

Pan Pacific Science Congress Melb/Syd  
Aug 1923

1395

LIBRARY  
UNIVERSITY OF  
CANBERRA

DATE:

### 3. The Depopulation of the Pacific.

*By Dr. R. W. Cilento, Director, Australian Institute of Tropical Medicine.*

[Condensed.]

Dr. Cilento discussed the principal phases of the question from the medical aspect. There were two prominent features to be remembered in connexion with the populations of the Pacific regions. In the first place there was the fact of their considerable numbers, as emphasized by the early explorers, their high state of development, and their great natural abilities. The second feature was their constant and rapid diminution since the white man had taken possession. The Tahitians had been estimated in 1774 to number 150,000, and in 1899 they had numbered merely 10,000. The Maoris had decreased in number from 120,000 in 1840 to 40,000 in 1891. In Fiji, only seventeen years after the British annexation, it had been necessary to hold a Royal Commission to inquire into the causes of decrease of the population. Dr. Cilento referred especially to the mandated territory of New Guinea, of which he had had several years' intimate experience. In that territory the German authorities had been much and continuously concerned in regard to the decrease of population. In one district, to his personal knowledge, the excess of deaths over births in one year in a population of 9,600 had been 268. This had been by no means a bad year. Dr. Cilento attributed this decline to three things—disease, economic and social factors, and psychological factors. The diseases were either of local origin and endemic, or had been introduced from outside, and were epidemic. Local diseases were caused largely by faulty hygiene and sanitation. Enormous numbers fell victims to insect-borne diseases. Tuberculosis and other pulmonary diseases were extremely common, and malaria causes a large mortality among children before the age of ten years. Hookworm was universal, and reduced the resistance of the individual to other diseases. In some island groups filariasis affected 20 per cent. to 25 per cent. of the natives. Gonorrhœa was extremely prevalent, and yaws in many districts attacked 100 per cent. of the children. Dr. Cilento laid great stress on the fact that all these diseases were within the province of preventive medicine. The methods of prevention in regard to many of them were well established. Influenza, dysentery, and measles had all been introduced into one or more of the islands with the most tragic and appalling results. As a result, some attention had been paid to them, but the more chronic diseases were allowed to proceed with slower but equally certain steps. Leprosy had been introduced into almost all groups of islands, and had an unimpeded and insidious spread. One German investigator had reported on the

CILENTO

decline of races in German New Guinea, and had summed up the situation by stating that the native population was not degenerate; it was sick.

Among the economic and social factors were indisposition on the part of the natives to have families, and consequent abortion and infanticide, the existing of unnatural practices, venereal diseases, the recruiting of males for labour in other islands, and the cessation of tribal hostilities. Dr. Cilento said that the ultimate fate of the Polynesian and Melanesian races would be extinction unless measures to cope with these factors were brought into operation at once. He dealt mainly with the disease factors, and said that the necessary measures included an efficiently organized quarantine service, and a fully trained medical force with a well staffed series of laboratories. He laid particular stress on the necessity for every medical officer sent to the tropics to undergo a special course of training in tropical diseases. The Tropical Institute at Townsville was the natural centre for this work.

Specific recommendations may be summarized as follows: ---

#### I. MEDICAL.

##### A. General.

1. The immediate provision of a training school for medical and district officers, missionaries, &c., which shall function also as a centre for the collection of information, its analysis, and the dissemination of the progressive details of medical policy and treatment available from all tropical sources, and including abstracts of current literature.

2. The immediate initiation of a policy which aims at the gradual provision of a medical service, definitely trained in the course, complications, treatment, and prevention of tropical diseases.

3. Annual, biennial, or triennial conferences in Australia (or in each island system on a rotational series) of the chief officers of the various medical administrations, to formulate as nearly as possible a common policy, and to unify experiences.

4. Arrangements for increasing the efficiency of local medical units in each island system by the appointment in each of a thoroughly qualified travelling senior medical officer, who shall link up all areas by periodical inspection, by advice to the local medical officers, and by periodical report to the chief medical officer of his service.

5. The extension to the islands of a system of health laboratories set at convenient intervals for the thorough investigation of the epidemiology of native diseases; routine diagnosis of, and advice on, slides and specimens submitted; the oecology of the local transmitters of insect-borne diseases; and the distribution of such sera and vaccines as may be of service.

