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THE POWER TO HEAL IN COLONIAL ROTUMA

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Resident Commissioner Macdonald: The vaccinations carried out of late have nearly all proved unsuccessful and this I believe due to the parents of the children vaccinated washing the lymph off with Sea water after the vaccinator's back was turned. Now this is very bad conduct on the part of the people and they are liable to punishment if they are caught at these practices. The government goes to the expense of procuring lymph and paying a man to vaccinate, for what reasons do you think?

Chief Tuipenau: We are not quite sure, but some people say that all the people who belong to England are to be marked this way.

— *Minutes of the Rotuma Council of Chiefs, February 6, 1908.*

This paper focuses on change and persistence in Rotuman healing practices resulting from prolonged contact with Europeans. The island of Rotuma, located some 300 miles north of Fiji, was initially contacted by Europeans in 1791 and throughout the first half of the nineteenth century was subjected to a stream of explorers, whalers, labour recruiters, and missionary vessels. French Catholic and English Wesleyan missions were established shortly after mid-century, with resultant antagonisms between the two groups culminating in a war during 1878, in which the Catholics were defeated by the numerically superior Wesleyans. The unrest that followed this religious war led the paramount chiefs of Rotuma's seven districts to petition the Queen of England for annexation, and in 1881 the island was officially ceded to Great Britain. It was made a part of the Colony of Fiji, and a Resident Commissioner was appointed to govern it along with an advisory body comprised of the seven paramount chiefs. In the years following cession, the Government took an active role in fostering a variety of changes in Rotuman society, including changes in healing practices.¹ It is the interaction that took place between colonial administrators advocating Western medical innovations and Rotumans adhering to cultural tradition that is our main topic of concern.

As a result of this history of intense intercourse with Europeans, Rotuma is blessed with a rather extensive documentary record, including accounts by visiting naturalists, missionaries, administrators and medical personnel, among others. I have relied heavily on these documents to

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reconstruct the Rotuman responses to imposed medical innovations, as well as for prevailing epidemiological conditions during different historical periods. My records end with field notes recorded in 1960 when I was doing ethnographic research on the island.

The theoretical stance that lies behind my analysis is that healing practices constitute a set of adaptive strategies for dealing with stresses induced by illness. They are aspects of medical systems, i.e., sets of beliefs and associated customs having to do with the mobilization of power for causing, deterring, and curing illness (Glick 1967). Medical systems in turn can be thought of as parts of more general cultural systems concerned with promoting and maintaining human well-being. From this perspective it is necessary to keep continually in mind the broader context of healing. In Rotuma, as elsewhere, the stresses induced by colonialism were multiple and reactions in the area of healing must be seen as part of an overall response to induced change. It was characteristic of colonial administrators, many of whom were physicians, that they disparaged indigenous healing customs and put considerable pressure on the Rotumans to adopt Western practices. The response was one of resistance for the most

part, but with some dramatic exceptions. It is my contention that this resistance was at the symbolic core of Rotuman attempts to vindicate their cultural heritage, for the essence of curing is potency—effectiveness—which is the ultimate justification for any cultural tradition.

For purposes of discussion I have divided Rotuman history into five periods: (1) the early post-contact period, which began with initial contact with Europeans in 1791 and extended to 1881, when cession took place; (2) the early post-cession period, extending from 1881 to 1902, when Dr Hugh Macdonald, the first qualified physician to assume the post of Resident Commissioner, arrived in Rotuma; (3) the period of Dr Macdonald, which extended until 1923; (4) the period of child welfare and public health programmes, which lasted until the early 1950s; and (5) the modern period up until my visit in 1960.

THE EARLY POST-CONTACT PERIOD: 1791-1881

The first European observer to make extensive comments on medical conditions in Rotuma was Dr George Bennett, a physician who visited the island in 1830. He described the inhabitants as a well-formed people who were cleanly in their persons and habits, but observed that dysentery and ophthalmia were prevalent diseases, the latter being particularly common among infants. He also reported treating a chief for rheumatic affection of the joints, in return for which he was offered a fine mat (Bennett 1831:475-6). Bennett's comments on the health status of the island are as interesting for what they leave out as for what they include. Specifically, he mentions neither elephantiasis nor yaws, two ailments

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that were the focus of attention for many subsequent observers. Edward Lucatt, for example, visited the island just 11 years later, in 1841, and observed that Rotumans “are subject to huge swellings of the members, called by us *elephantiasis*, but by them *fe-fe*; to scorbutic eruptions, and to the breaking out of virulent tumours, which eat into and decay the bone”. He confirmed Bennett's observations concerning the prevalence of eye disease, describing it as “a blight, which at seasons affects the atmosphere, and many are apt to lose sight of one or both of their eyes” (Lucatt 1851:168).

