Conclusions.

Summing up the results of more than two years' work in the district:—
(1) Sanitation and public health have been improved. Yaws, ringworm, scabies, and conjunctivitis have almost disappeared. Hookworm treatment is given annually.

(2) More confidence in the medical treatment has been established, and patients go to the Apia Hospital more readily.

(3) Women have been given a greater share in village affairs, and with added responsibility they have shown greater interest in health matters.

(4) Progress has been made in educational work. Two voluntary quarantines established by Samoans mark an advance.

(5) Samoan infants have been shown to be under weight after the first six months, due to improper feeding. Infant mortality during this period is high, but can be reduced by proper feeding.

(6) Regular weighings have tended not only to keep up interest but also have made the mothers more careful.

(7) It is believed that both the mortality rate and the infant-mortality rate in the district were reduced by medical attention being carried to the village.

(8) Medical articles prepared for the Savali (Native Gazette) have proven of great assistance to the Medical Officer in dealing with the committee, and are believed to have improved sanitation through Western Samoa.

(9) The support of His Excellency the Administrator and the assistance of the Chief Medical Officer have contributed greatly to the success of the experiment. Indifference on their part would have meant failure or indifferent results in the district.

(10) The results of regular work in the district justify its continuance.

APPENDIX C.

A CASE OF DIFFICULT LABOUR DUE TO A GROWTH IN CERVICAL CANAL. By E. Hunt, M.R.C.S., L.R.C.P.

T- (female-Vaimoso; 6 para.).—Patient was admitted at 6.30 a.m., having been in labour for twenty-four hours. Membranes ruptured night before admission. (Date of admission, 22nd September, 1926.)

Ábdominal palpation—R.S.A. Per vaginam a pedunculated mass, 3 in. by 3 in., is felt projecting from right antero-lateral lip of os. Os three-quarter dilation. Breech felt through os. Portion of os occupied by tumour feels harder than normal. Under general anæsthesia, first left then right foot brought down, delivery being easy until arms became extended above head, the left arm lying behind left ear; arms brought down with difficulty, the head being tightly clapsed by os, which felt very rigid and inelastic.

After delivery the mass above mentioned was drawn outside vulva and inspected. It consisted of a thin mass of tissue with a raw irregular surface connected to the os by a pedicle. The placenta was expressed twenty minutes later, with little hæmorrhage. Puerperium normal.

On the 6th October, owing to doubt as to exact nature of tumour, it was examined under a general anæsthetic with a view to removal. It was found that the pedicle had contracted, leaving the mass projecting from the posterior lip of the os. This was removed and the edges sutured together with silk. The sutures were removed on the thirteenth day. The patient left hospital quite well on the 19th October, 1926.

Microscopically the tumour had some resemblance to a carcinoma, but it was not definitely carcinomatous.

APPENDIX D.

A CASE OF BRONCHIAL SPIROCHÆTOSIS. By W. C. Macknight, M.B., F.R.C.S. (Edin.).

J--- (male, aged twenty-five years; a Tokelau Native, a teacher at Malua.)-Admitted to hospital on 10th September, 1926.

History: Previous history good. Three weeks before admission had influenza, which was epidemic at the time. Ever since has had cough, pain in chest, and headache.

On admission: A well-developed man in good condition. Temperature 104°; pulse 84; respiration 24. The right lung was normal. Left lung—apex clear, base dullness, tubular breathing,

a few crepitations, increased vocal resonance. Other organs normal.

Two days later his temperature was normal, but rose again, and on the 19th was 104°; pulse 120; respiration 30. There was consolidation of the left lung, through which the heart-sounds were conducted, and could be heard very distinctly at the back.

On the 22nd resolution began in left lung, but temperature, pulse, and respiration remained up. An examination of the blood gave a Widal negative.

On the 24th the left lung was clear but the right apex was consolidated. This condition rapidly spread to the whole lung. Temperature remained about 102° day and night; respiration about 30, and pulse about 100. Tubular breathing and rales again appeared in the left lung.

The patient rapidly became worse; his feet became cedematous, and other signs of cardiac failure appeared. The temperature rose to 103.5°, pulse to 120, and respiration to 40. There were no signs of any nodules on skin or areas of suppuration. An examination of the sputum showed