

Asthma.—Chronic bronchial asthma is very common. These cases would be very amenable to treatment in the projected sanatorium.

Acute Pneumonia.—I only refer again to this disease for a specific purpose. It (with enteric) is *par excellence* a disease in which thorough nursing and the constant attention of a medical man are an absolute necessity. Two villages were severely affected by the disease, there being fourteen cases in each. One was the home village of Alofi and the other the outside village of Liku (nine miles and a half), until recently (the repairs having just been completed), owing to the shocking state of the road, the most inaccessible of the villages. With sickness all over the island a second visit to Liku could not be paid within at least three days. There were seven deaths from acute pneumonia in Liku (50 per cent.), whilst in Alofi, with the same number of cases, there was not one single death. If this result can be achieved without trained nursing or convenience, but simply because the cases were under my own eye and could be visited two or three times a day, what could not be done with a fully equipped hospital?

Diarrhoea.—There have been a few deaths from acute diarrhoea of various forms—cholera nostras, cholera infantum, acute enteric catarrh, &c. The village of Hakupu seems particularly prone to this trouble in a very severe form, though the reason is obscure.

Influenza.—We have always this with us, and undoubtedly even a mild attack in old people is very fatal. It is very depressant to the heart, and if, as so often happens here, there is any weakness of that organ the results are liable to be disastrous. There were four deaths from this cause in 1917.

Babies. This is one of the greatest and most difficult problems in Niue. The preservation of infant-life is an absolute necessity here, but it is fraught with very great difficulties. Many of these children are born syphilitic and require special attention. The question of feeding is robbed of many of its difficulties by the fact that the vast majority of the women suckle their infants. If prevented by disease, paucity of milk, or death of the mother, if there is a wet-nurse available they will employ one. Such a wet-nurse should be examined by the Medical Officer. In two cases I have done so and found them satisfactory. The babies, however, are weaned too young—at three months as a rule. Then the trouble begins, as they are at once fed on taro, which is made soft by chewing and then put into the child's mouth. When one considers the total neglect of the hygiene of the adult Niue mouth one can imagine the result. The great trouble is that fresh milk is unobtainable, as there are no cows on the island. Goats' milk would be useful, but could only be used to a very limited extent owing to the scarcity of goats. The only two native products that could be utilized are arrowroot and banana-flour. Teaching the Natives the use and manufacture of banana-flour would be very advantageous. I have long studied how to make use of the very limited means at our disposal. I hope soon to issue a code of rules for infant-feeding for circulation through the island. But far better would it be if the New Zealand Government could send us a generally trained nurse, with special Plunket training as a *sine qua non*, who could assist the Medical Officer in his work, look after the babies, and instruct the mothers.

Lymphangitis. There is a disease called by the Natives *pata* which is very common. It consists of a localized inflammation of the skin, often covering a considerable area, with much infiltration of subcutaneous tissue. It is really a lymphangitis, and though deaths are stated to have occurred, none such have come under my notice, it being very amenable to treatment unless neglected.

Drugs.—The continued high price of these articles has much inflated the cost of our medical service, and has rendered an economy necessary which to a certain extent has hampered one's work, though no limit has been placed upon my requests by the generosity of the Administration, to whose many kindnesses I am deeply indebted. One could almost wish that this question of the inflated price of drugs should be submitted to the Commissioners for just regulation.

Insanity. There have been a few sporadic cases of temporary insanity during the year. One case of chronic delusional mania died from the exhaustion contingent on her disease, and another subject to recurrent mania died from bodily disease but was not insane at the time of his death.

Burial Orders.—The system of burial orders has proved very successful, but there are still a fair number of deaths reported from outside villages without previous medical attention. These are always fully investigated, but I cannot but regret the omission in the Cook Islands Act of any provision for the appointment of a Coroner. It is always in our power to hold a magisterial inquiry, but I think that if a specific officer were appointed, and a public inquiry held into all cases of death without medical attention, it would not only have a salutary effect, but would enable the Medical Officer to give valuable advice relative to cases similar to the one under investigation. This matter really lies outside my province, but as it closely affects my work I venture to put it forward as a tentative proposal.

For the extremely valuable assistance you, Sir, have given me at all times I am truly grateful.

The Deputy Resident Commissioner, Niue.

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Medical Officer.