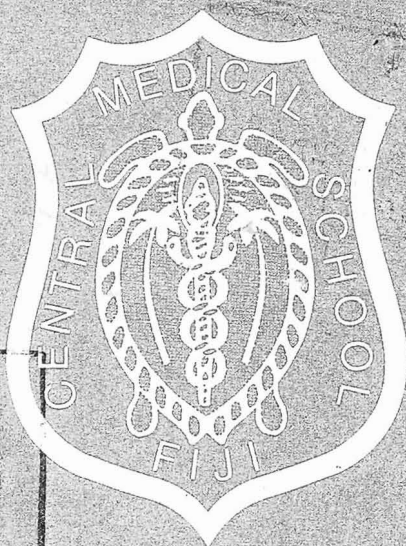


# Misi Utu

Dr D. W. Hoodless  
and the development of  
medical education in  
the South Pacific



by  
Margaret W. Guthrie

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1979

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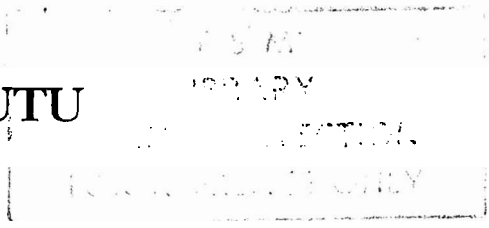
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# MISI UTU



Last century, the health of Pacific people was at its lowest ebb. New diseases were introduced to which they had no immunity. Conditions on plantations and ships, in mines and the new urban settlements where islanders worked, led to their death in disturbing numbers. By the turn of this century some of the worst excesses were overcome and islands populations were stabilizing. In the last generation or two the health of Pacific people has been the best ever, and populations have boomed to levels never dreamed of in the history of the Pacific.

An important part of this improvement in health was the establishment of the Central Medical School, set up in 1929 to train medical staff in many South Pacific countries. Its first Principal, Dr. David Hoodless, served in the school until 1946. He was also involved in various other education and health programmes in the Pacific, including a period in the Gilbert Islands.

This is a personal account of the life of David Hoodless and of the development of medical services in the Pacific, as written by his daughter Dr. Margaret Guthrie, who is now Medical Superintendent of a large hospital in New Zealand. It makes an interesting new contribution to our understanding of health education, health services and biography in the Pacific area.

The published version was edited by the Institute of Pacific Studies from a much longer manuscript which we could not afford to publish in full.

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## **ABBREVIATIONS**

**AMP – Assistant Medical Practitioner**

**CMS – Central Medical School**

**DWH – David Winn Hoodless**

**NMP – Native Medical Practitioner**

## ITCHY FEET

David Winn Hoodless was born at Walkeringham in Nottinghamshire where his grandfather Hoodless farmed. He was also the veterinary surgeon of the district. Though he normally lived with his parents in Sheffield, David spent many of his holidays on the farm and learned from his grandfather the joys of the hedgerows and the intimate world of field-mice and fledglings. He never failed to find the hidden stores of winter apples. He was inquisitive and always busy. While helping his grandfather one day he was kicked by a restive horse, which resulted in poor sight in one eye and a scar above it forever afterwards. Through all his school days he was a delicate boy, following an attack of scarlet fever that almost took his life.

At the age of fourteen, while staying with a great-uncle who kept a dockside inn at Hull, he met rugged sailors whose tales of the sea made a deep impression. He was due to return home to school but asked one of the captains to let him ship aboard. Probably with the connivance of the old uncle, he was taken on as a cabin boy. He lived hard, but the crew were good to him and after two months he returned so much stronger than when he had embarked that his uncle permitted him to make a second trip.

The second voyage, on the trawler "Edison", fared badly from the start. The seas were never other than stormy. David noted in his diary that he began to be sick off Scarborough and had an altercation with the cook who called him a priggish porpoise. The sea was so rough he could barely stand. Trawl after trawl was lost.

On the way home, being short of food they called at Longhope in the Orkneys for coal, provisions and beer. Young David was with the mate buying flour and potatoes. As they returned to the ship the mate pulled from his pocket a cake of chocolate, which he had filched from the counter while the shopkeeper was weighing the flour. This so shocked the Sunday School boy that he ran all the way back to the shop with the chocolate; but on arrival his courage failed. Leaving the packet on the step he sprinted back to the ship.

After several months away David's father firmly sent him back to Sheffield and school. The two sea voyages transformed the delicate thin child into a sturdy boy. He used to say it had been a matter of kill or cure, and always looked back on that time with pleasure, considering it a milestone in his life.

Back in Sheffield when he was about fifteen he went to the Teacher Training Centre where he took his London matriculation. Here he began to display the qualities which made him a successful teacher. The city boys he taught followed him to Saturday afternoon concerts or on bird nesting rambles in the country lanes. He could be as engrossed if he stopped to join in

a game of marbles as he was by their problems in mathematics. His pupils were his personal concern, in and out of school.

During those years in the early 1900s David was increasingly aware of the impact of industrial unrest on the lives of the people around him. His family lived comfortably enough but his parents sympathised with the aims of striking coal-miners. As strikes lengthened, hardships increased. David's mother baked bread which her children distributed to needy families, along with briquettes made from coal dust mixed with the thick layers of stone dust in the cellars beneath their home.

Having won a scholarship to King's College, London, he went there in 1907 to take his B.Sc. in mathematics. While he was a student in London, David's father suffered a fatal heart attack. David was without funds and it appeared that he might have to abandon his studies, when A.J. Arnold, Principal of the Sheffield Teacher Training Centre, insisted on assisting him financially. The financial debt was repaid within a year of graduation; the emotional debt was always acknowledged. The faith of his former principal may well have been the spur that encouraged him on to attain the Drew Gold Medal for Mathematics in his graduating years' course at the King's College Day Training College from 1906-1909. His first appointment after graduation was Assistant Mathematical Lecturer, Manchester University. He held the post for a year from Christmas, 1910.

A position became vacant which appealed to him both as a teacher and for its connection with the sea. HMS "Worcester", formerly one of Nelson's ships, continued her service anchored in the Thames, as the Incorporated Thames Nautical College, a training establishment for Merchant Navy officers. David was offered a position to teach practical mathematics at a salary of £70 a year, payable quarterly, with board and lodging and laundry during term. The letter of appointment further noted that though the advertisement specified junior form work, chiefly English, Mathematics and a little French as duties, the applicant had to be prepared "in an emergency, or at my request, to take other work for which in my judgement you seemed suitable or which the school arrangements might necessitate. Also to consider yourself in the position of master and friend of the boys in pursuits and welfare, without of course being too friendly with any of them in particular."

His report showed that David was capable, painstaking, and energetic, and what was more, had great power in capturing the attention of his boys. David enjoyed HMS "Worcester", the life, and the boys. One of his pupils was Jan Conrad, son of Joseph Conrad, who would visit his son and while doing so, the teachers' common room, where his evident pain from arthritis and dignity of bearing impressed the young teacher.

Nevertheless, despite his success and good prospects, restlessness affected the young man. His mother had died, his older brother had settled in Canada, his younger sister Nancy married Arch Stearn, who took her to live in the Anglo-Egyptian Sudan. Only his eldest sister, Beatrice, remained in England all her life. The urge to be off to other parts was very great, all the more because he had been spurned by his first real love, a former fellow student: an auburn haired beauty named Olga, who at one stage returned the attentions she received but rebuffed her somewhat impecunious suitor for an older, richer Canadian engineer. Thereafter any good-looking redhead was liable to



be perplexed by the teasingly sharp comment she might prompt from DWH. Wounded pride can have a long memory. Years later I remember such an occasion, my mother softening the remarks with one of her quiet comments, and afterwards the three of us laughing at the hurt young man who hated all Olgas and all beautiful redheads.

## TEACHING IN FIJI

In December 1911 David was appointed as Assistant Master, Queen Victoria School at Nasinu, near Suva, in the Crown Colony of Fiji, at the salary of £200, rising by annual increments of £10 to £300, together with unfurnished quarters. He took passage via Vancouver in the same ship as a young doctor who had just been appointed to the Colonial Medical Service, Victor McGusty, thus beginning an association that lasted for many years. They sailed from Liverpool on SS "Baltic" for Canada on 5 December, 1911. David diverted to spend four days with his brother at MacLeod, Alberta, arriving in Vancouver to board SS "Zealandia" on Christmas Day.

In 1902 the Council of Chiefs of Fiji had requested the Governor to establish a school, on the model of an English Public School, for the higher education of Fijian boys. The Council offered funds for the erection of a hall as a memorial to Queen Victoria on the school site, hence the school's name. The first Headmaster, Mr J.B. Thomson, arrived in Fiji in July, 1906, to help in the planning and construction of the school, which was developed at Nasinu, five miles from Suva, on the site since occupied by the Nasinu Teachers Training College. The main school buildings consisted of the Memorial Hall and four classrooms built of wood on a concrete foundation, costing \$1800, all of which was contributed by the Fijians. The other buildings were paid for by General Revenue.

On 3 January, 1907, the school opened with a roll of 32 boys. The curriculum was to include "English, Pacific History, Shorthand and Typewriting and possibly Elementary Surveying such as Army officers are supposed to know", a strange hotch-potch to which tropical agriculture was later added. Nevertheless, from its beginning the school flourished, though to the credit of its earlier teachers not quite as a transplant of an English Public School in the colonies but as an educational centre geared more to local conditions.

Suva, the capital of Fiji, was a very different place in 1912 from the modern centre it is today. Sir Henry Scott in his paper on 'The Development of Suva' recalls that the streets were then still mud tracks laid on a foundation of coral dug out from the foreshore. When Mr Thomas Horne was in charge of the store Walter Horne and Company Ltd., he used to employ four street sweepers to sweep the mud from the street to allow the pedestrians to enter his shop. There was no electricity. The streets were lit by kerosene lamps, but the first telephones had been installed in 1911 and inter-island wireless was developed in 1912.

David Hoodless formed lifelong friendships with local European residents

such as the two lawyers who played such a prominent role in the development of Suva, and who later became Sir Henry Scott and Sir Henry Marks, with fellow members of the Colonial Service, with members of the Indian and Chinese communities and with Fijians. He set to with a will to learn the language, the customs, the lore and everything which moulded the cultural and societal backgrounds of the boys he was teaching. Englishmen of the type who sought service in overseas territories were, on the whole, a traditionally minded breed, partial to spectacle, sensitive to the niceties of customary practices of their own kind and hence they tended to be sympathetic towards the customs of another traditionally based society. Fijian ceremonial was both spectacular and meaningful in its nuances of word and gesture. From the time of Cession the first Governor had modelled the system of administration of the Fijians on their own strong social and political system.

At the outbreak of the First World War he applied to be allowed to relinquish his post to return "Home" to volunteer but he was informed that war or no war his duty was to continue at work. The Empire carried on regardless. While others were prepared to accept this directive it seemed intolerable to David Hoodless and so he applied again for permission to volunteer for active service. This time authority was irked. If the junior Colonial servant did not know his duty he must be disciplined. Therefore he was ordered to relinquish his position at Queen Victoria School and become Acting Headmaster of the new Lau Provincial School. It was made clear to him that by being removed from the vicinity of Suva to a position in an outlying group of islands he could better learn to obey, while at the same time be less able to pester his seniors. So David went to Lau, taking some law books with him. He thought he could employ his spare time studying, and the law appeared interesting. Years later my mother, tiring of packing and repacking barely used law texts, was delighted when she found a potential law student to relieve her of them.

On 14 July, 1915, David took up his duties at the Lau provincial school. The Lau or Eastern Group of islands, atolls and reefs abound in scenes of great beauty; land-locked harbours walled in by over-hanging wooded cliffs, lagoons dotted with mushroom islets where the sunlight reflects from the coral sand. Indeed Tongan influence has long been important in Lau. Originally the Tongans came mainly to obtain the large double canoes for which Lauan craftsmen are famous. They stayed to trade and wage war so that there has been considerable admixing of the two races over time, resulting in a handsome, intelligent people, paler than the more Melanesian people of the Westerly groups of Fiji.

The Lau Provincial School at Tubou village on the island of Lakeba served the whole Lau group. Each island had its village school and was allowed to send its quota to Lakeba. Tubou was the traditional seat of the paramount and other high chiefs of Lau. One of these chiefs was Ratu Finau, the Roko Tui Lau, a man who expected his word to be law. He made it clear to the new headmaster that he, Ratu Finau, expected to have the final say about selections for the school, how it should be run, and how the boys' extracurricular activities should be organised. Co-operation was not a word the autocratic chief wished to understand. In no time at all the headmaster and Roko Tui were at loggerheads. The Roko decided he must be rid of his

independent-minded headmaster, so he wrote to the Honourable K.J. Allardyce, the Native Commissioner, in Suva. In his effort to have the nuisance removed the Roko transparently over played his hand, but his accusations had to be seriously investigated, so eventually the headmaster received a letter to that effect together with a copy of the accusations, which read:

Tubou, Lakeba,  
6 Sept. 1915.

The Hon. K.J. Allardyce,  
Sir,

I am writing confidentially about the new Headmaster who came last July. For the first week of his stay he did not leave the school, then he began to come down to the village day and night and became on friendly terms with some prostitutes. He is awake all night and sometimes does not go back to his house to sleep till the morning, and comes down again at midday. Work at the school seems to be going on badly. The boys too are awake all night in the village. Unlike Mr Russell he does not supervise the boys' planting. He takes women up to his house at night and gives them tea. He also takes men up and gives them whiskey. Today I have seen a native of Tubou drunk as he and Mr Hoodless have been drinking together all day. We have had three European Headmasters here and all except Mr Hoodless have discussed matters with me. Do not think that he and I have had a quarrel. We are perfectly friendly.

(sd.) A. Finau.

Colonial Secretary's Office  
Suva, 29 September 1915.

Sir,

I am directed by the Acting Governor to enclose a copy of a letter addressed by the Roko Tui Lau to the Honourable K.J. Allardyce, Native Commissioner, in which serious reflections are made on your conduct.

2. I am to say that the Native Commissioner, who proceeds tomorrow to Lakeba, has been directed to hold an enquiry into the statements made by the Roko and that, if he is of the opinion that there are good grounds for them, to take over from you the conduct of the Lau School and to direct you to proceed to Headquarters by first opportunity.

3. The Native Commissioner will afford you an opportunity of making verbal or written representations to him in regard to any statements that may be made to him in the course of his enquiry.

I am,  
Sir,  
Your Obedient Servant,  
Acting Colonial Secretary.

No record of the 'verbal or written representations' was kept. The outcome is merely officially recorded as the appointment of David Winn Hoodless B.Sc. as Justice of the Peace for the district of Lau, on 3 May, 1916. Thereafter the Roko Tui Lau and the headmaster learnt to live with each other, becoming in time respecters of each other's qualities, if not friends.

The beautiful island of Fulaga had already filled its quota for the Lau School but the younger brother of a boy who was already at the Provincial School did specially wish to attend. One day the boy, Emosi, took a small canoe, loaded it with his few clothes, a few coconuts and cooked dalo root for

food, then set sail for Lakeba. Having first landed at an uninhabited island, he finally made Lakeba but arrived at a village some distance from the school. Here he looked for work to earn his food and to buy a new shirt before he went to the school.

A crotchety old fisherman who lived by himself allowed Emosi to help him because Fulagans are noted fishermen and sailors. So Emosi fished but made no money because he was lucky if the fisherman, having sold his catch in the village, gave him even a shilling.

Then one day they were fishing on the outer reef and Emosi had about twenty strings of fish strung about his neck. The tide was rising fast so they had to swim for the shore. The old fisherman took the spears and swam ahead, leaving Emosi to swim with all the strings of fish floating behind him.

The boy was swimming as fast as his load would allow him when he felt a sharp tug and one string of fish was gone. He shouted to the old man. "Shark! taking fish!" But the fisherman only swam faster (and that is not at all typical of Fijians).

"And what did you do?" asked the listener.

"I just swam on," said the boy. "Then I felt another tug and another string of fish had gone."

"And then?"

"I swam faster, and there was another tug, and another tug until I found I could touch bottom and it was too shallow for the shark. Then I had one string of fish left."

"What did the fisherman say when you reached the beach?"

"He cursed me for having lost the fish. So I cursed him for being a coward, and I ran away and came to you."

Yes, Emosi ran away and that evening he sat quietly on the step of the headmaster's bungalow, waiting to be noticed.

"Who are you? What do you want?" he asked in Fijian.

"Sir, be of good mind and listen".

Then followed the story as told. The headmaster was sympathetic to Fijian boys determined to come to school, so Emosi won his place.

Eventually Emosi became Buli or headman of Fulaga. His was a considerable personality. Sir Harry Luke, a former Governor of Fiji, wrote an account of a visit to Fulaga in his book *From a South Seas Diary* on 25 November 1940.

"The Buli Emosi Koto is a sharp active little man who on two dug out canoes has built himself a remarkable sort of sailing-house-boat, complete with thatched cabin, bridge, portholes, aerial, hand-pump, life belt and even a round house. It is a Heath Robinson craft in appearance but it is capable of moving quite swiftly across the lagoon with its three mat sails."