J. Stanley Gardiner, a British naturalist who visited the island in 1896, reported that older men claimed that yaws was introduced to Rotuma following European contact, and cited as supporting evidence that the older people of both sexes did not seem to have as many or such large scars from it as did the younger generation (1898:492). If we assume Bennett's non-reporting of yaws and other virulent skin diseases to be indicative of their absence, we can conclude that they were introduced between 1830 and 1841, when Lucatt reported their presence. This was the heyday of whaling and labour recruiting, a time of relatively intense contact with the outside world. Gardiner also reports a consensus of opinion among Rotumans that coughs, colds, pleurisy, and pneumonia had been introduced in the nineteenth century. He considered that to be unlikely, but found compelling testimony for a great intensification “due to changes in the mode of life”. He was convinced, however, that phthisis (pulmonary tuberculosis) had been introduced in recent years, and commented that “it is a disease of the nature and duration of which the people are absolutely ignorant” (Gardiner 1898:494).

We cannot be certain when the first epidemics were introduced into Rotuma as a consequence of European contact, what they were, or what toll they took. The first mention of an epidemic I have been able to find is in the log of a priest at the Sumi Catholic Mission (*Histoire de Rotuma*). Father Trouillet, who arrived in Rotuma in 1868 to revive the Mission that had been abandoned in 1853, recorded about 1873 the oral history of Rotuma, including the reigns of *sau* ‘high chiefs’. He reported that during the reign of the 87th ‘high chief’, Kaunufuek, there was a very bad dysentery epidemic—so bad, in fact, that there were not enough people to bury the dead. He determined the year to be 1861. Trouillet also recorded the first documented epidemic in 1871. In March of that year dysentery broke out among the Catholics and claimed “16 to 18” lives, subsequently spreading to the “heretics”, causing “30 to 40” additional deaths.

Traditional Rotuman Healing Practices

The two major forms of therapeutic practice mentioned by early observers are cutting and burning, and massage. Bennett's comment that

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“burning and cutting are the remedies principally used for all their diseases” (1831:475) is qualified by Gardiner, who reported burning as the cure “for all wounds and sores”, the practice being “to roast them for several hours in front of a slow fire” (1898:492). The only type of surgery reported is in conjunction with elephantiasis. According to Gardiner,

when a scrotum became too large it was lanced with a shark's-tooth lancet, or, using the same instrument, the scrotum was removed, the operation being performed in front of a huge fire and taking about two days. He also reported that filarial arms and legs were cut down the surface, the cicatrices being supposed to prevent them from swelling further (Gardiner 1898:495).

The great Rotuman cure for aches and pains was, according to Gardiner, "massage of a very severe nature, either with coconut oil or the oil of the *hifo* nut (*Calophyllum inophyllum*); usually a small quantity of the second is applied, and then the part rubbed vigorously with coconut oil" (1898:492).

It is apparent that coconut oil, cold water, and purgatives were considered to be central aspects of purification rituals. Thus one of the first Resident Commissioners, H. E. Leefe, reporting on Rotuman birth customs in 1898, wrote that upon birth infants were bathed in cold water and dosed with coconut oil or the milk from the nut, after which they were not washed for as much as a month or more. Herbal medicines were given to make the child vomit before nursing, presumably to cleanse its insides. Leefe states that the Rotumans "will not hear of the use of hot water in any sickness . . ." ² Gardiner also commented on the Rotuman practice of using cold water and asserted that it was only by using threats that he could get people to allow him to use hot water for washing wounds or sores (1898:492).

Gardiner reported that native poultices were made of taro and hibiscus leaves crushed up; he was told by one of the chiefs that they used to be made of dried arrowroot and the dried seed of the Tahitian chestnut, mixed with turmeric (1898:492). The reference to turmeric is significant, for it was used in a number of contexts (e.g., upon installation of a chief) that suggests that Rotumans, like other Polynesian peoples, believed it to have ritual potency. Early observers commented on the liking Rotumans had for smearing their bodies with a mixture of coconut oil and turmeric. I suspect that the practice was a means of ritually protecting themselves against contamination. Rotumans apparently had comparatively greater confidence in their externally applied medicines than in those taken internally, for Bennett reported that "the lotions which I frequently gave them [for ophthalmia] . . . were seldom or never used, but all internal remedies they took readily and with confidence" (1831:476).

The locus of power for causing, preventing, and curing diseases rested with supernatural beings called '*atua*'. The concept was applied to several

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types of being including the ghosts of the dead, spirit animals (*manman 'atua*), and the body of a dead person. It was also used metaphorically to refer to the vanquished contestant in a sporting event such as a wrestling match (Churchward 1939:470).

A person's '*ata* 'soul' was believed to wander during sleep and if it did not return to the body before wakening, or if it was carried off by an '*atua*', the person would sicken and die. When a person was seriously ill and apparently dying, it was presumed that his soul was wandering and efforts were made to coax it to return. The '*atua*' of a recently deceased relative was often called upon for advice or assistance in such circumstances.

