac Disease.* In my last year's report I drew attention to a widespread cardiac weakness among the Niueans. This has still more forcibly been impressed upon me during the past year. Among the deaths occur the following: Cardiac asthma, 1; cardiac dilatation, 2; angina pectoris, 2; cardiac debility (as a very potent secondary cause), 9; fatty heart, 2; fatty degeneration, 1. There have been some deaths during the year due directly to abnormal gaseous products of digestion pressing upwards on a weakened or diseased heart. The Niueans are voracious eaters, and are therefore very subject to fermentative gastro-intestinal troubles, often of an extreme kind. Flatulence, a trifling disease elsewhere, has to be looked upon with a serious eye in Niue. It is especially fatal in stout women with fatty hearts, who habitually overfeed themselves and take very little exercise.

*Rheumatism.*—I have but little to add to what I said last year of the almost universal prevalence of muscular rheumatism. There is, however, an acute form of muscular rheumatism which I have never seen described which undoubtedly exists in Niue. It is associated with high fever, frequently patches of myositis, and in the most severe cases marked myocarditis, which last is extremely fatal. There have been seven deaths from this cause during the year.