During vacations David Hoodless visited the other islands of the Lau group. He was invited to stay on Naitauba, which was privately owned by Gustavus Hennings who worked the island as a copra plantation. Gus Hennings' father, William, was a German. Derrick's *A History of Fiji* describes him as a man of scrupulous honesty who acquired large interests in Lau, amassing a fortune during the cotton boom. Among his business ventures was a bank, whose notes were known as Hennings' "skin plasters". He held many agencies, including one for a line of ships to Europe. Owing to the collapse of the cotton market

Deeply aware of the problems his pupils faced, he realised that there was no turning back once the British had begun to impose their culture. He had to help find a balance, guiding his pupils towards the 20th century while maintaining the best of their traditions. Elementary hygiene, agriculture, carpentry, commerce, and civics, both in and out of school were as much a part of his tuition as the three R's.

The learning was not a one way process. DWH came to terms with himself in Lau. His student and early teaching days had been tense times. In Lau he learnt to relax. There is a ribald, boisterous fun in Fijian humour. DWH responded to that attitude. In gaining peace of mind himself he became attuned to the needs of others, learning when to be serious, when to be the jester. Years later, a Governor about to leave Fiji was to pen some doggerel verses of farewell addressed to Dr Hoodless – The Court Jester.

Though he had left Yorkshire at the age of eighteen he always retained a full Yorkshire accent. He was of Yorkshire also in his moods. He could be dour as the bleak moors and he could banter with the broad rollicking humour that lightens lives in the industrial North. He developed the art of the raconteur and could tell a short pithy joke, or spin longer stories and have his listeners intent on every word. His personal magnetism arose from his immense vitality and keen interest in everyone he met. These qualities made him a "born teacher" whom small boys adored and older boys remembered with respect and affection.

People meeting him casually, or even frequently on social occasions, would say "How jolly and good natured he is! What fun he must be to live with!" Those who lived and worked with him knew the light banter and the kindly good humour, though essential parts of his nature, were also the cover with which he hid the hard core of serious thought and the absorbing interest in his work.

He was quick tempered when small things went awry. He expressed his anger vehemently and picturesquely but then it was finished. To his students he was the same. He passed over no carelessness or misdeed; but the punishment over, the student concerned was completely reinstated as a person to be helped, talked to, joked with as before.

After the war DWH was arranging leave of absence to go to London to begin his medical studies when Queen Victoria School suffered an upheaval. A master died in tragic circumstances, the headmaster resigned and in August 1914, DWH was urgently requested to return to Nasinu 'to restore confidence'. He left Lau after assuring the chiefs that he would urge the administration to secure a qualified teacher as soon as possible. At Nasinu the new headmaster found the school run down both in maintenance and management, so he had a busy period organising everything from repairs and maintenance to staff, boys, and teaching. Prior to his eventual departure in August 1918, Mr Mackay the Superintendent of Schools wrote "regretting the circumstances which have made it impossible to provide you with more assistance in carrying on the work of the school and recognising the efficient work you have done under trying circumstances".

In London, Kings College had granted him a certificate to the effect that he had already passed the Intermediate examination in Pure and Applied Mathematics, Experimental Physics and Chemistry and he completed

Biology by March 1920. From then until mid December was involved with Anatomy and Physiology. Early in 1921 he was attending clinical work at Kings College Hospital Medical School.

He was not the only older student in his class. He made friends of two such men. Edward Jacomb, a lawyer with private means had served a term as Governor of the Anglo-French Condominium of the New Hebrides, when he decided to study medicine. L.D.A. Hussey had achieved renown as a meteorologist with Shackleton's expeditions to the Antarctic. Hussey was a skilled banjoist and when the second expedition was marooned on Elephant Island it was Hussey's banjo that helped to maintain morale.

When David returned to Fiji it was as Superintendent of Schools. One matter that concerned him was higher education for Fijians. Today his views would appear none too radical, but in the post World War I period they were considered alarming by some. Envisaging the day when the administration of Fiji would be in the hands of Fijians he was convinced that a corps of able young Fijians should be assisted to obtain an educational and societal background to fit them for that responsibility. Others were not convinced that recent 'savages' were actually so educable, let alone that it was desirable to allow them to have the opportunity to show their capabilities. DWH saw Queen Victoria School as a stepping stone whereby selected boys should pass on to an overseas secondary school and possible tertiary education. Wanganui had emerged as a New Zealand school that was sympathetic towards such students. In 1921 Jopi Virivirilau Loloma and Joeli Kate Rauai were sent there.

One sleepy Sunday afternoon he was resting on his verandah when he awoke to see one of Fiji's most respected chiefs Ratu Jone Madraiwiwi walking up the path accompanied by a lad who was carrying a bundle of possessions. Ratu Jone, a far sighted intelligent man, had some years before decided that his sons must be educated to be the equal of the ruling race, not to mention leaders of their race. To that end his eldest son Ratu Lala Venaiali Sukuna, who had been placed in the guidance of a Chief Justice of the Colony, was already an Oxford graduate in law and a veteran of war service with the French Foreign Legion. Another son was under the aegis of a missionary training to be a teacher in Sydney; the boy accompanying the chief was his youngest son Ratu Jone Antonio Rabici Doviverata.

After greetings had been exchanged Ratu Jone intimated that he had decided that this, his youngest son was to be under the guidance of Mr Hoodless and to that end was being delivered to join his household. Suddenly DWH felt very inadequate. In vain he expostulated that being a bachelor he lived simply and did not feel he was the person to fill Ratu Jone's need. But the chief was adamant. He politely but firmly departed, leaving the man and boy alone.

It was soon evident to DWH that Tom Dovi as the boy himself decided to be known, was fully capable of realising his father's ambitions. In casting around to find a companion to accompany Ratu Dovi to Wanganui, DWH was impressed by the young Ratu Edward Tugi Tuivanuavou Cakobau, but then he had to persuade the Fiji Government to sponsor the boys. Opposition was strong and at one stage took a strong twist. The editor of the *Fiji Times* tried to pressurise the Government not to send two Fijian boys unless two

Indian boys were also sponsored, as being an unfair advantage to the Fijians, when that person considered Indians to be more worthy of educational effort. At the last moment Government agreed that the two boys should be sent to Wanganui Technical College for the 1923 school year.

In a personal communication Ratu Sir Edward Cakobau intimated that when Ratu Dovi and he were attending Queen Victoria School in 1922, the headmaster, A.H. Phillips, told them he was very much against them going to New Zealand. So the boys were well aware of the burden of responsibility they bore on behalf of their race. Ratu Tom Dovi graduated in medicine in due course from Otago University. He died in 1971. Ratu Sir Edward Cakobau qualified as a teacher, became an administrator, served with distinction with the Fijian battalion during World War II and was the first Fijian officer to command the Battalion. At Independence he became a Cabinet Minister, and Deputy Prime Minister, until his death in June 1973.

From the time of the 'conquest' of Fiji by the early missionaries, primary education of Fijians had been in the vernacular and concentrated on the three R's with little practical technical or agricultural content. By the early 1920's Fijians learnt to read and write in their own language but few were able to speak or read English. Their literature was limited to missionary translations of a few books and the native newspaper *Na Mala*. So the great majority were only able to exchange views with the comparatively few Europeans who spoke Fijian. To some who knew and liked the Fijians this was considered desirable as an attempt to protect the race, but others realised that the Fijian outlook must change, particularly where there was closer contact with European or Indian settlement. It was also anticipated that future generations would aim for greater individualism than had been the case under the old communal system of living.

A start had been made by the teaching of English in the Queen Victoria School, the Lau Provincial School, and some Mission Schools. Among those who favoured the compulsory teaching of English were the Colonial Secretary, T.E. Fell, and D.W. Hoodless. They felt there was no cause to fear this would lead to loss of the Fijian language but it would enrich the outlook of the people and, they hoped, stimulate ambition to participate in the affairs of the Colony. With this aim in mind DWH established five more Provincial Schools in the 1920's. His attention was equally directed to the problem of Indian education and one of the tasks he undertook in the Education Department was to implement the proposals of the Indian Community to open a girls' boarding school in Suva. He also recommended the future Dr M. Satyanand for a scholarship to Wanganui Technical College.

As Superintendent of Schools DWH was as bedevilled by post-war staffing problems as his predecessor had been. He persuaded the Fiji Government to allow him to negotiate with the New Zealand Department of Education for staff. Consequently he was sent to Wellington to institute enquiries into the possibility of adopting the New Zealand system of education and employing New Zealand teachers. The upshot was a scheme of co-operation between the two Departments of Education which was formally adopted in 1934. In a way he could not anticipate, this Scheme of Co-operation with New Zealand was to become a very personal affair.

In June 1921 the Superintendent of Schools was at the Suva Wharf to meet



the newly appointed headmistress of the Suva Girls' Grammar School, a Miss Adlington, lately from the staff of Wellington Girls' College. People tended to think a headmistress should be middle aged but the slim young woman looked to be in her early twenties, — she was in fact 30 the day after she took up her appointment on 24 June, 1921. She wore large, floppy-brimmed hats, ostensibly as shelter from the tropical sun, effectively a shield behind which she could disagree with officials of the Education Department — Sir Henry Scott always declared that DWH became so infuriated by that woman hidden beneath her large hat that he had to marry her to try to tame her. Anyway married they were on 14 January 1923 in Auckland at the home of the bride's parents.

She had a university degree in Botany and Mathematics and had taught at various schools in New Zealand. Although Hilda relinquished her position when she married her talents were not to be dormant for long. DWH was concerned at the growing numbers of young European children on outlying islands who were unable to attend a school. He set about trying to persuade the Education Department that these children warranted a correspondence school but faced opposition as no funds were available.

So one day he said in exasperation, "My wife will prove that the idea is feasible by organising correspondence classes and running them without salary for the first year". Then he went home to lunch and informed his wife of his proposition. She agreed, and the manner of her undertaking her new role remained one of those private jokes husbands and wives share.

Together they worked out a set of circulars for pupils and parents, along with timetables for Beginners and Standards I — VI. The circulars embraced the range of primary school work from plasticine modelling to encourage beginners, to poetry and reading lists for older children. Although the Supervisor (as she became) was initially honorary, the Government printer published the papers and expenses were met by the Education Department. By the end of the second year Government was convinced that the scheme was both workable and necessary, so the Supervisor was requested to accept her position officially. Nevertheless she always preferred to keep her appointment on a temporary footing, at intervals suggesting that permanent staff be engaged, but it was not until 1939, some sixteen years later that she finally resigned. Until 1934 the work was done in an office in her own home and I well remember the bonus from the library of lending books that was gradually accumulated for the pupils and was secondarily available to myself.

When pupils along with families of the Correspondence School visited Suva it became the custom for them to visit the Supervisor on a friendly 'getting to know you' basis. At the stage in the 1930's when the classes had some sixty pupils, secretarial help was required to cope with the volume of work and eventually it became too much for a private home, so a shift was made to rooms in the Education Department.

Indian boys were also sponsored, as being an unfair advantage to the Fijians, when that person considered Indians to be more worthy of educational effort. At the last moment Government agreed that the two boys should be sent to Wanganui Technical College for the 1923 school year.

In a personal communication Ratu Sir Edward Cakobau intimated that when Ratu Dovi and he were attending Queen Victoria School in 1922, the headmaster, A.H. Phillips, told them he was very much against them going to New Zealand. So the boys were well aware of the burden of responsibility they bore on behalf of their race. Ratu Tom Dovi graduated in medicine in due course from Otago University. He died in 1971. Ratu Sir Edward Cakobau qualified as a teacher, became an administrator, served with distinction with the Fijian battalion during World War II and was the first Fijian officer to command the Battalion. At Independence he became a Cabinet Minister, and Deputy Prime Minister, until his death in June 1973.

From the time of the 'conquest' of Fiji by the early missionaries, primary education of Fijians had been in the vernacular and concentrated on the three R's with little practical technical or agricultural content. By the early 1920's Fijians learnt to read and write in their own language but few were able to speak or read English. Their literature was limited to missionary translations of a few books and the native newspaper *Na Mata*. So the great majority were only able to exchange views with the comparatively few Europeans who spoke Fijian. To some who knew and liked the Fijians this was considered desirable as an attempt to protect the race, but others realised that the Fijian outlook must change, particularly where there was closer contact with European or Indian settlement. It was also anticipated that future generations would aim for greater individualism than had been the case under the old communal system of living.

A start had been made by the teaching of English in the Queen Victoria School, the Lau Provincial School, and some Mission Schools. Among those who favoured the compulsory teaching of English were the Colonial Secretary, T.E. Fell, and D.W. Hoodless. They felt there was no cause to fear this would lead to loss of the Fijian language but it would enrich the outlook of the people and, they hoped, stimulate ambition to participate in the affairs of the Colony. With this aim in mind DWH established five more Provincial Schools in the 1920's. His attention was equally directed to the problem of Indian education and one of the tasks he undertook in the Education Department was to implement the proposals of the Indian Community to open a girls' boarding school in Suva. He also recommended the future Dr M. Satyanand for a scholarship to Wanganui Technical College.

As Superintendent of Schools DWH was as bedevilled by post-war staffing problems as his predecessor had been. He persuaded the Fiji Government to allow him to negotiate with the New Zealand Department of Education for staff. Consequently he was sent to Wellington to institute enquiries into the possibility of adopting the New Zealand system of education and employing New Zealand teachers. The upshot was a scheme of co-operation between the two Departments of Education which was formally adopted in 1934. In a way he could not anticipate, this Scheme of Co-operation with New Zealand was to become a very personal affair.

In June 1921 the Superintendent of Schools was at the Suva Wharf to meet

the newly appointed headmistress of the Suva Girls' Grammar School, a Miss Adlington, lately from the staff of Wellington Girls' College. People tended to think a headmistress should be middle aged but the slim young woman looked to be in her early twenties, — she was in fact 30 the day after she took up her appointment on 24 June, 1921. She wore large, floppy-brimmed hats, ostensibly as shelter from the tropical sun, effectively a shield behind which she could disagree with officials of the Education Department — Sir Henry Scott always declared that DWH became so infuriated by that woman hidden beneath her large hat that he had to marry her to try to tame her. Anyway married they were on 14 January 1923 in Auckland at the home of the bride's parents.

She had a university degree in Botany and Mathematics and had taught at various schools in New Zealand. Although Hilda relinquished her position when she married her talents were not to be dormant for long. DWH was concerned at the growing numbers of young European children on outlying islands who were unable to attend a school. He set about trying to persuade the Education Department that these children warranted a correspondence school but faced opposition as no funds were available.

So one day he said in exasperation, "My wife will prove that the idea is feasible by organising correspondence classes and running them without salary for the first year". Then he went home to lunch and informed his wife of his proposition. She agreed, and the manner of her undertaking her new role remained one of those private jokes husbands and wives share.

Together they worked out a set of circulars for pupils and parents, along with timetables for Beginners and Standards I — VI. The circulars embraced the range of primary school work from plasticine modelling to encourage beginners, to poetry and reading lists for older children. Although the Supervisor (as she became) was initially honorary, the Government printer published the papers and expenses were met by the Education Department. By the end of the second year Government was convinced that the scheme was both workable and necessary, so the Supervisor was requested to accept her position officially. Nevertheless she always preferred to keep her appointment on a temporary footing, at intervals suggesting that permanent staff be engaged, but it was not until 1939, some sixteen years later that she finally resigned. Until 1934 the work was done in an office in her own home and I well remember the bonus from the library of lending books that was gradually accumulated for the pupils and was secondarily available to myself.

When pupils along with families of the Correspondence School visited Suva it became the custom for them to visit the Supervisor on a friendly 'getting to know you' basis. At the stage in the 1930's when the classes had some sixty pupils, secretarial help was required to cope with the volume of work and eventually it became too much for a private home, so a shift was made to rooms in the Education Department.

## MEDICAL TRAINING IN THE SOUTH PACIFIC

By 1928 DWH had again accumulated two years leave to enable him to pursue his medical examinations, hopefully, to a final conclusion. To this end he went to London alone, his wife and daughter spending the time between Suva and Auckland. It was an even more concentrated period than before. He was at Charing Cross Hospital, having applied for admission there because they were prepared to allow him to forego the summer vacations in order to concertina the set hours of clinical work into the available time. Unfortunately the programme took its toll in the form of a duodenal ulcer which was complicated by an acute haemorrhage just prior to the final examinations. Consequently, DWH was a patient himself at the time he had hoped to complete the course and he had to resign himself to the fact that it would take another five years before he would have again accumulated sufficient overseas leave to be able to return again. Nevertheless it was a turning point in his career. The development of a Central Medical School was under way in Suva. The man, who was both an educationalist and partially medically trained, stood out as a suitable choice for the position of full time organiser of the school. Those interested in the project were keen to have DWH and he in turn, saw the CMS as a logical choice for himself. He had to wait until his medical qualification in 1935 to be appointed Principal but meanwhile in 1929 a compromise was made by the appointment of Mr D.W. Hoodless as the first full time tutor.

In 1946 DWH retired from his position as Principal of the School and found time to write a history of the school for the Public Relations Office, Fiji. The first Medical School in Fiji was founded in 1886, but the reasons for its establishment go back still further. In 1875, the year after Fiji became a British Colony, a devastating epidemic of measles slaughtered 40,000 Fijians, who had not previously encountered the disease and had therefore built up no immunity to it. In 1878, four years after Cession and only three years after the measles epidemic, the first batch of Indian immigrants arrived in Fiji and it was at once realized that there was a serious danger that outbreaks of smallpox and other introduced diseases could arise unless adequate preventive measures were taken.

The Chief Medical Officer was Dr (afterwards Sir William) McGregor. Impressed with the necessity for action, and limited by the extremely small financial means at his disposal, Dr McGregor conceived the novel idea of training a few native Fijian youths to help in solving the problem. In an official paper laid before the Colony's Legislative Council in December 1883, the scheme was explained.