Should a man be sick, the most powerful way of curing him was for the parents of a child, which had recently died, to go to its grave and call out for its soul to come out, saying that the *kava* is all finished. After a time their cries will be heard, and they will pray the child's ghost to go and prevent any other soul from interfering with the sick man's soul, this being in former times thoroughly believed to be the cause of all bad sicknesses and death (Gardiner 1898:469).

The spirits of prematurely born children were thought to be particularly powerful and trustworthy (Churchward 1939:470).

Everyone concerned would gather around the sick person's bed, eagerly seeking signs of the soul's return. The sneezing of an apparently dying person was looked on as an omen of recovery, of the spirit returning to the body. "At the first sneeze all in the room would cry '*sefua*'! At the second they cry '*ora*'!, at the third '*mauri*' or '*life*'!" (Russell 1942:251).

At death the soul migrated to '*oro*i ta 'the unseen region', which was said to be under the sea. It was divided into regions and was given various names corresponding to the names of places on Rotuma. The final dwelling place of the soul was supposed to be *Limari*, off the coast of Losa, which was full of "cocoanuts, pigs, and all that man could wish for . . . Any things buried with the body would be taken by its ghost to *Limari*" (Gardiner 1898:469).

The ghosts of recently deceased relatives would sometimes return to possess someone temporarily in order to make their wishes known, the '*atua*' speaking through the medium of the possessed person. These ghosts could also be called upon either to help in time of need, such as to cure or bring good fortune, or to attack one's enemies and bring upon them sickness or death. One had to be cautious in doing this, however, because of possible boomerang effects. It was also held that if the person so cursed was also a descendant of the deceased person whose '*atua*' was called upon,

then both the curser and the cursed would die due to the anger of the 'atua over intra-kin fighting.

The term *tu'ura* was used in reference to an 'atua that took the form of

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an animal. One could presumably distinguish animals into which 'atua had entered as they were said to have a different shape from other animals (Churchward 1939:471). They could also be identified by their distinct cries. The ghosts of recently deceased relatives were thought to appear at times in such forms to bring messages or omens.

Each *ho'aga* 'local descent group' had its own 'atua which it propitiated, the spirit thereby acting to the benefit of the group members. These were often identified with particular animals such as the hammerhead shark (*tanifa*), sandpiper (*juli*), lizard ('*alusi*), or gecko (*mafrapu*) (Gardiner 1898:467). Beliefs concerning these beings had many features associated with totemism:

Should a man by any chance have happened to kill one of the particular animal which was his 'atua, he would have had to make a big feast, cut all his hair off and bury it, just the same way as a man would be buried. Other animals, other than their own particular one, could be killed as they like, as only their own 'atua in this class had power over them (Gardiner 1898:467).

Ghosts of ancestors continued to wander about after their identity was forgotten, and these anonymous 'atua were regarded as more dangerous and arbitrary than those of known relatives. They were productive of evil and were thought to have an insatiable appetite for human souls. Certain places were known to be their abodes and people feared to approach them. One also had to know the sensory signs of these 'atua in order to avoid harm:

Thus, if people go and ease themselves near certain *hifo* trees, they will be caught by an 'atua, called *Fotogfuru*, and either die or meet with some accident. In front of Vailoga, Noatau, if you see the devil spirit there, a reef eel, called *ia*, you will be sure to die. Here, opposite two rocks outside the reef, no lights may be shown at night and all doors towards the sea in the houses must be shut. No one, passing along, may have a lighted torch, or he will be sure to hear the drums sounding and die (Gardiner 1898:468-9).

There were other, more generalised, signs and omens. If one went outside the house during the night and experienced a creepy sensation, or if an owl flew past, it was attributed to the presence of an 'atua. "An unusual roar of surf on the reef at certain spots at night, the crying of *kalae* (a bird), howling of dogs, or the sound of chopping wood, by night, are harbingers of death" (Russell 1942:251). There were also generalised taboos. A woman, for example, should never urinate outside in an open space, but always near a rock or tree, else an 'atua might enter through her vagina and impregnate her.

'Atua were thought to take the form of a person in order to trick an intended victim. If the object of its desire were a woman it would transform itself into a handsome man and seduce her; if its intended were

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a man it would transform itself into a beautiful woman. The victim would sicken and die if proper steps were not taken to exorcise the spirit. It was said that women who were impregnated by an 'atua sometimes gave birth to eels or fish. 'Atua also came to people in dreams, often in the form of seductive members of the opposite sex. It was considered imperative to tell someone about a suspicious dream as soon after waking as possible, otherwise the spirit would come again and again until it had gained possession of the person's soul.

