

poliomyelitis, ringworm (scalp), scabies, trachoma, tuberculosis, tetanus, whooping-cough, dysentery, venereal disease, yaws, beriberi. The prevalent diseases are frambæsia (or yaws), hookworm disease, ascariasis, filariasis, bacillary dysentery, measles, chicken-pox, mumps, lobar pneumonia, tuberculosis, leprosy. Skin-diseases, such as tinea imbricata and itch, and eye-diseases are also very common. The Samoans have their own herbal remedies for these diseases, and use massage very largely for the relief of pain.

*Frambæsia, or Yaws.*—This disease occurs in every village, and so prevalent was it that one might say that hardly a single Samoan reached adult life without having suffered from the infection.

*Hookworm Disease.*—This will be discussed in a later section.

*Ascariasis.*—In children ascariasis is very common, and is the cause of a considerable mortality to the younger children, producing two types of illness, a form of broncho-pneumonia and an intestinal type, which has high fever, and then suddenly the patients go into convulsions or collapse and die—very much like a case of acute enteritis. In adults the worm does not appear to cause much disability.

*Filariasis.*—This disease is very widely spread through the islands. The most frequent clinical manifestations of the disease are lymphadenitis, with or without lymphangitis: filarial abscesses: while a certain proportion of cases develop elephantoid swellings of the limbs and pudenda, and breasts in females. The large incidence of hydrocele amongst the Natives is probably due to filaria worm. The *M. filaria* appear in the blood of the peripheral circulation at all times during the twenty-four hours, and of the six species of mosquito in Samoa, Dr. F. W. O'Connor was only able to incriminate one—the *Stegomyia pseudoscutellaris*—as the intermediate host. This mosquito bites at any time of the day or night, but is most active about sunset. An expedition under Dr. P. N. Buxton, from the London School of Tropical Medicine, will spend two years on the study of the prevention of filariasis in Samoa.

*Bacillary Dysentery.*—This disease is endemic in the islands, and occasionally gives rise to small epidemics, which tend to be fatal to the children, but do not cause much mortality to the adults. A small epidemic in 1923 was due to an organism of the Shiga group. Amæbic dysentery, if it exists among the Samoans, must be very rare, but there is an occasional case from the Chinese labourers, so that there is always the chance of its spreading throughout Samoa.

*Measles.*—This disease is probably endemic in Samoa, and recurs in a mild epidemic form about every four years; on the whole the disease runs a mild course and has very few complications.

*Chicken-pox.*—Sporadic cases occur all through Samoa, and cause very little disturbance to the patient.

*Mumps.*—This disease is quite common amongst children of four to twelve years, and nearly always affects only the parotid glands; there are no records of any complications, and the disease does not appear to involve the genital organs of the male or the breasts of the female children. The inflammation of the glands is so slight that there is rarely any appreciable difficulty in opening the mouth.

*Lobar Pneumonia.*—This disease is very common in certain seasons of the year, and practically always seems to pick out the basal lobes. Cases treated in hospital do extremely well, the mortality being very low.

*Tuberculosis.*—Bone and joint tuberculosis is very rare amongst Samoans, if it exists at all. Tuberculosis of the lungs is fairly common, and a fatal disease to the Natives, and still more so the half-caste population, whose houses are often poorly lighted and badly ventilated. Amongst the Samoans there are lung-infections which cause hæmoptosis and to some extent simulate phthisis, but no acid-fast bacilli can be obtained, and from their complete recovery after the case had been considered from a clinical point of view as hopeless we think that they are probably due to another infective agent, possibly "bronchial spirachætos," as spirochætes have been found in spare numbers in the sputa of some of these cases. In children tubercular peritonitis often associated with phthisis is fairly common, as also is tubercular meningitis.

*Leprosy.*—The first cases ever diagnosed as leprosy were diagnosed in 1892: these were two Chinese. The next cases appeared in 1896, and were in people who had come from Hawaii. So far as is known there was no leprosy known in Western Samoa previously, and from the evidence available it is reasonable to conclude that the disease was introduced from Hawaii. Altogether there have been only forty-six cases to date recorded, of whom twenty-three are Samoans. At the present time the Administration is supporting sixteen lepers at Makogai, in Fiji. New cases as discovered are sent to Fiji once each year.

*Itch.*—Scabies is fairly common amongst the children of Samoa, and occasionally it is seen in cases suffering from some chronic ailment who have been neglected by their friends and relatives; but on the whole the adult population is very little affected.

*Tinea imbricata.*—This and other ringworms are fairly common amongst the Samoans, but the incidence is not nearly as great as it is amongst the Melanesian and Chinese labourers employed on the plantations.

*Eye-diseases.*—Simple catarrhal conjunctivitis is common, but the most serious condition is the true Samoan conjunctivitis, which is very infectious, and spreads rapidly from village to village, beginning with itching, swelling, and marked chemosis of the palpebral conjunctiva, which within forty-eight hours has a purulent discharge, associated with great pain and photophobia. The inflammation soon spreads down the naso-pharynx, having involved both eyes. In default of proper treatment, ulceration of the cornea follows, and then, if the Native treatment of scrubbing with coconut-fibre is adopted, the destruction of the eyeball is a very probable result, and is the reason of there being so many cases of blindness in Samoa. Clinically the condition resembles gonorrhœal ophthalmia, except that there is very little constitutional disturbance. An intracellular gram-negative diplococcus is very constantly found in the discharge. It is very noticeable that villages near a bathing-beach, or