“It not infrequently happens that sickness of an epidemic form breaks out in a remote part of the Colony or at a spot which, while geographically near, is in consequence of the infrequency or difficulty of communication virtually remote and that tens and scores of natives are swept off before any confirmation can reach the seat of Government . . . Dr McGregor proposes to form a class of students, carefully selected from among the most intelligent of the Fijian people, who, after completing a course of practical instruction in the hospital, including nursing, may be sent out to assist in healing the sick and arresting the progress of disease in those parts of the Colony . . . These students will also be taught to vaccinate and it is probable that those among them who evince any aptitude or inclination for it may be taught to dispense the simpler forms of medicines.”

If Fijian young men were to be trained as public vaccinators, and if simple quarantine measures were to be performed by them it was evident that proper legal cover was necessary. Accordingly in June 1888, the Native Practitioners Ordinance was passed. This Ordinance provided that any native who had attended as a medical student for three years at a public hospital in the Colony and had at the end of that period passed an examination in medicine and surgery should be entitled to a certificate as a Native Practitioner. He might then practise medicine and surgery in a district specified by the Chief Medical Officer. He was to reside in the village directed by the senior native official of the Province, who should cause a house to be built for him and a garden to be planted for him yearly, but the Native Practitioner must care for the garden after it had been planted. The Chief Medical Officer was to be his official chief, but he was to obey his native superiors, who were in turn to remember that his services as a Native Practitioner were of much more value to the people than any work he could perform as an ordinary villager. He was to be paid not less than five pounds a year by the Province, and, as Provincial Vaccinator, two pounds ten shillings a year by the Government. He was not allowed to demand any reward for his services, but might accept any gift offered to him.

The first NMP certificates were signed in November 1888, by Dr B. Glanville Corney, as Acting Chief Medical Officer. If the credit for inaugurating the system of training native medical assistants is given to Dr McGregor then it is even more essential to record appreciation of the work done by Dr Corney who from 1888 to 1906 was responsible for putting the system into effect. It is doubtful if any European official has ever been better known and more beloved by the Fijians than Dr Corney, and under his direction the training of Native Medical Practitioners developed steadily.

Viewed from present-day standards the medical training of the early students was extremely rudimentary, but it was essentially practical. After serving as dressers in the Colonial Hospital for three years the students were able to treat practically all the cases they were likely to meet in their districts. One might be tempted to say that there was a serious risk that they might have done more harm than good. Actually, there was a minimum of risk. Each Native Medical Practitioner was visited by a European Medical Officer three or four times a year, his records were inspected, and the manner in which he had carried out his duties and maintained his hospital or dispensary was constantly watched. Under the communal system as practised by the Fijians a Native Medical Practitioner who neglected his duties or mismanaged his cases

would soon come under the notice of his Fijian superiors, and an adverse report would be sent to the Native Commissioner in Suva.

If proof were needed of the success of the early type of medical training the record of NMP Sowane Puamau who qualified in 1899 would be sufficient. After his training period he served for a short time in Fiji and was then transferred to the Gilbert Islands. He was a complete success. Even the Europeans in the Islands regarded Sowane as their doctor, and his medical knowledge and conscientious performance of duties endeared him to all races alike.

Another example was NMP Asaeli Tamanitoakula who qualified in October 1891, and was appointed dispenser at the Suva hospital where he remained until his retirement on pension in September 1913. As well as the dispenser he was the anaesthetist, and for some years he carried out the duties of Government Pharmacist, the Colony's stock of drugs being kept at the hospital. He was a remarkable man, and had everyone's respect for his close adherence to duty.

The success of this early medical training rested not with Dr Corney alone. It is doubtful if the scheme would ever have succeeded if the Colony had not been fortunate in having at the same time a Matron of outstanding character and ability. Miss May C. Anderson, R.R.C. was Matron from 1896 to 1919. Her knowledge of the Fijian language and customs and her patience and tact enabled her to achieve success to an astonishing degree. Fijians do not as a rule take to supervision by a woman and it speaks volumes for the good work of Miss Anderson that there was never any question of her authority, and her orders were obeyed by every medical student "as though she were the Chief Medical Officer himself".

Dr Corney was succeeded in 1906 by Dr G.W.A. Lynch who continued as Chief Medical Officer until February 1919. During that period 43 more certificates were awarded to qualified Native Medical Practitioners. Dr Lynch was a hard task-master; he never spared himself, and he expected good work from all subordinates. The salaries of NMPs had been increased to £18 to £50 in 1905 under Dr Corney, and Dr Lynch was able to bring in a new three grade scale in 1917, viz., £45 to £75, £75 to £120, and £120 to £150.

During Dr Lynch's period of service the modern injection treatment of yaws by arsenical compounds was discovered in Europe. If any added impetus were required to maintain the success of the NMP service nothing could have been more fortunate than this. Previous to 1907 it was a common sight in every Fijian village to see several children covered with yaws, and many adults suffered from large yaws ulcers of a most disfiguring character. These signs disappeared like magic after one or two injections of N.A.B. and the people quickly realized the efficacy of the new treatment.

Dr Lynch retired in February 1919, and during the last four months of his term Fiji suffered from the world-wide epidemic of influenza. Of a population of 92,000 Fijians at least 7,000 died, and the death rate among the Indian population was equally serious. At that time there were 48 Native Medical Practitioners, and all of them did splendid work. Three died within a month while acting as dispensers at the Colonial Hospital; and eight in all died out of a total of 48, but in no case was any complaint made that a Native Medical

Practitioner had not stuck to his work as long as he was physically capable of doing it.

Dr A. Montague was Chief Medical Officer from 1919 to 1930. During this period the same system of medical training was continued, and a further 50 N.M.P. certificates were awarded.

In 1923 the Colonial War Memorial Hospital was opened, and soon after that the idea began to grow of developing the old Fiji Medical School into a Central Medical School.

The Fiji Medical School had been in operation for forty years. Actually it was a medical school in name only, for there was no school building, and the teaching staff served part-time. There was no attempt to give the students a pre-medical course in chemistry, physics, etc., they began training straight away as dressers in the hospital. One of the rooms at the Hospital was used as a class-room and about five lectures were given each week. And yet in spite of these limitations, no less than 138 Native Medical Practitioners had been trained and certificated, and about 55 of them were in practice, forming a very valuable auxiliary medical service under direct Government control. The reasons for their success were not difficult to find for these trained men were not merely "dressers." During the three years of training each student assisted in many post-mortem examinations, he gave scores of injections in his final year, he assisted at operations, gained practical experience in the hospital dispensary, and was "on duty" in all the different wards of the hospital. Over and above all this practical training the students themselves were keen and enthusiastic and anxious to learn.

The opening of the Colonial War Memorial Hospital in Suva in 1923 marked a turning point in the development of the Medical Department in Fiji. It soon became obvious that the Medical Superintendent of the Hospital required extra assistance, that a reorganization of the training of the native medical students was necessary, and that a properly equipped bacteriological laboratory was long overdue. The good work done by Native Medical Practitioners in Fiji was known in the neighbouring island groups, and the time was ripe for a co-operative scheme of training medical students.

About this time Dr S.M. Lambert of the Rockefeller Foundation of New York arrived in Fiji, and started various public health projects in association with the Medical Department. To assist him, Dr Lambert was given the services of a Fijian NMP. In his previous work in Queensland and Papua Dr Lambert had relied on European assistants, and he had never before had the benefit of a trained native medical helper. To his astonishment and delight Dr Lambert found that his Fijian assistant could carry out all his medical instructions with accuracy and precision, and at the same time explain fully to the Fijian patients exactly what was required of them. When Dr Lambert went to Tonga and Samoa for similar public health projects there he asked permission to be allowed to take NMP Malakai with him to continue to help him. Dr Lambert visited most of the island groups in the South Pacific. As he travelled an idea grew in his mind, and on his return to Fiji he put forward a scheme for the co-operative training of medical students in Suva. The Rockefeller Foundation promised a grant of £8,000 to assist in the capital and maintenance expenditure.

Negotiations for the proposed school continued during 1926 and 1927, and finally it was agreed that the four island groups under the jurisdiction of the High Commissioner for the Western Pacific (Tonga, Solomon Islands, New Hebrides and Gilbert and Ellice Islands) and the two groups (Western Samoa and Cook Islands) under the New Zealand Government would all join with Fiji on a quota system. Each Administration would maintain a definite number of students at the new school, the original scheme providing for 20 from Fiji, 4 each from Tonga, Gilbert and Ellice Islands, British Solomon Islands and Western Samoa, and 2 each from the Cook Islands and the New Hebrides, making a total of 40 students. The staff was to consist of one full-time tutor along with at least eight honorary lecturers, and the students were to live in two dormitories. The necessary buildings were erected in 1928, and the Central Medical School was officially opened by the Governor of Fiji, Sir Eyre Hutson on 28 December, 1928.

In a speech at the opening ceremony, the Governor paid special tribute to Dr Lambert "for his strong faith in the scheme and his able and persistent advocacy of the proposal with the governing body of the Rockefeller Foundation which happily resulted in a decision on their part to offer substantial and generous financial support". The contributions from the Foundation were paid on a sliding scale during the first four years, 1929-1932.

In addition to the six Administrations which originally co-operated with Fiji in the formation of the Central Medical School in 1928 two more Administrations, Nauru and American Samoa, joined in 1935. With the change from the former Fiji Medical School to the new Central Medical School the opportunity was taken of admitting one Fiji-born Indian and an average of one new Indian student a year was maintained for many years thereafter. Arrangements were made with the Australian Government for the admission of students from Papua in 1947.

The opening of the Central Medical School not only doubled the number of students, but it also made necessary several alterations in the medical training. The medium of instruction had now to be English as students from the other groups did not understand Fijian. The students were divided into three classes with appropriate lessons, lectures and practical work for each year, and regular examinations were arranged. Mr D.W. Hoodless was appointed as a full time Tutor, his duties being to co-ordinate the various parts of the medical training, to maintain discipline among the students, to report progress to the Advisory Board, and to ensure that the School was running smoothly and efficiently. The title of Tutor was later changed to that of Principal.

No serious difficulty arose in changing over from the old Fiji Medical School of 18 Fijian students to the new Central Medical School of 40 students of eight different races. The students soon adapted themselves, and there was always plenty to do — in the class-rooms, or hospital wards, or on the playing fields. During the years the Central Medical School has now been in existence there has never been any significant racial friction or lack of co-operation among the students.

As soon as the Central Medical School started to put into effect the new syllabus of studies it was seen that the old three years' course was too short. This was confirmed by information received from the Principals of other Medical Schools in Uganda and at Singapore. The difficulty was explained to



each of the six participating Administrations and in 1931 the period of medical training was increased to four years.

In the first six months of the training the student was taught the basic facts of elementary science, emphasis being laid on aspects with a direct bearing on future medical training. There was a very wide range in the educational standard of the first year students. Some of the Polynesian students from the Cook Islands, Samoa and Tonga had reached a fairly high standard before coming to Fiji, but that of the Micronesian and Melanesian students was much lower. It was not considered advisable to insist on a common entrance examination for all new students, for the immediate effect of such a rigid entrance test would be to exclude all students from the Solomon Islands, New Hebrides, and probably those from the Gilbert and Ellice Islands also.

The first six months of instruction were therefore devoted not so much to achieving a high standard of scientific knowledge as to acquiring a facility with written and oral English and an elementary knowledge of chemistry, physics and biology. A qualifying examination was held in June each year, and any student who failed more than one of the three subjects had his studentship terminated.

The second part of the Central Medical School course consisted of a year's instruction, theoretical and practical, in anatomy and physiology, during which time the student sat three class examinations in each subject and then was ready for a second qualifying examination. Every student was required to be able to give a lucid demonstration to his fellow students on any anatomical region.

Until he completed his first year and a half at the Central Medical School the student was much more of a "learner" than a "doer". Thereafter the position was reversed and he entered his clinical duties as an integral part of the staff of the Hospital. From 8.30 a.m. to 12.30 p.m. each day he performed one or other of the clinical duties allotted to him in the hospital, and each afternoon he returned to the Medical School for an hour's lecture in one of the senior subjects. A staff of honorary lecturers in ten subjects arranged for instruction in *Materia Medica*, Bacteriology, Medicine, Forensic Medicine, Surgery, Anaesthetics, Diseases of Children, Obstetrics, Dietetics and Book-keeping: and as each course of lectures was completed, the student had to pass a written and/or oral examination in that subject.

In the wards, each student was allotted cases in rotation. Regular clinics were held in the wards which all attended, and each student was required to stand to his cases during the ward rounds of the medical officers to give an account of the progress of his patients. No student prescribed treatment, but he was expected to follow the lines of treatment laid down by the medical officers. In the operating theatre the final year students received training, both theoretical and practical, from the Theatre Sister in theatre ritual, sterilization methods, preparation of lotions and of irrigation fluids etc., besides acting as assistants or as anaesthetists under supervision.

The Sister of the Obstetric Ward trained them, in their fourth year, in ante and post-natal work and in infant welfare, and in the conduct of normal labour. Each student was required to have delivered five cases prior to qualification. During the final year, also, students were instructed by the

Medical Officer of Health in the practical aspects of public health work, such as sanitary inspections and the inspection of meat.

Training in the dispensary consisted of instruction and practice in practical pharmacy. In the out-patients department special attention was paid to the care of cases of those types most likely to be met by the students in their work as qualified Native Medical Practitioners, and the work included practical training in minor surgery and the administration of intravenous and intramuscular injections. In the ophthalmic department instruction was given only in the routine treatment of milder eye diseases and injuries.

While attached to the medical ward, students were required to attend and assist at all post-mortem examinations performed, and were thus instructed in the method of conducting such examinations and in the keeping of proper records. Here too, lessons in gross pathology were given, and anatomical knowledge was revised. Practical training in simple laboratory methods was given during the final year in the Pathological Laboratory. Some graduates of the School were, at the request of their Administrations, sent to the Central Leper Hospital at Makogai for a special course in the diagnosis and treatment of leprosy.

When after qualifying a student had completed not less than six years of medical practice he was entitled to apply for permission to return to Suva for a post-graduate course. However, the number to whom it was possible to extend this privilege was limited, owing to lack of living accommodation and tutorial facilities.

When a student qualified he was appointed to a district as a native Government official. Usually at first he was sent to a station under the immediate supervision of a Medical Officer, but as he gained experience he was sent to any district where his services were required. Even in a more or less isolated district, he was visited if possible three or four times a year by a Medical Officer. His records were regularly inspected and his work supervised.

Native Medical Practitioners were not allowed to practise except as native Government officials. If he resigned he could not practise medicine or surgery as an independent general practitioner. A number of Native Medical Practitioners resigned for one reason or another, for example, to be appointed as a local district chief. Provided their records were satisfactory, these ex-NMP's were invited to volunteer for special medical service in cases of epidemic or any emergency where the local NMP alone was unable to cope.

The duties of a Native Medical Practitioner include all minor surgery and general medical treatment. If an immediate operation is necessary, and it was impossible to take the patient to the nearest fully qualified Medical Officer (who may be miles away by sea), the NMP was expected to exercise his own judgment in taking life-saving measures. If possible he obtained the services of another NMP or of an ex-NMP to give the anaesthetic; then, if he considered himself able to perform the necessary operation, he did so.

In 1946 the South Pacific Health Service came into being and the future of the Central Medical School was linked to the development of this co-operative organisation. At its first meeting the South Pacific Board of Health recommended that, the term "Assistant Medical Practitioner" should be adopted for all graduates of the Central Medical School. It was agreed that

the then form of medical training in Suva should be gradually improved, but the chief retarding factor was the low standard of preliminary education of about a third of the students, particularly the Melanesian entrants from the Solomon Islands and New Hebrides, who, together with prospective students from Niue and Pitcairn, would be automatically excluded if an entrance examination of a high standard had been introduced.

One of the stated aims of the Central Medical School was "to train a limited number of students as Native Medical Practitioners in order that they may carry out medical and health work in their own group of islands and thus not only bring medical help within the reach of the large number of their countrymen who are out of reach of other medical assistance, but also by preventive measures raise the general standard of health throughout the islands".

The Central Medical School produced for various South Pacific territories almost the full number of Native Medical Practitioners needed to meet their immediate requirements. Elsewhere, however, there remained much to be done.

## ISLANDS DOCTORS IN THE FIELD

In the foreword to the *Central Medical School* the then Ratu J.L.V. Sukuna later Ratu Sir Lala Sukuna wrote:

"It is not easy for everyone who reads these pages to realise the difficulties with which the earlier Native Medical Practitioners were confronted and which they had to overcome in the field if their training was going to be of any use to the people. Once the novelty of their appointments had worn off, there was a long struggle against superstition; it is by no means over yet. Through the centuries before the introduction of new diseases, the Fijians had grown accustomed to quick cures. In their treatment of new and varied diseases about which the Fijians knew nothing, these practitioners were judged by their ability to cure quickly and there were naturally numerous disappointments. When provincial hospitals were first being built about forty years ago, another battle was joined. The sick would not leave their homes. They dreaded the thought of death among strangers in a strange land. Europeans with the world at their feet cannot imagine the poignancy of this feeling."

The anthropologist, Buell Quain, during his sojourn on Vanua Levu for ten months during 1935-36, observed those fears at first hand. He noted how the sick, who were afraid that they might be detained against their will at the Medical Station, would be given secret shelter while they were fugitives from a medical officer visiting a village. Quain was aware of the frequent use of native medical remedies and the strong sense of guilt and mistrust that could appertain to the Native Medical Practitioner whose task it was to ferret out those practices and outlaw them.