Certain people were thought to have the ability to communicate with the 'atua, and therefore to have a certain amount of control over the power inherent in them. They were called *ape'aitu*. Each *ho'aga* set aside houses around which people were forbidden to sing and dance. In times of crisis the *ape'aitu* performed rites and was possessed by the 'atua of the *ho'aga*. Under the spell of possession he directed the members of the *ho'aga* in what to do, and the latter were compelled to abide by his, or rather the 'atua's pronouncements. Offerings were made of kava, foodstuffs, and other ceremonially appropriate items in order to solicit assistance. Uncooked food and kava were also presented. Gardiner gives an account of two *ape'aitu* who were members of the Maftau *ho'aga*, and whose 'atua appeared in the form of a hammerhead shark (*tanifa*):

To take the *tanifa*, the god of Maftau: for him there was a priest, termed an *apioiitu*, who officiated on all great occasions, and a priestess, called by the same name, whose business it was to cure sicknesses, and indeed, to see to all minor troubles. For the *apioiitu* was a house of some sort, round which the people were forbidden to sing and dance. Should Maftau be in trouble or be going to war, a big feast would be held, and the best of everything would be placed in the sea for the *tanifa*: a root of *kava*, a pig, taro, yams, etc., and always a cocoanut leaf. Much, too, would be given to the *apioiitu*, but always uncooked. Presently sounds would be heard from the house in which the *apioiitu* was, and he would come out, smeared with paint, foaming at the mouth, quivering all over, and falling into the most horrible convulsions. He would perhaps seize a *kava tanoa* [kava bowl] and drain its contents, tear a pig in pieces and eat it raw, or take great mouthfuls of uncooked yam, the taste of which is exceedingly fiery. Presently he would fall down in convulsions and speak; he did not speak for himself, but the

tanifa, who was in him, spoke, nor did he remember at all afterwards what he said. For the time he was all-powerful, and, what he told the people, they had to do; but, when he recovered, he was simply one of themselves again. The priestess was, on the other hand, really more a doctress, called in by the present of a pig and a mat. She would get into a frenzy, and so drive the devil which was troubling the person away. At the same time she never failed to give them herbs and other remedies (Gardiner 1898:468).

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Gardiner's account of the healer's role supplements an earlier report by Lucatt, who observed that in response to sickness, spirit chiefs “pretend to address the Evil Spirit, and exhort him to cease troubling the persons of the indisposed. Sometimes they will endeavour to propitiate the demon of evil by hanging up green boughs in the house where the sick may be lying, and by assembling all the friends of the afflicted party to a solemn feast when much hog's flesh and kava is consumed; at other times, when the complaint is obstinate or of long continuance, they will use the most angry threats to scare the evil demon away (Lucatt 1851:161).

The power to deal with the *'atua*, and hence to heal, was transmitted within families. This was done by teaching a favoured descendant the details of ritual and anointing the person with coconut oil. Although some less sociable persons were thought to be able to use their access to supernatural power to harm others, there are no indications that sorcery or witchcraft was either especially feared or widely practised in the traditional society. *'Atua* responded primarily to propitiation by human beings or their failure to do so in a proper manner. An ancestral spirit who was properly provided for was a protector to be called upon when needed; one who was improperly provided for was apt to show wrath by creating misfortune for the culprits (Gardiner 1898:466). The power to cure in the traditional medical system was therefore indirect. It depended on the commitments of healers to their ancestral spirits rather than upon personal powers or qualities inherent in the medicines they used.

THE EARLY POST-CESSION PERIOD 1881-1901

Cession marked the beginning of regular records, including registration of vital events and reports on the health status of the island. The records show that in the first two decades following cession Rotuma continued to be plagued by epidemics that took a heavy toll. A dysentery epidemic swept the island in 1882, followed by whooping cough in 1884, dengue in 1885, influenza in 1891 and 1896, and dysentery in 1901. Fish poisoning was also reported as reaching epidemic proportions in the years between 1885 and 1887. The crude death rate during this 20-year period was approximately 46 per thousand, for a population averaging about 2250 persons.

The prevalent diseases during this era, in addition to epidemic afflictions, were reported as scrofulous sores, yaws, inflammation of the eyes, rheumatism, and elephantiasis. Resident Commissioner William Gordon, in a dispatch dated June 9, 1884, estimated that 10 percent of the population had scrofulous sores “which were allowed to remain uncovered and entirely uncared for”.³ He reported being told that such sores had increased greatly in number in recent years. Gardiner also commented, some 12 years later, that “terrible ulcerations of the skin of the

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body and limbs, particularly the leg, are not uncommon among adults, especially women . . .” (1898:493). He reported the most prevalent disease to be yaws, but regarded elephantiasis to be the worst disease that the adult Rotuman had to contend with, estimating that at least 70 percent of the men and 20 percent of the women over the age of 40 had it in a more or less virulent form (1898:492, 494-5). Gardiner also confirmed Gordon's observation concerning the prevalence of eye disease, stating that “periodical epidemics of bad eyes pass over the island; the cornea gets clouded, and sight is considerably impaired . . . Cases of blindness from this disease are now quite common owing to neglect” (1898:495).

