

VI. GATHERING IN VILLAGES.

1. The Village Committee of a village where any gathering of Samoans is held shall be responsible for the proper regulation of such gathering from a sanitary standpoint.
2. The Village Committee shall take steps to ensure that proper precautions are carried out with regard to cleanliness of buildings, of cookinghouses, and of the *malae*, and the proper disposal of refuse and rubbish.
3. The Village Committee shall take steps to ensure that sufficient privy accommodation to the satisfaction of the Chief Medical Officer, or other officer authorized to act on his behalf, is provided, separate for each sex, and that such privies are kept in a clean and sanitary manner.
4. The Village Committee shall take steps to prevent the fouling of water-supplies.
5. The Pulenuu of the village shall be personally responsible for seeing the instructions of the Village Committee properly carried out.

PART III.—YAWS AND HOOKWORM CONTROL.

1. *History of Hookworm Disease in Samoa.*

In 1920 Dr. F. W. O'Connor, of the London School of Tropical Medicine, carried out a preliminary survey which showed that hookworm infection among the Samoans was almost universal. He reported that he found an infection rate of 85.1 in 286 examined, but this was in some cases from one specimen only, and that among those examined for filaria the eggs of hookworm were eventually always forthcoming. The largest number of worms found by him was 113.

2. *Hookworm Control.*

The institution of free treatment in April, 1923, made it possible to commence a systematic campaign against this disease. The campaign was based on the International Health Board model, which had been studied in Queensland and Fiji, and with films, lantern-slides, and charts purchased from them a commencement was made to educate the Native to the necessity for treatment and for better sanitation. This continued till October, by which time 18,057 mass treatments had been given. The work went slowly at first. This was probably due to lack of confidence on the part of the Natives, who still had a vivid recollection of the havoc wrought by the introduction, during military occupation, of influenza in 1918, in which many thousands of lives were lost. In the first three districts treated, with a population of 7,924, only 4,526 offered themselves for treatment, a percentage of 57; in the next five districts, with a population of 14,444, they became more alive to the value of the treatment, and there was no difficulty in treating 13,004, or 90 per cent: 925 other people were treated in hospitals. These were all treated with carbon-tetrachloride, 2 minims to the year to the apparent age of fifteen, when the adult dose of 45 minims was given. At first this dose was given followed by a purge of magnesium sulphate in two hours. Later the drug was administered in saturated solution of magnesium sulphate.

By October, 1923, the pressure of the Natives on the medical staff for the free treatment of yaws became so great that the hookworm campaign had to be temporarily abandoned for the lack of personnel to handle the two pieces of work. At the beginning of the year the Natives had agreed to an additional tax of £1 per head of adult males for free medical attention, and the treatment of yaws with its spectacular results appealed to them more than the hookworm work. Their views had to be heard to assure the successful collection of the first tax, and to gain their firm support to the Medical Department.

The work of sanitation in connection with the hookworm work has progressed steadily, and plans have been definitely made to treat the whole of Samoa with mass treatments during the month of November, 1924. Five units consisting of two men each will be stationed at different points in the islands to cover a definite area, which will complete the whole population in the month. The plan is to repeat these mass treatments at intervals of six months till hookworm disease is controlled.

Dr. O'Connor found 35 per cent. of ascaris infection. Future treatments will be given of 25 per cent. of oil of chenopodium to 75 per cent. of tetrachloride to handle this infection as well. The dosage will be 2 minims to the year, with a maximum of 35 minims.

3. *Yaws Campaign.*

The conditions which led to the inauguration of the yaws campaign have been mentioned above. Yaws is probably the greatest cause, direct and indirect, of death among the Pacific races in the first two years of life. Its tertiary effects are the cause of much suffering and ill-health throughout adult life. The treatment of this condition in Pacific-islanders is probably the finest demonstration to them of the value of western medicine. During 1923 the demand for injections was so great that treatment was given to all offering themselves: no attempt could be made to fine-comb the whole population. The result of the year's work appealed to the Natives so much that the Native Parliament of Faipules, or chiefs, agreed to the introduction of very stringent regulations for the control of this disease.

REGULATIONS IN RESPECT OF YAWS.

WHEREAS yaws is a preventable disease very common in Western Samoa, responsible for much suffering and death: And whereas the Administration of Western Samoa is spending large sums of money in an endeavour to eradicate this disease: And whereas the co-operation of the Samoans is essential to the successful issue of this work:

Now, therefore, these regulations are made by the Administration of Western Samoa in pursuance of the Samoa Act, 1921.

1. These regulations may be cited as the Samoa Yaws Control Regulations, 1924.
2. As from the 1st day of April, 1924, the disease known as yaws shall be a notifiable disease.
3. The father or the mother of any child suffering from yaws shall immediately report the sickness to the Pulenuu of the village.