Quain also had the opportunity to observe the Native Medical Practitioners' own problems of social adjustment. With his own social ties sundered, his standard of living Europeanised, his superior education and his official status granting him power and prestige, he had a difficult path. Having elaborated that, Quain stressed the overall success of the Fijian Health Administration, which he described as "exemplary among colonies of the Pacific".

To try to prevent the danger of developing a sense of isolation and detachment which could react unfavourably upon his work and might lead to a gradual slackening of effort and loss of interest, the superintendent of the Colonial War Memorial Hospital, Suva, Dr T. Clunie suggested the regular publication of a journal *The Native Medical Practitioner* to help Native Medical Practitioners keep in touch with their school, to stimulate their work and boost their morale. Native Medical Practitioners were invited to contribute articles, and to convey difficulties or doubts to the editors who would, whenever

possible, answer queries through the Journal. The first issue was published in November 1930. Dr Clunie, D.W. Hoodless, Dr Lambert and all other members of the Medical Department contributed to its inauguration. A flow of articles was contributed by both Native Medical Practitioners and their tutors. In March 1935 the editors had to answer a challenge. The *Australian Medical Journal* had criticised *The Native Medical Practitioner* stating that it was unbelievable that the articles published could have been written by natives without a great deal of re-writing and editing. The editors replied there was almost no re-writing or editing of articles offered by the Native Medical Practitioners, and the original manuscripts were open for inspection.

Fijian beliefs about the causes of illness were twofold. Firstly diseases were caused by evil spirits entering a person. Secondly as a result of wrong doing by a person, evil demons like Degei or Dakuwaqa would inflict illness to punish them. The misdeeds may have been done by the person's ancestors. It was considered possible to appease the demons by sacrifice or by exorcism. Such a ritual took place on a large scale in 1903 when the Government sent a circular to all the chiefs notifying them of an epidemic of measles and warning them that in view of the Fijian lack of immunity to the complaint large numbers of people could expect to be affected. The circular gave advice on general measures to cope with the epidemic and care of individual patients. The chiefs of the Province of Rewa determined to halt the evil spirit of measles immediately.

One dark moonless night, everybody was ordered to remain indoors. Men and women, the aged and the young, struck with all their might upon boxes, tin cans, iron and wood. The uproar was to frighten the spirits away. Legend maintained that the spirits of measles took the forms of old women. In 1874 at the time of the first disastrous measles epidemic, which killed 40,000 Fijians in six months, it was said in Rewa that two such old women were seen walking in the evening in the town carrying loads dripping blood off their backs. At that time the people omitted to drive away the spirits with dire results. Hence the energy with which they performed the ritual in 1903.

The whole life of a Fijian was enmeshed from the cradle to the grave in observances of two kinds, there were those which must be done and those which must not be done, or were "tabu". To faithfully keep to the observances was to ensure happiness and good health but the observances were so numerous the most assiduous Fijian could never be certain he would not neglect some of them.

DWH, in his notes on Fijian beliefs, described some of the many superstitions and customs pertaining to health. The pregnant woman was "tabu". She was able to bring bad fortune to anyone who approached her. She had to observe "tabus" to avoid death for herself or her child. For instance to devour a whole fish would be harmful. If she ate a type of fish named Vesu her child would be born with teeth like that fish. If she ate shark her child would be born blind. When the woman was about to be confined it must be a carefully guarded secret because if more than 10 persons should observe her she would be unable to give birth. If the confinement was painful she was made to bite the sole of her husband's foot, maybe partly to share the pain and partly to punish him for having approached her while she was "tabu". At birth the baby must not touch the floor for three days. The umbilical cord was

cut with a piece of bamboo which was then planted alongside a coconut. The child and the coconut palm grew together, the palm bringing good fortune to the child. Visitors coming to see the infant had to knock on the lintel of the entrance to enable a soul to gain entrance into the child.

There were rules to be observed about infant feeding. No baby was to be fed milk other than that of his mother in case it should die. As infants were suckled for two to three years and mothers had to go away fishing or planting crops they were obliged to leave some of their milk mixed with masticated food in a bamboo vessel so others might feed the child. If it should happen that the mother kept the child's food beside her while she was working she must take care to rap on the mats and call to the soul of her child for fear that the soul may have remained in the fields. If the mother decided to take the infant with her to the fields, carrying the baby on her back in the Fijian manner, she must take care to have someone follow behind her so that a devil might not steal the spirit of her child, leaving only the human form behind.

A custom stoically observed was a "tabu" forbidding intercourse between husband and wife for the period of breast feeding, on the assumption that if this took place the child would die. This custom resulted in villages possessing a house where such fathers slept.

So through childhood, puberty, and maturity, Fijians were crowded in by superstition. Illness was often explained by neglect of custom, such as an explanation for a pain in the side which meant the sufferer must have sucked a sugar cane without taking care to first strike the cane upon their side.

Then there was the curse known as *ndrau-ni-kau*, the curse that could cause death by suggestion, unless superior sorcery could break the spell. In an article in Vol. 2 No. 3 of the *Native Medical Practitioner*, the then District Commissioner of Rewa, G.K. Roth referred to the dread of this form of mental suggestion against which no European drugs were of any avail. He suggested two possible treatments. Firstly, if the victim was aware of the identity of his cursor, efforts could be made to effect a conciliation between the parties. He admitted there might be difficulty ascertaining the identity of such a person because of a native regulation which specified a heavy punishment for anyone proven to have committed such an offence. Nevertheless Fijian society was known to be able to produce individuals skilled at such investigations and once they were certain of the identity of the person being sought, persuading them to admit their guilt. Once an admission was made the battle was largely won and only required the follow up of some 'make believe' in the form of some medicine and some massage to complete the cure.

Alternatively Roth suggested trying to persuade the victim to disbelieve the power of the spell as the curse depended on the intended victims' fear of its influence. He pointed out that the NMP's had a unique opportunity to exert a good influence on their peoples in such a case. Nevertheless the struggles of the NMP's to overcome superstitions was slow.

In a personal letter to Dr Hoodless, NMP Vulaono wrote from the Provincial Hospital Matuku in June 1944:

"I am learning more of my people's psychology and customs and am beginning to understand them better. The people are still undecided, believing both in Western medicine and old bush medicine. Most of the people who come have already

diagnosed their complaint and know just the right medicine to cure them, if only I will give them that medicine."

It heartened Vulaono when the Buli Matuku (the Headman) presented himself for surgery. The Buli had had a distended cystic swelling protruding from his elbow for twenty seven years. When he inquired if the NMP could relieve him of it Vulaono was aware of the importance of success. He sought out a man who had been trained to give anaesthetics for NMP Jope. His wife, a trained nurse, sewed masks and caps. As the surgeon, he gowned up in a boiled white shirt and his assistant, his wife, wore her white pinafore. Dressings were sterilised in a biscuit tin. Vulaono described his surgery in detail.

"I used a horse shoe incision with convexity downwards, turning up a flap. Bursa carefully dissected to its base and excised. Bursa contained altered blood only. The flap was anchored with catgut to the capsule of the elbow joint before the wound margins were co-opted with silk worm sutures. A drain consisting of seven strips of catgut was inserted and sulphonamide powder completely sprinkled over the wound before it was closed. Drain removed little by little, then completely after four days. Sutures removed after a week. Wound healing was perfect. Patient actively used his right arm after two weeks and all swelling resolved in six weeks."

Vulaono's letter also illustrated the niggling administrative annoyances which could undermine the efficiency of other than a dedicated NMP. He and his wife had arrived on Matuku on 25 January 1944. They found the general condition of the hospital unsatisfactory. His predecessor NMP Tikiko, had initiated repair work in the hospital but owing to difficulty in securing a competent carpenter the work was delayed. NMP Tikiko had therefore been attending all the work in the hospital himself and planted his own food. His garden was about 1½ miles from the hospital, as pigs had caused so much damage to gardens nearer the village that the people had moved farther afield. To cap it all there had been a delay in forwarding two vouchers from the previous year's estimate, a delay which was later proved not to be the NMP's fault, but initially the District Commissioner thought that was where the blame lay, so Vulaono was notified that the amount due, £16, would be deducted from his own salary. He wrote:

"The incident was very tempting indeed, Sir, and I am sorry to admit that I wrote a letter of resignation several times but never posted it because I love my work and thought maybe there was a proper way out. I will stick to it no matter what happens."

Not only were financial matters straightened out but the Buli Matuku co-operated after his successful surgery and saw that the Matuku people weeded the hospital garden regularly, thus freeing the NMP for his medical duties.

There was a pioneering band of NMPs who volunteered to serve in the then less advanced territories such as Papua and the New Hebrides. Wilson Lagi for instance, arrived in Papua in 1925 when there were no hospitals at all. He was stationed at the Methodist Mission School at Salamo where a native house was used as an inadequate hospital. At least that beginning heightened his relief a year later when the Government began to erect a two storey

concrete hospital with spacious airy verandahs and properly equipped wards, theatre and facilities. When completed the hospital was staffed by the NMP, three European nurses, four native nurses, one of whom was the NMP's daughter, and four native dressers.

Journeying into the villages to give Salvarsan injections for yaws, Wilson Lagi knew how it felt to arrive and find a village deserted, because everyone had fled to the bush fearful of the strange rumours that preceded the medical team. His eight year stay in Papua was long enough to see a transition to an out-patients department crowded with patients waiting for Salvarsan injections all through the week from Monday until Sunday.

A Fijian volunteer, Mesulame Kau Taveta, arrived in the New Hebrides in January 1932, a few weeks after qualifying as an NMP. Mesulame was dedicated. He reported on Yaws and Hookworm campaigns, travelling sometimes by boat and sometimes on foot from village to village. He seemed undaunted by the possibility of being caught up in tribal warfare, merely noting regretfully that he was unable to treat the natives of Tinamit because Charlie, the Chief of Malsa Bay came armed, determined to chase the Tinamit people away because they had raided his vegetable gardens for five years. He arrived at Tonan Island to find the inhabitants were preparing for a feast and refused to have injections which might interfere with their dancing. Later because of an influenza epidemic he had to modify his campaign eventually reporting that in 1933 he gave 2470 injections in Malekula. He said he could have doubled that number if it were not for the influenza epidemic.

While on his campaigns Mesulame inspected the water supplies, only too aware that endemic dysentery often flared to epidemic proportions. Where he found dirty shallow wells he tried to persuade the villagers to re-dig them. He achieved little trying to persuade people to use latrines because it was so simple to retire to the bush a few yards from a village. His task was never ending as his patients who had yaws often suffered from tuberculosis and malaria as well. Mesulame Kau Taveta himself died of blackwater fever on 10 March 1935.

Another Fijian volunteer in the New Hebrides, Peni Tuidrake arrived a year later than Mesulame and maintained the same esprit de corps. The *Pacific Islands Monthly*, 22 May, 1936 reported that Rev J.S. Jaffray, a Presbyterian Missionary who has spent 28 years on the Island of Malekula in the New Hebrides, told of the wonderful service rendered to the people of the island by a Fijian Native Medical Practitioner a few months earlier. In December a disastrous hurricane swept the island, laying crops in ruins and wiping out what promised to be a bountiful harvest. This was followed on 9 January by a second hurricane which destroyed what was left of the crops. These disasters were followed by an acute shortage of food, in the wake of which came a severe epidemic of gastro-intestinal influenza. The missionaries could not cope with the outbreak, and asked for aid from the authorities, who arranged for NMP Peni Tuidrake to visit Malekula. He displayed uncanny skill in dealing with the situation, and had the epidemic in hand in little more than a week.

After he decided on his diagnosis, Peni set about imposing a strict quarantine, allowing no one to wander from village to village and allowing no strangers into the district. He explained to the people how its spread could be







Graduation at the Medical College.

further prevented through his native teachers who acted as interpreters. He was meticulously careful to explain to all his patients exactly what the action of any drugs they were given would be.

Peni reported that the quarantine was not broken by anyone. No strangers came into the area and no one left. The rigid quarantine was kept up for 21 days, although one day a neighbouring European trader wanted to send his native servant right across the three miles of the quarantine area. Peni was able to explain to him that his action in making this quarantine area was an official one on behalf of the Government. The next day the European came and apologised and expressed his satisfaction that he was acting correctly.

George Borgesi of the British Solomon Islands was a successful finalist at the CMS in December 1930. He returned to Malaita, an island with approximately 50,000 inhabitants to be the first NMP in the territory. In 1932 he was joined by Malakai Ravai, a Fijian volunteer. In an article in the *Native Medical Practitioner* Malakai wrote an account of a day's work at Auki Hospital on Malaita. His out-patients would often have left their villages at dawn to be at the clinic by 9 a.m. Malakai had already held a 7 a.m. clinic for the police and sick prisoners. He had two dressers to do simple tasks but as they were unable to read or write, Malakai had to keep the register with patient particulars, including name, address, diagnosis and treatment given. He complained, "Writing seems to occupy a lot of my time, and seems to delay a good deal of my work". The afternoon was busy with in-patients until about 4 p.m. when he was able to relax at cricket practise. He found it paid to walk around the wards in the evening, not merely to see that all was well with his patients but to see if they were actually present because they had a tendency to try and sneak off to their villages for the night. He described the difficulty of arranging early treatment. "At the last minute, when a patient is about to die they expect you to help them. They will come to you and say that the man was sick for only two or three days when quite often he was ill for two or three weeks. They used native remedies in the meantime and as soon as one native treatment failed another was tried in its place, until at the last minute they sought the help of a District Medical Officer or an NMP. During the last three weeks three examples of this behaviour have occurred but I kept calm and cool even when they said, "You no come quick." I knew that the mistake was on their side, and I have merely replied "Too late."

Ielu Kuresa, one of the first Samoans to be sent to the CMS was an outstanding NMP. He began his career at the Government Hospital in Apia in 1921 as a cadet. He was a good worker, a painstaking teacher, a kindly modest man, who was generous with his resources both tangible and intangible. He literally wore himself out working during an epidemic of influenza and died of heart failure when he was 38.

Ielu wrote and spoke English exceptionally well. The March 1935 volume of the *Journal* printed an article by him illustrating the manner in which the Samoan social structure increased the expense incurred by a Samoan who required surgery. The result of a system of *matai* (chiefly) titles of varying importance which carried with it honours and privileges increasing with the degree of the title was that the rendering of services between title holders added to the expense of the treatment.

At formal meetings to wish the sick person good luck custom laid down a

gift of food must be prepared for the official callers. The gift had to be of a quantity befitting the social status of the invalid; a roasted pig or two, perhaps bread or biscuits and of course taro by the score. These gifts could be considered the first instalment of the patient's operating expenses. It would be shameful to plead poverty in this respect, so if the *matai* himself could not supply the roast pigs, a son-in-law or daughter-in-law might have to supply them. If this too was not possible some form of property such as fine mats or canoes, even pieces of land would be given in exchange for the necessary pigs. So the cost of surgery could be very high and the patient still had to leave home for the hospital. If the patient lived some distance from the hospital, perhaps even a boat journey away, that was deemed to be a village responsibility. The village boat with its crew would be available free to carry the sick person, his wife, perhaps daughters of his own and other *matai*, an orator, and the crew — the so-called 'ole si igama' a party carrying the sick. There might be a stop or two on the way to the hospital. Food for this 'party carrying the sick' during these stops was the responsibility of the families of the villages visited. These food gifts could mean work and the loss of many articles of food for the village but sooner or later the visiting party, back in their own village would do the same for others, so the mutual giving away of food and shelter gained the Samoans a well deserved reputation for kindness. It was usual to give thanks for these services with tokens of appreciation such as fine mats and tapa cloths and the grace with which this obligation was fulfilled was keenly noticed. The guest with the manners of a gentleman would be welcome again; the guest who turned a blind eye to custom might pay dearly in the long run.

On arrival at the hospital the party, if big, would have to establish a base at a nearby village from where the cooking for each day for all concerned would be prepared to be taken to the hospital. The families of the base camp would therefore need to be paid. Usually with fine mats.

At the time of the operation the village pastor, the *matai* of the family with which the party was staying and the *matai* of the party itself, would gather at the hospital. Speeches and prayers would precede the operation. The presentations of food were usually made when the patient had returned to the ward after the operation, thanks were bestowed on God and further good wishes were made. When the patient was fit to return home there would be formal welcoming speeches with final presentations of food befitting the rank of the patient.

Ielu was well aware all the expense and palaver might appear absurd to a European. To him it made sense in the light of Samoan etiquette. Yet it concerned him that although the sincerity and kindness of those customs was admirable, a pig was a pig and a fine mat a fine mat, each with its monetary value. Many people needing operations therefore could not have them until they had accumulated the wherewithal to satisfy Samoan custom, so that a curable condition could become incurable in the interval.

## MEDICAL EDUCATION AND PRACTICE

The *Lancet* of 18 February, 1872 printed a letter 'On Being a Good Professor':

"What matters most in every school is having the right teachers and the right students. Getting the right students depends chiefly on the educational system and on the image of the medical profession and the image of the school itself presented by the staff to its own students (who ought to be its best propagandists) but it should not be too blatantly euphoric. Good teachers need to be learned, professionally competent, capable of at least some investigation and good communicators. Students like their professors to be a little larger than life, welcome a few amiable eccentricities and expect a reasonable amount of dogmatism, but you would find it fatal to assume to yourself the least touch of god head. Above all, you must be and be seen to be deeply concerned about your students and their progress."