Of central concern to the Resident Commissioners during this period was the high rate of infant mortality. Thus in a dispatch dated October 3, 1898, Resident Commissioner H. E. Leefe reported that 52 of the 90 persons who had died that year were under the age of fifteen years. Leefe laid the blame for high infant mortality on traditional Rotuman practices associated with birth and with failure to take proper hygienic measures.

If Rotumans could be induced to wash their children more and not place them in draughts, and if they could be punished for giving medicines which they do not understand the properties of, I feel sure that the mortality would be smaller . . . I should also urge that the Regulation forbidding suckling women to smoke and drink kava which has been passed by the Rotuman Regulation Board should be approved of by the Legislative Council.⁴

In discussing the matter at a meeting of the Rotuma Council of Chiefs, Leefe asserted that an additional cause was mothers going out at night, leaving their children in a warm house, then coming back “bitterly cold” to suckle them. He claimed to know of two cases where death ensued shortly after a mother had done this. At the meeting, one Rotuman chief claimed that women who had been to Fiji had learned to use abortion-producing medicines that were

sometimes ineffective but resulted in sickly children. Another suggested that changing infant-feeding customs was partially responsible, asserting that in “the old times” a child was fed entirely on young coconuts during the first few days, whereas “now when a child is born, it has herbal medicines given to it which often makes it sickly”.⁵

The contrasting explanations of the Commissioner and the chiefs are of considerable interest. Leefe was pointing at traditional behaviour patterns as a source of infant mortality; what was needed, in his view, was the abandonment of Rotuman practices and the adoption of different (European) customs. The chiefs, on the other hand, looked at divergence from traditional practices as causative; what was implied was a need to return to customary purity. Implicit in these views were contrasting paradigms of causation. To the British colonial administrator, causes for illness were to be sought in material conditions that directly affect the

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physical organism. To the Rotuman chiefs, causes were to be sought in the dispositions of the '*atua*. For Leefe, change was necessary for improvement; for the chiefs, change was threatening because it created discontinuities with one's ancestors, inviting their wrath.

These differing perspectives were manifest in a long sequence of episodes between colonial administrators and the Rotuman people, beginning shortly after cession and carrying on into modern times. The resistance of the people to medical advice offered by Resident Commissioners was first reported a few months after cession by C. Mitchell in a dispatch dated February 16, 1882, following the dysentery epidemic:

I had the greatest difficulty at first making the parents keep the flannel belts on their children, who in many cases whenever a child complained of unusual pain in its bowels would remove the belt thinking by this means to relieve the sufferer.

They also expected medicines to cure in one or two doses and when they did not do so ceased to give them. I also experienced considerable difficulty keeping the patients on a proper diet . . .⁶

Mitchell reported that in Noatau, the district in which he was resident, only one dysentery death had occurred in a population of 472 persons; he attributed this low mortality rate to the fact that he was able to see patients more frequently than in the more remote districts. Perhaps this played a part, because the highest toll was in Itutiū, the district furthest removed from the Resident Commissioner's headquarters. At any rate, Mitchell states that the failure of parents in Itutiū to follow his instructions regarding diet, medicines, and the wearing of flannel belts was the chief cause of this difference.

Mitchell's successor, William Gordon, also complained of Rotuman resistance to medical advice, reporting that the response he received to instructions that scrofulous sores be covered was “that it was a good thing to let the flies settle on the wounds, as it cleaned them”. He asserted that although medicines were asked for and given, there was no one on the island who had any practical knowledge of medicine.⁷

A. R. Mackay, who succeeded Gordon, was no less irritated than his predecessors at the Rotumans' reluctance to follow instructions. He wrote:

The people seem to be quite helpless in any case of sickness. They are not nearly such good nurses in a sickroom as the Fijians. If they were only to follow the few simple directions I give them perhaps the mortality would not be so disastrous, but I have met with such vexation of spirit in finding that if the remedy I give does not instantly cure it is abandoned and substituted by their own anti-physical [sic] nonsense of what they call 'sarau', which invariably consists of rubbing the disordered part of the body with the palm of the hand with copious applications of coconut oil.⁸

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It seems that Rotuman responses to illness during this period gave the impression of helplessness not only because of resistance to European healing practices, but also because much of their own traditional lore was lost in transition. Thus, during his 1896 visit Gardiner observed that “the Rotuman of the present day is singularly ignorant of even the most elementary medicine and surgery” (1898:491). This he attributed to the fact that previously, when priests were the doctors, medical knowledge was carefully guarded. With the coming of Christianity, Gardiner speculates, the information was so carefully guarded that it was lost. An added factor contributing to the loss of knowledge was the elimination of the role of *ape'aitu*, which appears to have been brought about by changes in the character of local groups as well as by missionisation (Howard 1964). During the time of his visit, Gardiner reports that medicines were being dispensed by the Roman Catholic priests and the Resident Commissioner, but that if instantaneous cures were not effected, Fijians resident on the island were very generally called in, presumably to administer native cures (1898:491-2).

