



---

Diseases in the New Hebrides

Author(s): D. McNabb

Source: *The Journal of the Anthropological Institute of Great Britain and Ireland*, Vol. 23 (1894), pp. 393-395

Published by: [Royal Anthropological Institute of Great Britain and Ireland](#)

Stable URL: <http://www.jstor.org/stable/2842088>

Accessed: 14/06/2014 04:36

---

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at <http://www.jstor.org/page/info/about/policies/terms.jsp>

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.



Royal Anthropological Institute of Great Britain and Ireland is collaborating with JSTOR to digitize, preserve and extend access to *The Journal of the Anthropological Institute of Great Britain and Ireland*.

<http://www.jstor.org>

played on the beach, but the boys are shy of being questioned about themselves, and so it was almost impossible to find the rules of it.

On the beach at Tongariki, where there is no fringing reef, the boys had a sort of game which consisted in tying a stone to one end of a cotton-tree stick with strips of its own bark, and then all throwing their sticks together beyond the line of surf. The stones were so selected as to be only just heavy enough to keep the stick upright in the water, but not to sink it; and the last stick to remain bobbing about outside the breakers while the remainder had either lost their stones or were washed up on the beach, was the conqueror.

## DISEASES *in the* NEW HEBRIDES.

By D. McNABB, Surgeon R.N.

THESE are not very numerous and the opportunities for investigating them not of the best.

### 1. *Medical Diseases.*

(a) *Bronchitis*, both acute and chronic, have been observed in the islands of Efâte and Mai. The acute cases occurred in patients who had become Christians and had adopted European clothing. This they never changed, allowing their clothes to become wet and dry in accordance with the weather. In connection with this I have suggested to missionaries the advisability of giving these people as little to wear as is consistent with decency.

(b) *Pneumonia* has also been observed in Efâte, due to the same causes as Bronchitis.

(c) I have had one or two cases of *Dysentery* reported to me by white people, the cases having occurred among natives in their employ. Efâte.

(d) *Heart disease*.—I saw one man dying from this in Malekula. There was indefinite history of rheumatism, and there was both mitral and aortic disease.

(e) *Malaria*.—One does not come across many cases, as it is thought nothing of, but I have seen one case in Mai of splenic enlargement due to Malaria.

(f) *Hepatitis*.—Under this head I had better include one case of small liver abscess occurring in a native of Epi. I drew off pus with a trochar and cannula, and the man did well.

(g) *Eczema* frequently occurs affecting the head, particularly in children.

There is also an eruption frequently observed round the mouths of children which very closely resembles the eruption of Hereditary Syphilis. I am more inclined to think it Syphilitic as there is frequently seen the scarring which is said to be characteristic of this affection.

This eruption too is often communicated to the mammæ of the mothers.

(h) *Rickets*.—Cases of this disease are sometimes seen, and the malformations peculiar to Rickets have been seen in the natives of Efâte and Malekula.

(i) *Scrofula*.—This is a tolerably common affection as evidenced by the sloughing out of diseased glands.

(j) *Spastic Paraplegia*.—One case of this was met with in Mai. The history was rather hard to get. The probable cause was exposure to cold in Queensland, and the lesion was situated in the lower dorsal region. There had probably been pachymeningitis producing pressure on the cord. There was exaggerated knee-jerk, no loss of sensation, complete loss of movement, and spastic rigidity of both legs.

(k) *Leprosy*.—One case of this I saw in Efâte. The patient was a man of about 35. He stated that his wife's father, who lived with them, had died of a disease in which his toes "fell off." He himself had discoloured raised patches on the extensor surfaces of both arms and legs, also on the face, lips, and ears. All these situations were anæsthetic and hyperæmic only on the affected spots.

### *Elephantiasis.*

(l) Elephantiasis is common in the islands, generally affecting the lower extremities—indeed one may almost say always—sometimes both, but, more usually, one. The foot and leg are the parts most commonly involved. There are many cases of true Elephantiasis, but there is also a spurious variety, which is, I am disposed to think, due to the thickening and interference with the circulation produced by ulcers which have healed. This I would call "*Pseudo-Elephantiasis*." It resembles the other, but can be distinguished by the dense scars which are the evidence of old ulceration.

## *2. Surgical Cases.*

(1) These people bear wounds very well, and their inherent reparative power is very good. They may cover a wound over with a rag or leaf, but have no way of setting fractures or dislocations. All wounds are allowed to heal by ulceration; there is no attempt to bring the edges of a wound together.

(2) Ulcers are extremely frequent. The majority arise from scratches or wounds inflicted in going through the bush. These wounds are uncared for, and the result is a spreading ulcer. Some of these ulcers are of enormous extent, reaching from the thigh right down to the foot. In many cases the bones are exposed and become carious, and the limbs are much contorted by cicatricial contraction. Beyond covering some of the smaller sores with leaves (especially those of a plant known as “Burru” or “native cabbage”) no attempt to assist nature is made. Flies are allowed to settle on the sores and feast as long as their numbers do not exceed about fifty to the square inch. It is a common occurrence to see an ulcerated native, a cripple from his sores, spending his days sitting on the ground with his ulcers exposed to the air, and every now and then switching the flies off when they become too numerous. Possibly the fact of their feeding ground being such as it is may account for the ordinary fly leaving a nasty sting on a white person after settling on him. I have seen local œdema and ecchymosis follow the bites of these flies more than once, and am inclined to attribute it to the atmosphere of septic matter in which they live.

(3) *Cancer*.—One case of cancer of the rectum was observed in Epi. The disease invaded the floor of the bladder. I performed left lumbar colotomy, and afterwards heard the man was improved.

(4) *Hip-joint, &c.*—I have seen several cases of ankylosed hip-joint, evidently the result of old disease. Also one case of strumous disease of the ankle-joint.

(5) Talipes equino-varus is occasionally seen.

(6) In children the prepuce is almost invariably long, but is always removed just before puberty.

(7) Venereal disease is tolerably common amongst the natives of the New Hebrides, no doubt chiefly owing to the intercourse with white people who live in or pass through these islands.

These diseases are also imported by returned labourers from Queensland. I have not seen many cases of acquired syphilis.