That letter applies to all schools of medicine, large or small, wherever they may be. The Central Medical School was well served by the vision of its founders, its American Rockefeller Foundation advocates Dr Victor Heiser and Dr A.M. Lambert, and by its first full time Tutor David Hoodless, who taught anatomy and physiology, and his part time lecturers who included:

Obstetrics — The Chief Medical Officer, A.H.B. Pearce LRCP & S (Edin) &c. DHP Dublin

Public Health — Deputy Central Medical Authority, S.M. Lambert MD

Surgery — Medical Superintendent, T. Clunie, MB, BCh

Medicine — Assistant Medical Superintendent, F Montague MRCS Eng., LRCP Lon.

Anaesthetics — I.H. Beattie, LMSSA

Diseases of Children — District Medical Officer Rewa, W. Foskett MC, MB, BS

Materia Medica and Practical Pharmacy — The Hospital Dispenser, Charles Bula NMP

Ophthalmology — The Medical Officer of Health C.H.B. Thompson, MRCS Lon. LRCP Eng, DPH Livr.

Infant Welfare — Regina Flood-Keyes Roberts, MD

Dentistry — L.B. Hart DDS

Demonstrators — Certain Lecturers as per syllabus; also Matron Pankhurst, ATNA and AANS; and the Obstetric Sister. Colonial War Memorial Hospital.

The Tutor himself was responsible for the domestic management and

discipline of the school. Although we were a small family it never seemed that way during my childhood because there were always forty or more students at the school whose personal progress and problems were those of the family. When we went on holiday to the island of Makaluva a group of students were with us. I could not have had better companions to introduce me to the magical and awesome world of the reef. My 'nanny' Alite, a very pretty Fijian girl, thought herself quite someone to be the only belle among so many varied young men. In my juvenile naivete I never did quite realise why Alite would disappear to her village at intervals to reappear her companionable self weeks later, which made it all the more poignant when some years later she was married to our cook William and died giving birth to his child.

DWH's very personal concern illuminated his annual reports. On the subject of discipline he reported in 1932.

"The conduct of the students has continued to be good throughout the year with a few occasional exceptions. One Tongan student in his third year had to be dismissed . . . The CMS Board very carefully considered this case, but in view of his repeated offences, there was no alternative but to dismiss him. The Tongan Government approved of the action taken.

Of the eight different groups of native students represented at the School it may be stated that the Fijians and Tongans commit the majority of the breaches of discipline. As the number of Fijians is equal to the number of all the other students added together this may be only a quantitative result so far as the Fijians are concerned and if we had only four Fijians similar to the number of Samoans or Tongans, it would not be difficult to pick out from among the Fijians four whose conduct would compare favourably with that of any other group of students. In regard to the conduct of the Tongan students I would like to add that the 1931 and 1932 Tongan students have shown a markedly improved sense of discipline over that displayed by the 1930 Tongan students and it is sincerely hoped that the numerous little difficulties which have arisen with Tongan students are now over and done with.

I have nothing but praise for the excellent sense of discipline and good conduct shown at all times by the Samoan students. They are truly delightful students to work with and the result of this high standard of conduct is not only reflected in the high examination results which Samoan students invariably achieve but they set a good example for the others to emulate.

Students at the CMS must be treated as young men and not as school boys. Every effort is made to inculcate a sense of responsibility and self reliance. The practical work in the hospital demands that each student must be both responsible and self-reliant. The good name of the School will depend as much upon the type and character of the qualified men as upon the standard of their textbook knowledge."

I well remember the heart burning the expulsion of that Tongan student caused my father. The first Tongans arrived with a highly developed sense of superiority. The fact that their highest Chief was designated a Queen permeated their outlook generally. The fact that later intakes of Tongans accepted that outwardly all must be treated as equal, even if inwardly they retained reservations, was a real necessity for peace in the Hostel which was otherwise a very successful melange of Pacific peoples. It included Fijian Indians as well as Fijians, who in the 1930's were still learning acceptance of each other's complementary but differing attitudes.

1934 was the year DWH succeeded in establishing a Student Council which

he had mooted for some time. The Council was to help maintain a standard of conduct, to investigate breaches of discipline and advise the Advisory Board of students' views. The Council was elected by the students, one member by students of each of the contributing Administrations.

The Central Medical School Advisory Board consisted of four members with the Chief Medical Officer as Chairman and the Tutor as Secretary to the Board. The Board had the task, among others, of selecting the local Fijian and Indian students from among those students who passed the local qualifying examinations. It had to advise on post graduate training at the Colonial War Memorial Hospital. The Tutor worked through the Board to obtain living improvements, including clothing, food, and facilities for sport and recreation.

When the CMS was inaugurated in 1929 it was estimated that the school would be run for 40 students at an annual average cost of £90 per student. Over a period of five years 1930-1934 inclusive the annual average expenditure was actually £75-11-10 which covered board and lodgings, tuition fees, maintenance expenses, clothing and a small allowance of ten shillings per month per student. The approximate saving of £550 actual over estimated expenditure meant that improvements could be made to the student dining room and laundry room. Each student had to keep his own room tidy but an Indian servant assisted in general cleaning of the living areas and the surrounding grounds.

The Pathan concerned was renowned for his somewhat brittle temper. The fun-loving Fijians in particular could not resist teasing him and if they really wished to taunt him it was by calling him Dengei (a Fijian devil). I still recall the day when some of the students persuaded me that his name really was Dengei. They said "Go on, call him Dengei and see. He will answer". He was so annoyed he rushed at me furiously with his cane knife. A crowd of laughing young men rushed in to restrain him. My father arrived in time to placate the Pathan, admonish his students and hustle his daughter home. There was another Indian, Munisami, attached to the School itself for general duties. Munisami had an unswerving loyalty to DWH.

Sport was always enthusiastically followed by the CMS Students. In the early 1930's the Governor Sir Murchison Fletcher started a sports fund. Each administration contributed at the rate of 30s. annually per student and the students themselves contributed 6s. each per annum. By means of this fund they were able to play both rugby and cricket. It was 1935 before the CMS Rugby Team won the Costello Challenge Shield, winning 10 out of 12 games with a lead of four points over the Police team. This was particularly pleasing because the changes in team membership were necessarily more frequent for the school with members of the A team often only in it for one or two years.

By August 1934, DWH had accumulated sufficient overseas leave and been granted additional leave of absence to be able to arrange a year in England to complete his medical qualification. On that occasion the pressure of work was not so rushed. As in 1928, Professor Barclay-Smith invited him to be a member of the Senior Common Room of Kings College during his studies at Charing Cross Hospital. There were old friends, Dr L.V.A. Hussey, Dr Charles Vines the pathologist, and Charles Reid, the New Zealander who had

became a successful London obstetrician and gynaecologist, to share his leisure moments.

There was also the anticipation that Hilda would eventually join him because she had leave too and had planned a journey of her own through India, Egypt and the Holy Land, a journey that would occupy her over the time that her husband would be studying. On February 22 Hilda noted in her diary that a letter from David said he had passed his finals but did not seem very well. Energetic and determined as he was at 44 the effort had been exacting. After his finals a consultation was held to decide whether his duodenal ulcer called for surgery or continuing medical treatment. He chose the medical treatment. As techniques and knowledge were in 1935 it was a reasonable decision, although by no means a satisfactory long term one as it eventually transpired.

On 1 August 1935 DWH resumed duty at the Central Medical School. He was until that date still a member of the Colonial Education Service but the transfer to the Colonial Medical Service was affected when his appointment as Principal of the Central Medical School, Fiji, was gazetted. The Colonial Education Department was rueful. They had him in mind for promotion to a Colonial Office position and there was a tentative approach to see if he would be tempted to return, but DWH was happy with the appointment he had achieved. He did want some clinical work, so he offered to undertake the role of Medical Superintendent to the Public Lunatic Asylum and to become Visiting Medical Officer to the Suva Gaol.

The name Public Lunatic Asylum was too redolent of Bedlam for the new Superintendent. He changed it to the Suva Mental Hospital, the only one in the Colony. Its site was one of the finest in Suva, in spacious grounds with a luxuriance of hibiscus and other colourful tropical trees. The head attendant and his assistant were European. They had a staff of wardens and wardresses, all Samoans, selected on account of a recognized special aptitude of Samoans for caring for the mentally ill. The number of patients ranged from 80 to 120. There was a core of chronically ill patients who remained indefinitely, about 50 to 60 people in those days. For the remainder, some degree of therapeutic success was possible.

The central gaol in Suva was initially a place of some concern to the Visiting Medical Officer. As a building complex it was adequately enough constructed and maintained with an infirmary but many of the prisoners were from the lowest socio-economic levels of the community and arrived with tuberculosis, vitamin deficiencies and other effects of malnutrition. The prison diet at that time was no help in combatting deficiency diseases; as it was only after six months of detention that additions of green vegetables and fruit were allowed, so DWH had to persuade the custodians that all prisoners must be permitted a well balanced diet. An Indian Medical Practitioner was given quarters in the gaol to be able to keep an eye on infirmary patients and run sick parades, while DWH visited three times a week, unless he was urgently required at other times.

At the beginning of his work at the Gaol DWH saw many cases of scurvy and beri beri especially among the poorer Indians. At least, if uncomplicated by other illnesses, they were easy to treat. Some such prisoners were so grateful for the relief afforded them that members of their families would appear at the



Hoodless's door with offerings of passionfruit, mandarins and the like which the doctor was loathe to accept because he was only too aware of the poverty of the families concerned. To avoid offending them he would arrange for his servants to contrive some tactful exchange in kind.

The medical staff of Fiji from the 1930's onwards were all actively concerned with ways to try and improve the standards of infant care by Fijian mothers, as a result of the high Fijian infant mortality rate. This was in marked contrast to the corresponding Indian situation. Indian mothers in Fiji at that time had a justifiably high reputation for devoted, efficient child care.

A census was taken in Fiji in 1936 which DWH analysed from a medical statistician's viewpoint in a paper entitled "Notes along with new graphs on some of the tables of statistics in the Census Reports and the Blue Books of Fiji". From the dry bones of his statistical elucidations DWH was asked to estimate the year in which the Indian population might outnumber the Fijian population in the Colony. Although he concluded that this might take place sometime in the period 1940-50, probably nearer 1940, he pointed out that to him this was not a possibility of great importance but rather a statistical curiosity:

"What is of much more importance is what each race is doing. How is each race taking part in the industrial development of the Colony? What are the birth rates and death rates for each race? How does the graph of the marriage age vary for each race and what is the morbidity rate for each race?"

From the information available at that time DWH was unable to answer all his questions but he was able to point out that although the birth rate of the two races had stayed around 35 per thousand for about 30 years, the Fijian death rate was almost three times as great as the Indian death rate. The average crude rate for Indians for the period 1920-35 being 8.73 per thousand of total population whereas the Fijian crude death rate for the same period averaged 28.03. DWH suggested that the reasons for this marked difference might be due to the following causes;

- (a) The daily life of the Fijians is much more hazardous than that of the Indians.
- (b) The introduction of European diseases among the Fijians began only a century ago and four or five generations of Fijians have not yet reached the stage of immunity and resistance which has been reached by Indians.
- (c) There is a bigger percentage of illegitimate children among Fijians, and this type of child has a greater death rate than legitimate children.
- (d) Indian mothers have been called the 'best mothers in the world' and this remarkable death rate among Indian children in Fiji under five years may be given as mathematical proof of that complimentary description.
- (e) A fairly large percentage of Fijians live on isolated islands or in remote country districts and they have not got facilities for Western medical treatment equal to the Indians. The Indians are practically all gathered round the five 'sugar' centres.
- (f) When Indians co-operate as labourers in European industries in Fiji it does not cause a break up in their family life. With Fijians however, this 'signing on' as labourers as a rule means a separation from wife and children for at least a year. Even if a man's wife and children go with him they are not at home on their own land and their native customs are disorganised.

He suggested that an attack on the high Fijian death rate could be made by:

- (a) A more intense artificial immunisation against European diseases.
- (b) A close examination of the question of illegitimacy.
- (c) More NMPs for the isolated islands and remote districts.
- (d) A closer control of venereal diseases.
- (e) A wider educational policy for the adult Fijian.

One outcome of that report was an active campaign to educate Fijian parents in child care, the lighter hearted side of which was the establishment of district baby shows at which all manner of people, visiting nurses, NMPs, doctors, DCs and their wives, took turns at judging, taking care to have as many prizes as possible to encourage all the mothers.

Much later, in February-March 1949 the Seventh Pacific Science Congress was held in Christchurch in New Zealand. DWH presented a paper on "Medical Education and Employment of Native Doctors and Nurses", which he began by posing a question,

"Have you ever tried to work out a workable scheme for giving a measure of medical services to the small native population of an isolated Pacific Island? In the Pacific Ocean there are scores of islands with populations ranging from 200 upwards, visited by small vessels at irregular intervals with an extremely low annual income per capita. The local inhabitants, however, have their illnesses – slight or serious – from time to time, and births, deaths and occasional serious accidents happen.

It is easy enough to arrange for the registration of births by the headman of the island, but a death certificate or the treatment of a serious accident, or the prevention of the spread of an infectious disease such as bacillary dysentery, is a much bigger problem.

It is true only two centuries ago there was no need for birth or death certification and apparently in those days the Pacific Islanders flourished amidst their tropical surroundings. But at the same time we know that tribal warfare might occur at any moment, and the inhabitants of a whole village or island might be wiped out in a day. However, it is not my purpose in this article to compare or contrast the perils of pre-European days in the Islands with the so-called 'perils' of modern civilization. I hope to show the best method of bringing medical services to small isolated groups of Pacific Islanders is by training their own youth (male and female) as medical assistants and nurses.

Except for about 20 centres, such as Suva, Honolulu or Apia, there are no fully-staffed hospital facilities available for major illnesses or accidents on most of the Pacific Islands. The natural inclination of a Pacific Island native is to try simple home remedies at first, and then go to his local 'bush doctor' for any illness or accident. We all know how reluctant even European patients are to go into hospital where they will be treated by qualified medical officers of their own race and language. How much more reluctant is the native patient to go into a European hospital where his time-honoured customs will be broken and some fearful new practices demanded of him!"

After describing the scope of training at the CMS, DWH allowed:

"It must, however, be admitted at once that there is a sharp difference of opinion among medical educationalists as to the advisability or otherwise of giving anyone a medical training which does not cover a complete five to six year course as in Europe. The French at Dakar, and the Dutch at Batavia insist on a full five year training, and state very definitely that anything less than a complete 'European' medical training is wrong."

It is precisely for this reason that I have prefaced this article by the question: 'Have you ever tried to work out a workable scheme for giving a measure of medical services to the small native populations of an isolated Pacific Island?' Whatever the pros and cons of a complete medical training may be in West Africa or in the Dutch East Indies with their teeming millions (40,000,000 in Java, the most densely populated country in the world), it cannot be denied that much success and a splendid reputation have been achieved by the simplified and shortened course of medical training in Fiji. The locally trained graduates have gone out to all the surrounding island groups in Polynesia (Western Samoa, Eastern Samoa, Tonga, Niue and Rarotonga), Melanesia (Solomon Islands and the New Hebrides), and as far north as Nauru, Ellice Islands and the Gilbert Islands. In all these islands they have given the benefit of their medical training to their own kith and kin. They have brought the resources of modern drugs and treatment to remote isolated islands and villages, charging nothing for their services except perhaps a meal and a bed.

It would indeed be difficult to imagine the Gilbert and Ellice group of islands without their 14 Assistant Medical Practitioners, all under the control of one European Medical Officer."

Preventive medicine through education of their people was impressed on the students of the CMS. In an article "Medical Work in Samoa" by NMP Tongamau Fa'atiga (Vol. 3 No. 1 of the *Native Medical Practitioner*), he described how, having instructed the members of various Women's Committees of the 22 villages within his care, he then used his authority to set them definite tasks. The women were held responsible for the cleanliness of the houses and their surroundings. If a woman was considered to have fallen down on these tasks at the regular monthly inspection, a fine was imposed which took the form of supplying food for the next Women's Committee meeting. He also instructed the women in hygiene, nursing and general care of fevers, as a result of which, when an epidemic of whooping cough was followed by one of measles, Tongamau Fa'atiga knew that the mothers had some idea of how to nurse affected children. He himself had a busy time giving adult immune serum to child contacts, as almost all young adult Samoan women were known to have been affected by a previous epidemic in their childhood. Dr Monaghan, then Chief Medical Officer, Samoa suggested that preferably within five days of exposure all child contacts should be so immunised. As the method consisted of withdrawing blood from the mother and giving either 5cc to children three years or under, or 10cc for four year olds and upwards and several hundred children were given these injections in the buttocks, a great many children must have remembered that as a time of sore bottoms. Joking aside, it did lessen the severity of the cases and, if given early enough, abort symptoms.

When the measles epidemic struck Tonga no such procedure was practical. The epidemic there was traceable to a case on the M.V. "Tuitoga" which had arrived from Fiji on 6 June 1936. The Chief Medical Officer of Tonga quarantined the crew and labourers who were on the vessel working cargo but to no avail. The infection had already spread. As this was the first measles epidemic in Tonga for 25 years there was a large susceptible population. There were some 11,023 notified cases among a Tongan population of about 49,000 and it was felt that notification was very incomplete. For instance at Nafuala College out of a total of 347 boys, 334 developed measles. Of the

remaining 13, 6 came from Samoa and 7 from Fiji, so it was presumed these boys had had the infection in early childhood and were therefore immune.