The essence of relations between the Resident Commissioners and the Rotuman people is neatly epitomised in an exchange between Leefe and the chiefs in Council. Leefe had attempted to institute a tax of one shilling per man in order to establish a medicinal supply. The chiefs agreed in Council but returned the following month with reports of opposition from the people. Several chiefs said the residents of their districts claimed they were too poor to pay such a tax. The exchange, as reported by Leefe, was as follows:

R.C.: I am surprised at your reports. I thought the Rotumans had more sense, now I find that you are greater fools than the Fijians, the plea of poverty you put forward is absurd. I have lived 22 years among natives and have never seen a richer race than the Rotumans . . . the people of Oinafa can afford to buy gravestones and only the other day you spent £30 in passage money and every day you spend several pounds in feeding your pigs. I shall therefore have to report to His Ex that if it had been for dead people, for depopulating the island or for pigs that the money would have been easily forthcoming but for sick or living people you cannot afford it. I am ashamed of you.

Chief A: I have heard some people say that they might pay a shilling and then never get sick.

R.C.: Yes . . . and they might get sick and others would then pay for their medicines. You are a race of Scotch Jews or rather worse.⁹

What Leefe did not realise, of course, was that while insurance for him meant having medicines on hand, for the Rotumans it meant careful propitiation of the 'atua. Pigs for sacrifice, and elaborate gravestones, were their insurance. Rotumans were prepared to pay their dues, far more

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than Leefe demanded, but in different form. From their standpoint they were simply putting their money where the power was.

THE PERIOD OF DR MACDONALD: 1902-1923

The first qualified physician to assume the post of Resident Commissioner was Dr Hugh Macdonald, who arrived in Rotuma in mid-1902. He served in this capacity until December 1923, spending a total of 16 years and eight months, being relieved from time to time for intervals ranging from one to 14 months.

Looked at as a whole, the mortality figures showed no improvement during Macdonald's regime. Thus, the crude death rate for the period was approximately 48 per thousand, slightly higher than for the previous period. This, however, is misleading, for the figures are inflated by a measles epidemic in 1911 that took more than 400 lives, nearly one-fourth of the population. Actually, in the years following the epidemic, from 1912 to 1923, the death rate declined from a rate of about 62 per thousand for the period from 1903 to 1911 (including the measles epidemic) to about 32 per thousand. Infant mortality showed a drop from approximately 270 per thousand during the earlier period to 217 per thousand for the later one. Even with the measles epidemic, therefore, the average population for the entire era dropped only slightly to about 2200 persons and was permanently on the rise after 1911. Aside from measles, the only other epidemics during these years were outbreaks of whooping cough in 1907 and 1914 which took a heavy toll among children. But if Rotuma's relative isolation proved a hazard because of lack of immunity to introduced diseases it became an asset in 1918 when the Spanish flu epidemic ravaged Fiji and the rest of the world. As a matter of policy Rotuma was isolated from November 1918 until February 1919, and as a result a potentially devastating sequel to the 1911 measles disaster was averted.

In general, the epidemiological situation was not dramatically altered from the previous period, with skin diseases (including yaws), eye problems, and elephantiasis remaining the scourges that they were in the past.

In one of his first correspondences, Macdonald reported Rotuman reluctance to follow medical advice. He indicated that people were not at all backward in seeking advice, but were not careful in following it, often simply tasting medicines and setting them aside if the flavour was not agreeable.¹⁰ Among his first actions was an attempt to increase taxes in order to generate funds for a hospital facility. His proposals were met with the same kind of reluctance that Leefe experienced when trying to inaugurate his one-shilling tax for medicine. Macdonald wrote that the Rotumans would like to have medicines and a physician but were not willing to pay for them. He pointed out that the tax would amount to a little over one day's pay and should not give grounds for complaint,

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“except such as are dictated by their inherent meanness”.¹¹ He insisted that it was stinginess rather than penury that lay behind this resistance, citing extravagant expenditures for feasts at weddings and funerals as evidence for the availability of resources. The conclusion of this particular strategic battle between the District Commissioner and the Rotuman people is described by Macdonald:

I waited patiently during these months, giving the people every chance to come round to a right way of thinking but in the end was forced to take proceedings against the ringleaders . . . I gave them a week to pay in and I must say they bluffed up to the last moment; when I was waited on by deputations from the disaffected districts who then expressed their willingness to pay. ¹²