6. Free and compulsory vaccination amongst the natives over a constantly increasing extent of territory.

7. The erection, where necessary, of asylums for tuberculosis, leprosy, and mental diseases.

8. The institution of a rigid and efficient quarantine service.

9. A considered policy of mosquito destruction, and the enforcement of rational sanitary measures amongst the white, and, where possible, the black population.

*B. Local.*

1. Improvement of communication facilities between doctor and patient—

(a) by land routes;

(b) by sea.

2. The requirement of an increased range of statistical data as to births, deaths, and morbidity.

3. The provision for the native in all large towns, and gradually throughout the country, of an adequate guarded water supply.

4. Thorough personal investigation, at least annually, of the sanitary conditions, disease incidence, and the special features of each population centre in his area, by each medical officer; and the provision of constructive monthly, half-yearly, and annual reports, in which the inclusion of a developmental programme submitted for the approval of the chief medical officer, should figure at intervals of six months.

5. The most energetic development of the native medical-orderly system, with the initial and recapitulatory training of native orderlies, both male and female, and the establishment thus of a native medical intelligence corps; the distribution of the more necessary drugs and dressings, with payment for services rendered by each village in foodstuffs sent, at stated intervals, to the medical officers at the central hospitals.

6. The gradual training of competent hospital orderlies, in selected cases, to a high degree of efficiency as wardsmen, &c. Where possible, co-operation with the missionaries in medical matters, without delegation of authority to them.

7. Encouragement of cremation where it is the custom.

8. Intensive treatment in towns of framboesia, tropical ulcerations, and venereal diseases where these commonly occur.

9. Interest and authority as regards town-planning and sanitation; the stringent examination of coolie health and coolie quarters on plantations; and the rigid inspection of all coolies leaving service for their home villages, with a view to the prevention of the conveyance inland of infectious diseases, especially venereal.

10. The development in relation to hospitals of gardens and industrial workshops for the partial training and physical exercise (under supervision), of convalescent natives who are not due for release to their homes.

## II. MISCELLANEOUS.

1. With the continuance of the Pax Britannica, a sympathetic attitude towards the natives, and a safeguarding within reason of native prejudice, customs, and "tabus."

2. Measures to promote the birth-rate—

(a) Directly, by remitting proportionally the head tax until parents, with say, five or six children automatically cease to be taxable.

(b) Indirectly, by bettering social conditions and increasing food supplies, as hereunder.

3. A rigid control of recruiting—

(a) As regards the proportion of healthy males withdrawn from village life.

(b) By the serious consideration of the policy of developing actual villages on estates.

(c) By the enforcement of a stringent safeguarding of native rights as regards pay, housing, food, and conditions generally.

(d) By regulation of the proportion of females to males, if females recruited at all.

4. Stimulation of the practice of peasant-proprietorship among the natives—

(a) By education in agriculture.

(b) By the enforcement of increase in the numbers of coco-nuts planted by each village yearly; supervision of the collection of the fruit, and its purchase by Government or by traders at a low fixed rate.

(c) By proclaiming certain areas native agricultural reserves for the training of natives, and there enforcing the planting, cultivation, and control of staple fruits and foods; by the subsequent allocation of blocks or sections of this land to deserving individuals for private working. In all cases Government costs to be a first charge upon proceeds, and the remainder to be devoted to native education.

(d) By the closer superintendence of the activities, and the gradual elimination of the Chinese trader and middle-man.

5. Restriction of the sale of native lands to Europeans without previous Government sanction, and prevention of the alienation of all land whatsoever valuable to the people of a village whether they desire to sell or not.

6. Restriction of the lands opened to Europeans in accordance with the supply of labour available.

7. Assistance to individual white settlers in contradistinction to large firms with vested interests.

8. Education of the natives where possible in—

(a) Elementary school subjects.

(b) Industrial and occupational pursuits, including clerical work, minor engineering and mechanics, carpentry and cabinet-making, saw-mill work, house-building, boat-building, and any other ways, with the object of enabling them finally to take the place of the Chinaman in these respects.

(c) Agricultural pursuits (as above). Co-operation with the missions in the objects above mentioned is recommended on a basis of subsidy for actual results.

9. The distribution and planting by the Government of useful foodstuffs, such as field peas, rice, &c.

10. The institution of a head tax on all natives not actually engaged on plantations, and payable in cash or kind.

11. The encouragement of such native industries, e.g., fishing, as the natives appear to have an adaptability toward.

12. In the future, the gradual replacement of the indenture system by a policy of free labour.