A striking feature of the epidemic was the tendency to abortion and premature labour among the pregnant women, the former probably being not quite the misfortune it seemed at the time to the Tongan women, who were thereby spared potentially defective children. Considering the severity of that Tongan outbreak the known mortality of 31 was a tribute to the whole hearted co-operation of the people. Dr Ruth Carrick reported in the *Native Medical Practitioner* (Vol. 3 No. 1):

“No difficulty was experienced with the Tongans as the senior members of various families made use of their experience in the past and were therefore ready to follow instructions. As measles was an introduced disease *fakatapa* or native medicine was of no avail and so the people wanted advice”.

The NMPs were asked to contribute articles about the dietary habits of their peoples to the Journal. The first to be printed was a plea from the Samoan Tongamau Fa’atiga for use of traditional Samoan foods in his “Infant Feeding in Native Villages”:

“Most of the Samoan foods are picked fresh off the trees or killed and used whilst fresh, whereas imported foodstuffs in bags or tins have been kept for long periods and are inclined to be infested with all sorts of animal life or contain chemicals for their preservation. I am convinced that most of the ailments we suffer from in Samoa are caused by either eating unsuitable food or overeating or being underfed. This applies not only to children but also to adults.”

It concerned the NMP that as soon as their children were weaned his people tended to feed them store-food such as rice, sago, porridge, biscuits, tinned foods such as corned beef, herrings in tomato sauce and salmon and ignore the fresh wholesome food that Samoa could produce so well and economically.

Samoa food was principally taro, breadfruit, bananas (both cooked and tree ripened) yams, pineapple, paw paws, coconuts, oranges, fish, chicken and pork. Although they were not originally staple items of the native diet eggs, milk and beef were obtainable and relished. He described how he and his wife, a trained nurse, applied his beliefs to the diet of their infant daughter who was weaned from the breast at eight months on to Vaisolo, a dish prepared from half matured coconuts. Their juice and meats were thickened with finely grated cassava (tapioca) and flavoured by the citrus oils from orange leaves. Soups were prepared for her from paw paws and ripe bananas with a progression to fish, chicken and pigeon soups along with a delicious dish that is the staple vegetable leaf portion of Samoan meals, Palusami. It is a preparation of cooked young taro leaves and coconut cream traditionally wrapped into packets and baked in a Samoan oven or umu but capable of being cooked in a double boiler. Meat or fish could be added to the basic palusami packets, which are seasoned with natural sea water or salt. It was not only a well balanced diet but palatable and capable of variation.

Samoa is a fertile land of plenty compared with the Gilbert and Ellice islands, a scattered group of coral islands lying on the Equator just West of the International Date Line, none of which are more than 25 feet above sea level. Arobati Hicking writing “Foodstuffs in the Gilbert Islands” pointed out that

several articles of diet that would appear essential to Europeans were entirely absent. There was no running water and practically no fresh green vegetables although some Europeans managed to grow a few cabbages, carrots and lettuce. There were no cows, sheep or goats. Every village had its well, or maybe two, but the water was brackish, especially during droughts. The Gilbertese lived on fish, coconut and babai, a coarse root similar to taro. Fish was eaten daily at the main evening meal. If not available fresh when it was either eaten raw or boiled or baked in leaves, it was salted and dried. There were many varieties of fish as well as eels, shellfish, crabs, jelly fish and octopus. Nearly every Gilbertese family kept one or two pigs in fenced compounds, and fowls which roosted at night on the trees or on the dwellings. These were kept for eating only on special occasions, such as weddings.

Coconut in one form or another was an essential part of the daily food, in all its variations from the young green coconut used for drinking with its highly esteemed soft white flesh to the mature ripe nut with its milk and the coconut cream which is expressed from the grated flesh with a little hot water, to the germinating nut from which the pithy interior and brittle layer of flesh are prized. Toddy, or sap, tapped from the coconut palm itself, was mixed with the brackish well water to make it sweeter and more palatable. Toddy may be drunk fresh or it may be boiled into a sort of watery molasses to be stored for several days, or even fermented. The coconut, pandanus and babai are indigenous to the Gilberts, while returning islanders have brought breadfruit, paw paws, bananas, sugar cane and kumaras, but all those are scarce and unable to flourish in the poor soil so for practical purposes they are luxuries.

In contrast to the relatively monotonous Gilbertese diet the diet of Fiji was varied indeed. They too had dishes typical of the whole region incorporating coconut cream or lolo as the Fijians call it with taro or dalo leaves and more elaborate versions with prawns and grated onion. A prawn dish described by W. Twiketū Malni was taielo. Either prawns or little crabs were crushed raw until reduced to a pulp from which all the juice was extracted and this juice, mixed with grated coconut and lemon juice was left covered for a day. The taielo was a rich flavoured dish usually eaten with dalo or yam.

Duruka is the unopened flower of a type of reed which grows as a weed in Fiji. The tops cut about the length of asparagus, are a Fijian delicacy. Hilda devised her own duruka savoury, baking duruka first in the oven prior to removing the outer sheaths then pouring a rich cheese sauce over the duruka which was then returned to the oven for a few minutes to brown.

Not only did we eat Fijian food regularly but our cook for many years was a Fijian, Williāmi, which was unusual then as most Europeans had Indian cooks, assuming that cooking came naturally to Indians but was not an attribute of Fijians. Earlier in their marriage DWH and Hilda conformed to custom but after many episodes when Fijian housegirls and Indian cooks acrimoniously fought, sometimes in hair pulling, biting fury, the Hoodlesses decided that they really could not see why a Fijian could not be trained to do the cooking, if only for the sake of harmony in the kitchen. DWH sought such a man through his friends in Lau. Williāmi was a big fine looking man with an affable humorous nature who developed great pride in his work. Hilda quite often worked in the kitchen herself, in fact she despised the few who served indifferent food while berating their cooks for fools.

'If they expect to issue orders from their living rooms they will get the food they deserve,' she would say. Particularly if she was entertaining, her freshly showered, chiffon clad presence at dinner belied the woman who shortly before had literally sweated over a hot stove fueled by mangrove wood. Uncomfortable as that could be in the humid heat, she enjoyed the planning and preparation for such occasions and the final presentation would be a co-operative effort of Williami and herself.

When wives new to Fiji were wont to bemoan the dearth of European vegetables and fruit it would sometimes be suggested that they ask Mrs Hoodless's advice as to how to make the most of the readily obtainable dalo, breadfruit, yam, kumara, guavas, soursop, grenadilla and the like. She contributed to a book *Tested Island Recipes* published in aid of the Girl Guide Building Fund in 1934 and was compiling a recipe booklet herself at the request of the Suva Red Cross, when she died in 1956.

DWH himself had a Yorkshireman's enjoyment of good food. He had to concede to the dictates of his peptic ulcer which in the 1930's and 40's meant taking much milky food. His diet eventually determined whether or not DWH would remain in Fiji. In 1936 he was offered the position of Dean at King Edward VII Medical College, Singapore. He was very tempted to accept, the position itself held all the interest and challenge he could have wished. The deciding factor was the difficulty in those days in obtaining fresh milk in Singapore. He wrote to a friend, the then Colonial Secretary in Singapore, who also had a peptic ulcer, who advised him of the difficulty and considered his own health to have deteriorated since his transfer there. All too soon that friend was to die from complications of his ulcer while a Japanese prisoner of war.

## FAMILY AFFAIRS

The house the Hoodless's occupied was one of those allotted to medical staff. It was near the CMS and Colonial War Memorial Hospital. It was designated semi-furnished but Hilda promptly delegated most of the furniture to the garage to replace it with her own. The garage became a storeroom because DWH declined to own a car and settled for taxis. The firm they dealt with provided a regular driver but very often they chose to walk one way at least, to any engagements, partly for pleasure, partly to keep fit. For several years DWH, Sir Henry Scott and Dr Pearce used to walk several miles before breakfast, regularly. Their route usually took them to the Suva Point where they swam before returning home.

DWH was careful about money. This stemmed partly from his experience, partly from necessity. Earlier in his Colonial Service career he had made what turned out to be a decision he regretted. Initially membership of a superannuation scheme was voluntary and he chose not to join. When membership of the scheme became compulsory for new appointees, serving personnel were given a choice that had to be made by a certain date. At that time DWH was single and decided against joining. After marriage he applied to join the scheme but was informed he was too late, his previous decision must stand. He decided then to save himself to make retirement financially secure for his wife. They lived comfortably enough, but not frivolously or extravagantly.

The CMS became a show place for distinguished visitors to Suva, in the late 1930's. For some, including H.R.H. the Duke of Gloucester and G.W. Forbes, Prime Minister of New Zealand it must have been part of the perpetual round; for others like the school, its students and aims, would have held real interest. Professor Sydney Smith, Dean of Edinburgh University, the author of a standard textbook of that era *Forensic Medicine*, arrived when the pathology and bacteriology laboratories were under construction, when his expert advice was pertinent and welcome.

Dr Peter Buck, the son of an Irish father and Maori mother had been on vacation in New Zealand after a two year term as Professor of Anthropology at Yale and was passing through Suva on his way to Hawaii where he was to become Director of the Bernice P. Bishop Museum. He spoke to the students of his belief in maintaining a strong sense of racial pride, of the needs of Polynesian peoples to learn to overcome the environmental checks of recent decades, to develop their potentialities to take a fitting place in the world as they found it, and to be of service to their peoples.

Lord Horder, the English physician, chose to sit among a class while a Fijian

student gave a demonstration of the intricacies of the scapular region, then he asked questions, carrying on an informal tutorial as he did so.

The most honoured guest of all was Victor Heiser MD, the Medical Director General of the International Health Board of the Rockefeller Foundation which had granted financial support for the School. Dr Heiser first visited Fiji in 1916 initiating the early campaign for the Foundation. In 1934 he returned to visit the School and travel widely throughout the Pacific with Dr Lambert. His own story *A Doctor's Odyssey* tells of a life devoted to public health in almost every part of the world.

The ever increasing Europeanisation of the races of the South Pacific crept into the ways of the students. The Cook Islands students, having received their preliminary education at Te Aute College in New Zealand, arrived wearing trousers, shoes and socks in contrast to the sulus or lava-lavas, and bare feet of the Fijians, Samoans, Tongans and Gilbertese. The Principal watched the efforts of some of the students to copy one or more of the habits of the Cook Islanders. He was particularly amused when there was a craze among the Fijians for parting their wiry hair. Most students kept to their own native customs of dress during the week but dressed up in semi-European fashion for social occasions. Sports facilities were improved by levelling and draining the St Luke's playing fields adjacent to the school. There was no difficulty in encouraging the students to participate in sport. On the contrary it was sometimes necessary to control their indulgence so that hospital duties and studies were not neglected. The frequent injuries and fractures incurred on the rugby field raised the question of whether they would be wiser to change to soccer but the suggestion was so unpopular that rugby reigned.

The CMS cricket team won the Sir Walter Carpenter Challenge Shield for 1937-38, the shield being presented personally to the captain, Aisake Niu, by Sir Walter. The CMS cricketers had a dedicated coach in Mr P.A. Snow of the Colonial Administration Service. In a review 'Cricket at the CMS' March 1940 (Vol. 3 No. 2) Mr Snow wrote almost lyrically:

"It is no exaggeration, nor a case of the wish conceiving the thought, to state that the fielding of the CMS compares favourably with that of the highest class of cricket in England. The agility of the fielders in the slips probably surpasses most of the slip-fielding in England. The reason is, I think, both psychological and physical. The slip-fielder in England — who is usually a professional — lacks by reason of so much purely automatic play day in and day out, the rather dashing technique of the cricketer from a Pacific Island . . .

I often think too, that apart from not possessing the same dash and abandon in his character the first class player in England has simply not the same quickness of eye and reflex action in his physical make-up as has the typical CMS cricketer.

One might receive the impression here that the fielders specialise only in the brilliant and spectacular but this is not so; in short they are as thoroughly competent in the fielding department of the game as any side could hope to be. In bowling and batting the CMS side would not excite the spectator as much as when fielding, but nevertheless their talent and potentialities made one exasperated that a more or less regular coach could not be secured to develop their considerable gifts. The CMS side have not departed from the South Seas idea that cricket is a game for fast bowlers and hard hitters. This side is perhaps more willing to believe that defensive batsmen sometimes win a game than they are to believe that slow bowlers can ever win a match."



The 1938-39 season boosted cricket in Suva. Ten clubs of all nationalities competed for a new trophy, the Sir Harry Luke Shield presented by the Governor of the day, who was a cricketing enthusiast. The CMS won the shield. The Prime Minister of Fiji, Ratu Sir Kamisese Mara, who was a student in those days, is recorded as having bowled with great life and pace, making numerous elegant strokes while batting on the crucial final day against the Suva Cricket Club's 1st XI. Another team personality was the Solomon Islander John Wesley Kere who, at a desperate stage of the match, determinedly ignored his partner's frantically moaned plea 'Block, John please,' and smote the ball in scythe-like manner each time just out of an out-fielders reach.

More should be said of John Wesley Kere. DWH did not permit himself to have favourites. His wife did not have to be so impartial. The bright eyed Solomon Islander appealed to her as a most striking personality.

One Friday DWH returned home and said to Hilda, "I have asked a student to come over this evening to tell you the tale he told the class today." The Principal had instituted an hour's story-telling on Friday afternoons, partly as a reward for a week's work well finished, but mainly to give the students self-confidence and to help their spoken English. The students came from many different islands and English was their only common language.

Hilda wrote the tale as follows:•

"I didn't want to go to school! So another boy called Joni and I, we thought it would be a nice day to go out on the reef fishing. We took a boat and our spears and we rowed across the lagoon to the reef to a place we knew where there was a big rock on the edge of the reef with a deep pool by it. It was a good place to spear fish.

While the tide was low, we both speared a lot of fish and put them in the bottom of the boat. Then the tide began to come in and the boat was afloat and I had to stand on the rock and hold the boat. Joni kept on diving into the pool for more fish because there were plenty that day. The water was getting deeper and deeper and several times I called to Joni to stop fishing, but he would not. He kept saying, 'Just one more'.

I was standing with my back to the sea and holding the rope tightly, and the water over the boat was knee deep, but still Joni would not come. Suddenly I felt fear! I looked over my shoulder and there was a great shark rushing from the ocean and diving in Joni's pool. It had smelt the blood from the fish he was spearing. I could not let go the rope or we would have lost the boat and I called to Joni 'Shark, Shark'. He looked up just in time. Joni fought the shark; it bit half his thigh away and the pool was full of blood. I could not help because of the boat, but Joni fought until he wounded the shark so much that it swam away. Then I managed to haul Joni into the boat and he was bleeding very badly. It was two miles back to the village. Joni lay in the bottom of the boat and I rowed as fast as I could. When we reached the village, the doctor was away at another village but the sister cleaned the wound and sewed it up and bandaged it, and he was in hospital a long time. Now he can walk all right but he has a big hole that you could put your fist in, in his leg."

The Colonial Office made arrangements for DWH to visit medical schools within the various colonial territories at the beginning of his overseas leave, due mid 1939. He was to visit the King Edward VII Medical College Singapore, the Ceylon Medical School, Colombo, the Medical School at Makarere, Uganda, the Khartoum Medical College and then after an overland journey across Africa, a Medical College in the city of Dakar run by

the French, finally ending up in London, where he would report his observations, prior to his holiday. It was an undertaking that required considerable planning.

Hilda did not plan to either accompany her husband or travel. I was the cause of her decision because I had been in hospital some weeks with scarlet fever. Dr Hardie Neil thought it would be a good idea if she took me from the boarder's hostel and rented a flat for both of us for a while at least.

When World War II finally broke he was in Kampala. Although DWH would dearly have wished to proceed on his way he knew his duty was to cable the Colonial Secretary Suva, for instructions which would recall him to Fiji. When he sought a passage in the reverse direction there was nothing available for some weeks. On enquiring how he might be usefully occupied during the wait, the Headmaster of Kampala Normal School wished out loud that the visitor was a mathematics master, not a doctor, and found he was that also.

Eventually he returned via Indonesia, New Guinea, Australia and New Zealand. The journey to Batavia was on a tense unhappy ship. The Dutch officers had divided loyalties. The ship's surgeon and second officer were Royalists and the remainder were pro-Nazi. An English doctor was not a particularly popular passenger but the ship's surgeon clung to him as he felt isolated and afraid. Another Englishman from Havana, Frank Rose, who had spent forty years prospecting for mineral wealth throughout Latin America, which he had written about in his autobiography "A Gringo in Latin America" was a fellow passenger. The two men found much in common and spent many hours in each other's company on that unfriendly ship.

DWH was able to spend a short while with his family in Auckland where it was decided that Hilda would stay a while longer. I accepted the situation without realising that my parents did not really enjoy being apart. DWH returned to Auckland for six weeks vacation in December of 1940.

We expected DWH to return a year later. Hilda would have then returned with him to Suva but December 1941 brought catastrophe to the Pacific. In the confusion that ensued, leave was cancelled and by early 1942 when the Japanese Juggernaut appeared to endanger every corner of the South Pacific, it was suggested that women and children who could leave for safer places, should do so. DWH wrote to Hilda that she was not to consider returning until the situation improved.