It is apparent that the Rotumans were being forced to take a new kind of power into consideration in their medical decision making, the secular power of the Resident Commissioner. It is interesting, however, that their acceptance of dispensed medicine was much more rapid than their acceptance of the hospital as a locus for treatment. Macdonald reported providing medicine for 509 patients during the first four months of 1903, as much as had been given out in the preceding eight months, and by 1910 the outpatient department of the hospital was receiving 4000 visits per year, an average of nearly two per person. In contrast, from the time the hospital was opened in May 1903 until 1910 Macdonald reported a meagre average of 60 in-patients per year. He continued his struggle for acceptance of the in-patient facilities, but he was bucking a tenacious cultural tradition. Macdonald attributed reluctance to use in-patient facilities to four factors: (1) the fear of dying away from home and one's friends; (2) the difficulties involved in feeding patients (people tired of bringing food to their relatives and friends in the hospital); (3) opposition to the hospital tax among a segment of the population; and (4) "the novelty of the matter". ¹³ The second problem, food, Macdonald attempted to ease by supplying a few articles of diet "such as arrowroot, biscuits, cocoa, tea, milk, sugar, etc." in accordance with the practice of provincial hospitals in Fiji. ¹⁴

This did not substantially alleviate the strain on a patient's relatives, however, as Macdonald himself acknowledged in a subsequent communication, for basic subsistence foods still had to be brought in, sometimes over a distance of several miles. ¹⁵

Macdonald's frustration is poignantly expressed in a letter describing the death of a young man on whom he had operated. The man was presumably making good progress toward recovery, but a dream he had was interpreted as an omen of death, leading him to leave the hospital for home where he might die among family and friends. He succumbed shortly thereafter although Macdonald was convinced that he would have survived with continued treatment. The letter expressed despair

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over the Rotuman willingness to accept death as inevitable when patients did not show dramatic improvements following treatment for serious illnesses. ¹⁶

On another occasion Macdonald complained that he quickly dispatched a stretcher for removal to the hospital of a man who had fallen from a tree and been severely injured, only to have hours pass without the patient being delivered. Finally a messenger arrived to say that the injured party would be brought to the hospital later in the day; from him Macdonald extracted the information that the delay was caused by the administration of last rites by the church and by the holding of a Rotuman ritual, called *hapagsū* (see below, p. 269).

Dr John Halley, who relieved Macdonald for a 14-month period from March 1908 until May 1909, was equally upset by Rotuman intransigence and continued to pound the message home. Using the Rotuman Council of Chiefs as a forum he made his dissatisfaction known and demanded a change:

I must again call your attention to the necessity for making more use of the Medical Officer stationed here and of the hospital. As I have on more than one occasion told you, very often the first information I receive about serious sickness among you is after the death of a sick person when some relative appears to register the death. It appears to me that you think a great deal more of your friends after death than during life. You appear to imagine that the correct behavior to your sick ones is to prop them up in bed, call all your friends together, perhaps send for a bottle of medicine, and certainly give orders for the preparation of a large feast. To call the Doctor to help to alleviate or cure the sick one is quite your last—if any—thought. Now this must stop ¹⁷

The measles epidemic that struck Rotuma in February 1911 wreaked havoc. From February 26 to June 28 a total of 401 persons died. According to Macdonald, deaths were induced mostly by secondary reactions brought on by inappropriate responses to the primary symptoms. He particularly placed blame on indulgence in unsuitable articles of diet, such as fruit, which led to iteo-colitis, and reported that "parents to satisfy the cravings of their children when sick . . . will give them anything they cry for, such as oranges, bananas, and other kinds of fruits, although they have been frequently warned not to do so". ¹⁸

Several inferences can be drawn from these dispatches. It is apparent that Rotumans were relatively receptive to using dispensed medicines; indeed, they were prepared to go to the hospital to get them. However, they were also quick to discard them, and to withdraw from treatment when improvement was not readily observed. Such behaviour must be understood in the light of Rotuman beliefs concerning the causality and cure of illness. Minor ailments, and short-

term conditions, were evi-

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dently regarded as a normal part of life; their causes were not at issue. They could be treated by lotions, tonics, pills, and the like, without concern for supernatural potency. I suspect that medicines for such minor ailments were perceived as a means of alleviating symptoms rather than as a means of curing an illness. The power required to deal with these ailments was not great, and was readily available; almost everyone, including the Resident Commissioner, was probably thought of as having sufficient power for such purposes. When a condition persisted, however, the spectre of supernatural causation was raised, and the issue was no longer of relieving symptoms, but of placating an angry or malicious *'atua*.

It was, therefore, over the issue of how to respond to serious and lingering illnesses that Rotumans differed most with the Resident Commissioners. For the latter, the power to cure was inherent in medicines and techniques. Most treatments, and particularly those for serious illness, were believed to require time and repetition to work their physical results. Cures were expected to be gradual. For Rotumans, the power to cure serious illness lay with the *'atua* (or later, God) and was a matter of affecting the *'atua's* will. Cures were expected to be sudden following the neutralisation or placation of the causative spirit agent. While for the Resident Commissioners a reduction in symptoms from “critical” to merely “incapacitating” was an indication of success, for Rotumans it was a reason to despair. At a certain point it was apparent to Rotumans that the determination of a spirit to take a victim was too great to be counteracted, and death was accepted as inevitable.