DWH's duodenal ulcer which had been quiescent for some years flared up in 1943 so he needed a break. He arrived in Auckland tired and tense. All the medical staff in Suva were overworked at that time. They not only carried out their own duties but also gave additional help to the medical staff with forces based in Fiji, both New Zealand and American. For the first days of his leave DWH either slept or smoked innumerable cigarettes. After three days he decided to look for some constructive activity. He returned from a visit to a city bookstore with copies of Stage III and Masters mathematics papers for several years, his version of occupational therapy, and the information that he had found some work to do each morning. He had visited Auckland Hospital's pathology laboratory to renew acquaintanceship with Dr Gilmour, the senior pathologist, offering him his services gratis, for a few hours each day if Dr Gilmour so wished. The offer was accepted and DWH began to unwind and really enjoy his stay; as we also enjoyed his company.

It must have been a wrench for DWH and Hilda to part again, particularly as Hilda was aware that he was not coping too well without her. Again he was unable to leave Fiji the following year but by early 1944 a change was evident in his letters. They were less frequent. His usual good humour had faded away. It was replaced by a grey pessimism. At that stage I regret that Hilda did not return to Fiji. The thought did not occur to me then. She was a very restrained, self effacing person who hardly ever referred to her own feelings. I was a student at Auckland University College, thoroughly self centredly immersed in my own concerns, taking it for granted that Mother was around without much thought for either her or my father's feelings. It was some years later before I realised that she was really the prop who supported both of us and that the father whom I adored was by then badly in need of her calm presence.

At intervals father would write to me, letters that I read and reread and retained. He himself wished to know as much as possible of my student doings. He would reply with comments.

"Your very sad story about half a dozen female students comparing little bits of broken combs in the ladies dressing room almost moved me to tears. To think of all that lovely hair, — red, brown and black, becoming dishevelled and blown about on the careless breezes — no wonder Aileen had a 'perm' — even if David Cole did make rude remarks about it. You can always get one back on any male student by merely saying, 'You haven't shaved properly today!' — even if he has, it always has a very sobering effect."

How little the war touched us girls at that stage, when a mere shortage of combs appeared of such importance. Another time DWH gave some parental guidance:

"If you want a good working basis for your life why not act on the following:

- (a) First of all acquire knowledge — as much as you can.
- (b) Help others — select an occupation in which the basic principle is helping others.
- (c) Cut out all excessive emotions.
- (d) Don't let any fads master and control your life; don't become an extremist in any direction.
- (e) Then keep on helping others — and then more of it.

All the rest will follow:- happiness in your work; happiness in your life and leisure."

Time passed. The Germans were not defeated until May 1945, but by then DWH had been alone too long. He wrote infrequently abrupt letters. Then a letter arrived that wounded Hilda deeply. He said he had thought matters over — he was coping satisfactorily alone — he did not think there was any point in her returning to Fiji and him — ever — he would transmit money regularly as before but not write again unless there was something important to be said.

Hilda gave me the letter to read and exhorted me to silence. She never hinted at any personal worries to her friends or her sisters, though they were aware all was not well, as they knew she had already made arrangements to return to Fiji early in 1946 after my proposed transfer to Otago University. She had no wish to remain in Auckland so we went to the South Island

together, Hilda heading to Lawrence and Queenstown. There in June in 1942 an urgent cable arrived from Sir Henry Scott. DWH was seriously ill, his duodenal ulcer had haemorrhaged.

A flurry of cables sped back and forth. Sir Henry used his influence to whisk Hilda to Auckland and then by Sunderland to Laucala Bay, the flying boat base near Suva. That flight was an unforgettable debut to flying for her. A severe tropical storm was encountered. Lightning struck the flying boat, damaged the radio and hurled the cabin door off, so that an icy blast chilled the cabin occupants. Hilda had begun the journey with a heavy cold and arrived shivering. The next day she was feverish and was soon diagnosed as having pneumonia and a patient in a bed alongside her husband in the Colonial War Memorial Hospital.

They both recovered. There was no question that Hilda would do other than stay in Fiji.

DWH had officially been due to retire on 31 May, 1942 but had agreed to carry on in an acting capacity for the duration of the war. By 1 February, 1947 a replacement had been found in Dr A.S. Frater.

Retirement carried with it the problem of where they would settle. After so many years in the tropics DWH did not relish the prospect of successive English winters. England was also rather far from their daughter who was about to marry a fellow medical student, John Wray. They did not wish to settle in New Zealand either. They decided to remain in Fiji. Friends tried to persuade them to build a home in the developing suburb of Tamavua on the hills above Suva but they did not wish to be so committed so they rented a flat in a new block near the Government Buildings overlooking Albert Park.

As the flat was very compact Hilda no longer required a cook, household help and a gardener. She was content to have the help of a Fijian widow who had been a friend for some years, for an hour or two each morning. Nevertheless DWH did not wish to have his wife bound to cook every meal so they arranged to have dinner at night at the Grand Pacific Hotel, a stroll away across the park. They had their regular table, which being a table for four sometimes had other occupants.

One such was Geoffrey Unsworth, the British cinematographer who was in Fiji on a mission to find the ideal tropical island for a film 'The Blue Lagoon'. He had, just prior to the assignment, completed work on a film about Robert Falcon Scott in a very different locale. His conversation was of such interest that DWH happily co-operated and suggested that Geoffrey Unsworth look at some islands in the Westerly Yasawa group, or failing those, the Eastern Lau group. The Yasawas ended the quest for a perfect island so then enquiries had to be made about arrangements for the film company. The plan was to hire a ship as headquarters and lodgings for the film crew and cast. DWH introduced the newcomer to the local community. DWH was asked to accompany the ship and stay with it on location as medical adviser, and Hilda to help the star, an up and coming young actress named Jean Simmons, during her stay in Suva.

Some months later 'The Blue Lagoon' was produced. There was quite a stir in Suva as extras were recruited locally and business of all sorts received a fillip, including the budding tourist industry which realised from that time

that the Yasawas could well be the sort of haven overseas visitors might wish to visit and Blue Lagoon cruises became popular from their inception.

DWH compiled a history of the CMS to which his friend of many years, Ratu J.L.V. Sukuna, wrote the foreword:

“My only qualification for the job, and that a very slender one, is that, for more years than I care to remember, I used to examine applicants for entrance into the old Medical School in the great days of Dr Corney and Dr Lynch. Two of the candidates I pushed through or recommended are now the two senior Native Medical Practitioners. The ground covered by the old Medical School and in the new, is well and sufficiently told in these pages, and I should like to add here my deep appreciation of the work done in them by a long list of devoted Chief Medical Officers, lecturers, and last but not least by Dr Hoodless, a very old friend of mine as Tutor and Principal.”

Ratu Sukuna went on to acknowledge the deep debt the peoples of the South Sea Islands owed to the Rockefeller Foundation and the late Dr Sylvester Lambert, ending by a plea to the peoples of the South Western Pacific to continue to take advantage of the school's facilities. The Government Printing Office had the illustrated booklet ready for Graduation Day in December 1947.

DWH's role at the school was over. This book is not concerned with events after the 1950's. Suffice to say the discussion continues. At a seminar in Auckland in April 1971 on Medical Education in the South Pacific, the then Principal of the Fiji School of Medicine, Dr T. Guy Hawley and others, presented views with still no very clear solution in sight for the continuing problems.

The Hoodlesses returned to Suva to DWH's activities on behalf of the Philatelic Society, the Masonic Lodges and a multitude of other interests. Their acquaintances were many, their real friendships few and close. DWH once wrote that the two greatest evils of the day were firstly Communism and the subversive side of the labour movement, and secondly alcoholism. He had much experience of alcoholism over the years. One of his closest friends was a successful Fiji businessman who was subject to dipsomaniacal binges, ending in deep despair when he was barely recognisable as the well groomed man of his 'dry' intervals. As the years passed many times Hilda and DWH went to his aid, literally cleaning him up, nursing him through to reasonable health again. Each time he would swear it would never happen again; each time they prayed for his sake that it might be so. He had a beautiful house built on the coast past Korolevu which he insisted the Hoodlesses use as theirs whenever they felt inclined. They enjoyed relaxing there too. Next door was a rest centre for a teaching and nursing order of nuns in Fiji. Hilda and DWH would join their neighbours for picnics.

Fiji was beset yet again by a post-war shortage of colonial servants including doctors. Having developed an International Airport at Nadi on the drier Western side of Viti Levu, a medical officer was essential to attend to the needs of airport personnel and visitors. The doctor holding the position was unable to go on leave unless there was a replacement. In September 1948 DWH was approached to do a locum at Nadi. He and Hilda found the experience so interesting for the four weeks they were required they agreed to return for several months in August 1951.

## THE GILBERT ISLANDS

The call for help was even more urgent from the Gilbert and Ellice Islands where the colony's medical services were coping with the clinical work but in urgent need of someone to replace medical administration on a business-like footing and restore confidence. As DWH wrote himself for the *Pacific Islands Monthly*, September 1954 and later for the *Times British Colonies Review*, First Quarter 1956:

"Sir Arthur Grimble's book *Pattern of Islands* gives a delightful picture of the glamour and romance of the Gilbert Islands as they existed some thirty years ago, but the Second World War and the Native Co-operative Trade Scheme have caused a complete change. During the years 1942 and 1943 when the Japanese military and naval forces occupied the Gilberts they maintained their chief garrisons on Tarawa and Butaritari. Their aircraft and destroyers regularly visited the other 14 islands of the group to capture the European coast watchers and make certain that neither the natives nor the Roman Catholic Missionaries were using wireless transmitters to communicate with the outside world. The most westerly islet of Tarawa is called Betio and here one finds long lines and heaps of worn-out and rusty wrecked American landing craft and motor vehicles, the remaining material evidence of the Japanese and American Occupations. But the effects of the war on the natives themselves and their way of life have been far reaching.

British administration in the Gilberts up to 1939 was a simple affair, for it did not matter much whether things were done today, tomorrow, or next week and although there was little money available, prices of ordinary commodities were low. The placid conditions were followed in 1942 and 1943 by a system of forced labour under the rigid discipline of the Japanese forces. The Japanese destroyed most of the European property (bungalows, launches etc.), and ruthlessly cut down whole groves of coconut palms in order to make air strips or to use the coconut tree trunks for the formation of their defensive gun emplacements. The destruction of palm trees by the Japanese was one of the chief causes of complaint by the Gilbertese, for whom the coconut trees are the chief source of existence.

When the American forces succeeded the Japanese during 1944-45 they showed the Gilbertese a third way of life notable for its freedom and easy manner and an extravagant use of American dollars. Lasting benefits were bestowed by the American marines and soldiers. They made the most accurate charts of each of the principal lagoons, put down many new beacons and improved existing roads. For all these works the Gilbertese labourers received good wages.

When, at the end of the war, the British administration returned, the Gilbertese were hopelessly puzzled and befogged but one new condition offset the various war time complications. This was the high price of copra which was three times higher than before the war and by 1950 the Islanders appeared to have returned almost to their former free and easy life."

DWH found a situation of government in contrast with Fiji because the Gilbert and Ellice Colony, under the control of the Resident Commissioner, assisted by European and Gilbertese officers, was without any executive council, legislative or even advisory council. The residents were therefore without the usual means for ventilating grievances and hardship whether real or imaginary.

In such a situation Colonial Office regulations, if too rigidly applied, could cause absurd results. For instance a Gilbertese medical practitioner who had received no salary for three months, owing to lack of communications with Tarawa, and who was without any relatives on his particular island, was compelled to spend most of the day in his fishing canoe in the lagoon to provide food for his family. DWH concluded that some form of advisory council to assist the Resident Commissioner was long overdue. Having served a number of terms himself as a member of Fiji's Legislative Council, with its balance of Government appointed and elected members he was well aware of the need for adequate communication between all races, at all levels, if justice was to be seen to be done.

The Hoodless's departure for Tarawa in November 1948 was on S.S. "Myrtlebank". They were signed on as Ship's surgeon and stewardess for one shilling a month. Enroute they had a four day stop at Rotuma to load copra, a pleasant diversion for the Hoodlesses because one of DWH's old pupils of Nasinu days, Freddie Ieli, was the District Officer and he, along with AMP Tingaroa, made them welcome visitors. Hilda noted that:

"The one disadvantage of travelling on a copra ship is that the little black copra bugs fly, run, glissade everywhere. They are seemingly clean creatures; they do not smell or bite; they are just with us all the time. We pick them off the table, off our beds, our clothes and ourselves."

On Wednesday 6 December they arrived at their destination. Hilda wrote:

"The first launch was from the hospital on Abaokora, with the Health Officer Dr Rudyard accompanied by AMP Lupasi. After the formalities were complete we boarded that launch for the 1½ hours trip across that rough lagoon. We descended into a hell of misery. Not even crossing the Styx could be worse than crossing Tarawa lagoon from the anchorage to Abaokora in that launch which looked like a prairie waggon and behaved worse than a bucking bronco. We pitched and tossed and rolled and shipped seas. After ten days of being a good sailor it was ignominious to be sick on that wretched little boat . . .

At last about 5 p.m. we approached the beach at Abaokora where (thank heavens) it was nearly high tide. If it had been low tide we might have had a ¾ mile walk, which would have been the last straw. Native police waded the few yards to the launch and we were carried ashore like babies. The whole hospital staff was drawn up in two parallel lines on the beach to meet us. On the right 4 AMPs, 1 clerk, and 15 dressers, on the left Sister Fraser, the New Zealand nursing sister and Dr Phillips, an Australian woman doctor, whose husband is the captain of the recently bought a small steamer "Nei Nimonoa" and the Gilbertese nurses, headed by a heftily built staff nurse who looked as though she could put Lofty Blomfield on the mat in two minutes. DWH made a few friendly remarks but he would much sooner have gone to a quiet spot where he could have cursed.

In less than ten minutes after landing we were escorted to our new home. And what a home it is!! Heath Robinson and Robinson Crusoe would both have felt at home in it; in fact each might have obtained a few useful tips. The houses are all

native built, of heavy timber frame with cement floors (all covered with native mats), the partitions are reed screens about six feet high, but there are no outer doors except reed blinds which can be let down, so we shall be living much in the public eye. The high pitched roof is thatched with coconut palm leaves. The shower is fed from a 44 gallon drum, the lavatory pan has to be emptied each night. The prisoners come around each night to do this and refill the shower drums.

A cook boy was awaiting us. We are told he makes good bread and is willing. I am glad about the bread. I don't mind if he cannot cook much else.

We awoke this morning to an almost macabre scene, as like a Hollywood idea of a tropical scene as possible. About 20 feet in front of the house is the water and about 50 yards from us another small island. We see water, land, water, land, water, land, the farthest bit being a fair sized island with thick trees. At 5.30 a.m. there was a glowing sunrise over the farthest land and in the darker foreground a fat pig was rooting in the mud left by the receding tide, a black pig with an absurd white ruff on his tail. He looked as though a fish and coconut diet suited him well.

Incredible as it may be, here, only one degree north of the Equator, there is a constant succession of gusty breezes so that one feels quite chilly."

Their stores did not arrive for several days and they became embarrassed continually accepting the hospitality of the Rudyards and others. Eventually Sister Fraser, who had to go to Bairiki discovered on their behalf that the Customs Officer did not even realise that the Hoodless's goods and chattels were awaiting his inspection. He hurried things up and had them placed on the launch which arrived back on a dark evening with the tide going out too quickly to allow the launch to go right inshore, so everything had to be transferred into a dinghy. One case of tinned goods fell overboard but those were easily dried out with no ill effect. When the Rudyard's previous order from Sydney was sent over by barge practically the whole consignment, breakfast foods and all, had to be fished out of the lagoon. Their year's supply of washing blue added colour to the lagoon.

In the evenings they would watch the sunsets. Hilda wrote:

"Tonight was the most gorgeous scene Daddy and I have ever gazed at. All the East was a pink glow. The sands and water even had a warm glow with the palms standing very green against it. Down at the landing we looked on the whole semi-circle of sky and sea and it was all brilliant in colour. To the west all the sea was a flood of gold with the little waves standing in blue ridges against the gold. The sky showed every shade of gold and yellow, from the horizon to the zenith where little golden puffs of cloud showed a bright blue sky. Round to the south the colour was all bright blues and greens with ripples of gold. As it changed it was still colourful until there was finally a fiery red sky above a deep blue sea. We never have seen a more glorious sunset or one that stayed colourful as long.

Along the foreshore of the native settlement is a row of privies. Each is a reed and leaf hut on high stilts some 20 to 50 feet from the high water mark. Each is approached by a long wharf made from two logs side by side, not easy to walk along except with bare feet. Very hygienic, very friendly and matey, for in the evening there is usually a group waiting on the wharf, chatting, sometimes even fishing. One is expected to arrange one's timetable to suit the tides; the outgoing tide is the better: it is a social faux pas to do serious business when the tide is half a mile out. The tides have been high this week in the early evening; hence the groups to be seen when we are walking".

One day the flame-belching, wood-burning stove collapsed. The wires holding it together had snapped. DWH and the cook boy wired it together



again and when the Administrator arrived Hilda told him what she thought about him ignoring her written applications for safer, if not more adequate cooking facilities. It was just one small aspect of the continual war between hospital staff and the Administration. DWH longed to be able to do some clinical work but the whole time was taken up with seeing that all the complicated sets of salary vouchers for the doctors, nurses, AMPs, dressers and clerks, attached to the medical department for the Gilbert and Ellice Islands, Phoenix and Line Islands (scattered over about 1000 square miles) were in order. He also had to check equipment, stores and other service orders. He wondered why a doctor had to be sent from Fiji to perform this work.

In one respect he was aware his presence meant a great deal and gave heart to the Gilbertese AMPs. Some of them had coped with all manner of war-time tribulations. As soon as they were settled in, AMP Tutu and his wife Eretia came to dinner. Tutu was the first Gilbertese student who had graduated from the CMS. The event was somewhat astonishing to their staff. The cook had his hair cut for the occasion and the housegirl changed into her best clothes. The few other Europeans noted the event with equal astonishment. DWH and Hilda were somewhat amused at the minor stir caused unwittingly by the close rapport between DWH and his former students.

The AMP's made the Hoodlesses welcome. AMP's Pine and Moeki took them in the hospital punt across the arm of the lagoon to Noto to visit the Catholic mission to call on the French priest Fr Grandgeorge, who remained at the mission along with four Australian sisters throughout the war. The Japanese inspected them once a week but otherwise did not interfere. They were often very short of food and at one stage did not know what their next meal would be as their boat had been removed from them and they were unable to fish other than from the shore. They had been unable to catch anything for a while. The nuns decided that though they were loathe to pray for their own personal needs their situation was such that they felt they had to seek divine help. When they came out from the chapel they found a school of flying fish had just beached themselves. Their need was never as great again.

They were invited to the *Maneaba* or meeting house to watch the Bateri, a native dancing contest between a team of hospital nurses and dressers and a team of visitors from another island. A number of the dances were vigorous noisy affairs but at one stage when the *Maneaba* was packed to capacity there was a sudden lull. Everyone became quiet. A young woman in native dress stepped forward and then stood still as a statue with outstretched arms. Quietly the drumming started and they were watching the bird dance.

With quick but only slight movements of the head and wrists they saw an imitation of a sea-bird patiently standing in shallow water, searching the water ahead. Everyone native and European alike was spellbound. There was not a sound except the monotonous low beating of the drum while the girl remained almost immobile, with staring eyes fixed on some distant point of the horizon.

Christmas Eve was a day of festive celebration on Abaokora. In the afternoon a children's party was held at the Rudyard's house for about 60 children, those of the AMP's, dressers, and others connected with the hospital or government services. They played the usual European children's party games like Nuts and May, Musical Bumps, Oranges and Lemons. They had a

strange party meal but it seemed to satisfy the children — rice with tinned beef, a piece of Christmas cake and a banana each. After the meal there was a puppet show. The puppets were made by the doctors and Sister Fraser from plaster of paris poured into plasticine moulds and then painted. The AMP's worked the puppets and did the talking in Gilbertese. Their story was a Gilbertese version of the Babes in the Wood with coconut palms and a wicked uncle instead of a witch. The wicked uncle was properly punished in the end so everyone was happy and the younger children laughed just watching the puppets move.

Father Christmas' arrival in red robes trimmed with hospital cotton wool, slightly thinned the crowd. Some were so startled they left for home and mother. Most bravely stood their ground and were rewarded with a bag of candy.

In the evening the nurses and dressers formed a lantern lit procession winding through the compound singing *Adeste Fidelis* and other carols while everyone else joined the procession, as their houses were passed, until they all ended up again at the Rudyard's Christmas tree. There, Father Christmas had quite a task handing out presents to everyone, and long before the giving was over he was tripping over his ragged cotton wool hem. DWH was delighted with a Gilbertese hat in a fine close weave in creamy white with discreet brown stripes diagonally down crown and brim. He could just visualise the envy of his friends at the Suva Bowling Club when they saw his hat.

Christmas Day itself, was very quiet with everyone either quietly sleeping off the effects of the parties or attending Mass but the few Europeans gathered for dinner together in the evening.

In contrast New Year's Eve was hardly noticed on Abaokora. The Resident Commissioner had invited everyone to Bairiki but the Hoodlesses stayed along with Dr Phillips and her husband Captain Milner. It was not until January 2 that the locals celebrated and the cause was a visiting party from Abemama who had brought a girl for a betrothal and a marriage a couple of days later. The girl was not allowed to walk abroad but was carried always on the shoulders of the young men. The dancing was accompanied by drumming on a large hollow wooden crate. About eight men sat beside it pounding in unison with their hands. The resultant noise was deafening and resonant, going on and on for hours at a time. Hilda felt the pounding must hurt the men's hands or maybe it was more that she felt it ought to because her head hurt and she longed to escape the din, a bit awkward on an island that only took half an hour to walk around. She wrote:

"You might think this island far from the maddening crowd of cities would be very quiet. Actually it is the noisiest place I have lived in. Only a very short distance from the outer shore is the main reef and there the huge breakers roll in day and night with ceaseless roar. With any wind at all the rustle of coconut leaves cannot be distinguished from heavy rain. Every short while a dead coconut leaf falls like an avalanche, or a nut thuds down."

It rained very little while they were there, in fact rain was badly needed but when it came:

"The wind blew so gustily that the blinds had to be let down all along the seaward side, and the electric lights were swinging so that DWH anchored them

with strings. All night the reef roared, the trees competed with the reef, and the rain added its quota of noise. In the morning all the floors were unbelievably filthy with the debris which had blown down from the roof. The roof of the infectious ward, which had stays of tubular iron (left-over war time stores), instead of pandanus poles, collapsed last night. Luckily the patients heard it creaking and without waiting to see what the creak meant, took themselves out. So no one was hurt. Now the worry is that several other buildings which were built about the same time and also have iron stays may also collapse. The iron rusting in this climate has rotted the binding cords. The curse of the Gilberts is that everything is temporary, and has been temporary ever since the war ended, and seems likely to continue so for several years yet.

Another factor of life was a most extraordinary sameness about these islands. This little square island of Abaokora has so many buildings on its small area that it is fairly well defined. The two-mile-long island on either side of us is flat and apart from its one road following the inner coast, is closely planted with coconuts with just two or three other kinds of trees which are so alike it is difficult to keep any sense of direction when one is in the middle of it. So it was with all islands comprising Tarawa atoll."

The same sea with its fish was vital to life for the people. During his second trip to the Gilberts in 1953 DWH watched a fleet of twenty canoes at Tamana each containing one or two men with huge palm-leaf torches emitting showers of sparks and billows of smoke into the evening air. With a sudden movement the scoop nets would flash, sweeping flying fish from the sea into the canoes. Up and down the six mile coast the canoes sailed keeping quite close to the ocean side of the reef, fishing as long as their palm leaf flares lasted.

DWH and Hilda were not sure how long they were to stay at Abaokora but by early February a row was brewing between medical and administrative staff again, that time about housing for the new pharmacist. DWH saw a way out of the deadlock by offering his house and leaving a month or so earlier than originally planned.

The editor of the *Pacific Islands Monthly*, R.W. Robson, persuaded Hilda to write an account of this 'Thousand Miles of Sea-Sickness' for the 1950 issue. Her account of that 'truly dreadful' ten days on the little ship was as follows:

"In a rash moment — or at least, because there seemed no other way — my husband and I decided to return to Suva from Tarawa via Canton Island. The little ship "Nei Nimanoa", was to go to Canton Island, nearly 1,000 miles almost due east of Tarawa, to take a new manager and about 20 Gilbertese labourers to Canton Island.

About 11 a.m. on a Saturday we at last set out on what was hoped would be a six and a half day voyage. Within a couple of hours of raising the anchor, the "Lady Nimanoa" was battling against a strong easterly wind and the South Equatorial current. When the South Equatorial current, flowing due westwards, is whipped furiously by a persistent easterly wind, sailing against it is like trying to swim up a waterfall.

"Nei Nimanoa" had very little cargo aboard, no ballast except for a few extra water tanks and about 40 persons and their luggage. Consequently, she bobbed like a cork, bucked like a frightened mule and rolled jerkily on the great Pacific. The current was setting her back about 70 miles a day from her normal speed and the experience was unpleasant for all.

At night, we could gauge the roughness of the sea by the noise or the quiet amidships. The Gilbert Islanders love to sing and dance accompanied by a band of

their heftiest young men, who beat with their hands and forearms on an empty case, shouting with added glee if the protesting case breaks beneath their drummings.

It was impossible for anyone but a sailor to walk about or even stand up without holding on to the nearest stanchion or railing with both hands. Our choice was between lying in an airless cabin down below, or clinging to a stretcher bed on the upper boat deck. Obviously, we chose the boat deck, together with the east wind. The deck was small and had no sides to it apart from a two inch footboard and a rope about four feet above decking.

After a seemingly unending nine and a half days we neared Canton Island and for the last two hours on Sunday morning (March 5) an officer or a passenger gazed eastwards through binoculars until the welcome word had passed round that the wreck at the lagoon entrance could be just seen, together with the wireless mast. The first indication of Canton Island from the sea is the wartime wreck of one of the great President ships. The island itself is only a few feet above sea level.

Our welcome by the happy little community on Canton Island was so friendly and so kindly that it did much to make us rapidly forget the discomfort of our sea voyage. Added to this personal friendliness was the pleasure of drinking pure fresh water after three months of brackish well-water and the joy of having fresh milk brought by air from New Zealand or Honolulu less than 24 hours before. We shall not soon forget our afternoon and evening spent on Canton Island which is only six hours by air from Fiji."

## ACTIVE RETIREMENT

A different assignment was a request from the headmaster of Suva Boys' Grammar School for DWH to stand in for him so that he might be able to take long overdue overseas leave. Hilda was visiting New Zealand when he started teaching again. DWH wrote to her:

"I find teaching to be just as interesting as it was 50 years ago when I first started. Now with the long experience I can take extra liberties and try out various psychological ploys with the different types of pupils. I have just finished the first full week in control at the BGS. Apart from a few minor points the duties are not too strenuous and I can get on with it all right."

A few years later I was to meet a young man who had been a senior pupil at the Suva B.G.S. during 1952. He had been due to sit New Zealand University Scholarship examinations but was very aware of his mathematics deficiencies. He assured me that he would never forget the trouble Dr Hoodless had gone to to persuade him mathematics was interesting, — even fun, — and to help him attain a scholarship.

In 1953 DWH was appointed Correspondent for *The Times* of London. The position in itself hardly repaid a correspondent for the trouble he might have to go to financially so only a person with an adequate income could contemplate accepting it. The terms were £5 sterling for each published column with a minimum of £1.1.0 for each published contribution. 'Reasonable incidental expenses' were refundable quarterly and cable fees were paid in London. Obviously *The Times* considered it a privilege to be one of their correspondents.

The South Pacific Commission was another concern in whose affairs DWH was invited to participate. The Commission was created by an Agreement signed at Canberra on February 1947, between the Governments of Australia, New Zealand, France, the Netherlands, the United Kingdom and the United States of America for the purpose of encouraging and strengthening international co-operation in promoting the economic and social welfare and advancement of the peoples of the non-self-governing territories in the South Pacific region.

A Fiji Information Committee for the South Pacific Commission was established in May 1954 because of rumblings that the £1½ million spent by the Commission had not benefitted the ordinary people with their day to day problems. The work of the Commission was covered by annual reports, some 60 technical papers, as well as a quarterly review from 1951. An enormous amount of paper had emanated from the Commission and a large amount of

scientific and technical information had been accumulated, nearly all of which was concerned with long term improvements for the islanders. Until May 1954 no one had gone to any great trouble to inform them through their daily press or the radio of those benefits. DWH along with the Fiji Public Relations Officer undertook to do this work for their particular area. Initially DWH prepared a resume of the work of the Commission:

“Now is the appropriate time while the price of copra is very high to show the native islander how to build a more satisfactory house, to obtain a good fresh water supply to each village, and to lessen the labour in the taro and yam gardens by the discovery and use of more nutritious and more quickly maturing varieties of foodstuffs. These are practical and everyday improvements in his daily life that the native islander can readily appreciate and he is quite willing to leave the scientific and technical investigations in the hands of a few experts hoping that sooner or later one or more of his race may be trained to assist them.”

At that stage in his late 60's DWH was as busily active as he could have wished. Hilda too, was a member of Lady Garvey's Gift Parcel Scheme Committee. The First Battalion of the Fiji Infantry Regiment was operating as jungle fighters in the steaming heat of Malaya's jungles in a relentless campaign pursuing terrorists. To assuage their thirsts the Fijian soldiers craved regular supplies of their traditional *yaqona* or *kava*. The Governor's wife Lady Garvey launched her scheme in March 1953 and by 1 July there was £2,335 in hand so that gifts of *yaqona* could be sent regularly and individual Christmas parcels be made available for each member of the Battalion. A Queen Carnival was organised in June 1954 with the aim that the section of the Fiji community which raised the most money would have their entrant chosen as Carnival Queen. This effort entailed the Committee in many hours of work but it was wholeheartedly supported by the population who were solid supporters of their Battalion.

They had been planning a trip for 1955, but on one of the mornings when DWH had gone down to see Mr Farquhar at the copra weighing shed on the wharf, he had seen a beautiful new cargo ship “Windsor” of the Watts, Watts and Company's line and had asked, “Does she take passengers?” since she was loading 9000 tons of bulk sugar at Lautoka and Labasa, then clearing Suva direct for London. The Captain said he could not take passengers without permission from the London office but he would be happy to take a doctor if the agents received cable permission from London. The reply came; “Pleased to take Dr and Mrs Hoodless as guests of the Company”. The ship was beautifully appointed and the food was excellent.

The frankly nostalgic nature of their London stay caught them up in a round of events that they allowed themselves to savour. DWH as a Yeoman of the City Livery Company known as the Society of Apothecaries, had never done what had been his right from the time he registered his LMSSA, which was to take up the Freedom of the City of London. So his application having been accepted DWH duly made his declaration of loyalty to the Sovereign and to the Lord Mayor, promising neither to take part in nor to countenance any rebellion and signed it. Then on being presented with his certificate of freedom and his copy of Rules for the Conduct of Life he had joined the company of Freemen of the City of London.

There were several visits to the offices of *The Times*. DWH found himself writing an article on Ratu Sir Lala Sukuna's new appointment as Speaker of the Legislative Council and being asked to prepare the previously quoted article on the Gilbert and Ellice Islands as well as an article "Life in Fiji" for *The Times'* own House Journal.

DWH also took Hilda to visit Kings College in the Strand where he found old acquaintances and was invited to lunch with the Dean and members of the Senior Common Room, of which from 1918 to 1920 he had been an honorary member. He also attended Chere Reine Masonic Lodge. His first visit there for nearly 20 years was saddened by the fact that Charles Jennings Marshall who had originally invited him to join the Lodge had died the day they were travelling from Liverpool to London. The years were passing and old friends with them. Their return passages had been booked on the "Orsova" due to leave Tilbury on 27 April via Suez and sailing right through to Suva by 9 June. They took a trip to France and Italy in March. France was to be the Indian Summer of their life together. Hilda herself wrote three articles which illuminate the happiness shared over that time. *Snow on Montmartre*, *The Language of a Laugh*, and *Flowery Nice*.

Pisa, Rome and Florence began well but DWH became increasingly unwell. At one stage it seemed that he might be unable to return to England but fortunately they reached Nancy's home in Cambridge and that evening he was admitted to the Addenbrooke Hospital. Mr Gray, the surgeon told Hilda that her husband's position was very serious. His duodenal ulcer had perforated, the duodenum was obstructed by old scarring but no surgery was possible because he was also in renal failure, a complication of the many years of a high milk diet. For a week everything was done that could be done but DWH died on 15 April. Hilda was nevertheless glad they had made the trip "for it has given him a great deal of overdue pleasure and we have enjoyed so much together."

In her grief Hilda was not looking forward to that journey back alone but in the end it passed reasonably well. Hilda's return to Suva more or less coincided with the return of the 1st Battalion, Fiji Infantry Regiment after their four years in the Malayan jungles. Patricia, Lady Garvey insisted that Hilda be present at a party the Battalion gave for their well wishers who had helped with her Gift Parcels Scheme. It was the first function that Hilda had attended since her arrival. A tall figure bore down upon her, Ratu Lt. Colonel Edward Cakobau, the man who had years ago gone off as a schoolboy to Wanganui with the future Dr Tom Dovi. Ratu Edward gripped both Hilda's hands firmly in his and with emotion said:

"Oh Mrs Hoodless how sad I was to hear of your husband's death. We, in Fiji, have not really had the opportunity to let you know how we felt about him. Dovi and I owe a great deal to him. Words cannot really convey my feelings for him."

The settlement of her affairs dragged on for months. First there was the question of domicile. From the time of his retirement DWH considered himself as officially domiciled in Fiji, but by dying in England his estate had to be proven to the United Kingdom authorities to be that of a citizen of Fiji, not Great Britain. Hilda also became aware that the mortally ill Sir Henry was not hurrying her business along because, in his weary ill state, he did not

wish to lose the companionship of her visits. Hilda had not the heart to tell him that she felt tired and none too well herself. She did visit a doctor. She was poked and prodded, had some tests and was told to go away and forget about herself. She was deeply upset. She had always brushed aside minor ills as things not to be mentioned, certainly not referred to in her letters. She knew this time she had a tedious ache and felt unnaturally weary, but she carried on with no mention of the matter in her letters until one day she dropped her guard and wrote: "Sometimes I feel deathly weary", a statement that was striking in that it was so unlike her to mention how she herself was feeling.

Within a few weeks Sir Henry Scott was dead and she was able to arrange her departure. Then, on her arrival in New Zealand, it was obvious that she had meant what she had written. She arrived in August 1956 a patently ill woman and died on New Year's Eve. Until the day she died there was one task Hilda wished to fulfil. She felt she must return to England once more in a more peaceful frame of mind to see the Stearns and visit the grave they had arranged for her husband. It was not to be. She kept her tryst with DWH in another manner.