The reluctance of Rotumans to resort to hospitalisation can also be understood in this light. Although the difficulties involved in supplying a patient with food no doubt played a part, a more compelling reason was probably the association of hospitalisation with serious illness. What was needed under such circumstances was not medicine, but supernatural potency. This could best be tapped in one's home locality, where one's ancestral *'atua* resided. The comforting of friends and relatives, engaged in the common cause of influencing the spirits, was more available at home and, no doubt, added to the patient's reluctance to leave. Furthermore, to die in an unfamiliar locality was to put one's own *'ata* ‘spirit’ at risk in the after life. In short, as far as the supernatural world was concerned, home was safest.

One further behavioural pattern needs to be explained—the disposition of Rotumans to satisfy the whims of seriously ill patients, even though warned of dire consequences. My ethnographic evidence, and inference from Rotuman beliefs, indicate that it was extremely dangerous to be on bad terms with a departing spirit. The safest thing to do was to indulge a patient, thereby placing the person and, by implication, his spirit, under an obligation.

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The struggle between Resident Commissioners, attempting to impose European medical practices, and Rotumans responding to their own cultural imperatives, continued with some vigour into the mid-twentieth century, but there are signs that the former steadily gained ground following the disastrous measles epidemic. Thus, in-patient admissions to the hospital rose from an average of 60 per year before the epidemic to over 100 during the next decade, and in the 1920s they topped 200 several times.

THE PERIOD OF CHILD WELFARE AND PUBLIC HEALTH PROGRAMMES: 1924-1952

In January 1924 Dr W. K. Carew came to Rotuma to replace Macdonald. He was an Irish Catholic who, according to the priest at Upu Mission Station, was obliged to leave Ireland because of the revolution. However, Carew became seriously ill three weeks after his arrival and asked to be transferred; he left in April after serving as Resident Commissioner for less than four months. This apparently was seen by many Rotumans as a confirmation of the potency of a curse enunciated by Marafu, chief of Noatau and leader of Methodists in the war against the Catholics just before cession, that a Catholic Resident Commissioner would never be able to stay in Rotuma. A previous confirmation had occurred in 1915 when a Mr Farrington arrived to finish his term of foreign service in Rotuma while Dr Macdonald was on leave. By nightfall of the day of his arrival he had succumbed! It was therefore with some relief that Catholics witnessed the 15-month term of office of Dr W. Desmond Carew, the 24-year-old son of W. K. Carew. He apparently remained in good health throughout. After an interval of two years and four months, in which Wm. Russell was Resident Commissioner, the senior Carew returned to Rotuma and served for four years. The curse evidently had lost its power, but the fact that it had “worked” served to validate Rotuman belief in the potency of their ancestral spirits.

This was a period of steadily declining death rates accompanied by a dramatic drop in infant mortality. The crude

death rate for the 1920s averaged 38 per thousand, during the 1930s it declined to 23 per thousand, and in the 1940s, to 20 per thousand. Infant mortality dropped from 282 per thousand (1920s), to 145 per thousand (1930s), to 103 per thousand (1940s). The population continued to increase, reaching 3000 by the end of the era. Three killer epidemics occurred during the time span, all of whooping cough. They struck the island in 1925, 1934, and 1952 and took a heavy toll among infants and young children.

Despite this dramatic decline in death and infant mortality rates, the old afflictions of yaws, filaria and skin and eye diseases remained prevalent throughout most of the period, but the battle against them was begun in earnest following a health survey conducted by Dr S. M. Lambert in 1928. With some assistance Lambert examined approxi-

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mately 85 percent of the population. Among other things, he found 97 percent of children between the ages of two and sixteen to have a positive history of yaws; 30 percent of the adults showed some signs of filaria, 67 percent of all persons had scabies, and 18 percent were afflicted with eye conditions. In addition, examination of a sample of persons over two years old revealed that 73 percent were infected with hookworm and 57 percent with *Trichocephalous trichiuris*. In the conclusion of his report Lambert asserted that medical conditions on the island were relatively simple, with yaws and hookworm being “outstanding causes of direct and indirect death” (Lambert 1939:14). He provided treatment for both conditions and recommended concentration on wiping out yaws, suggesting that penalties be imposed for unreported cases.

The Carews were among the least sympathetic commentators on Rotuman character and customs; they wrote harshly of the people's morals (“non-existent”), work habits (“lazy”, “impossible”), and personality (“dour, consequential, and very self-opinionative”). But they were nevertheless conscientious physicians and made valiant efforts to improve health conditions on the island. Two issues were salient during this period, infant mortality and sanitation.

The younger Carew attributed the high level of infant mortality in part to the “apparent dislike which exists in the mind of the people in calling for the assistance of the obstetric nurse when her services would be valuable”.¹⁹ His pet theory was more sociological than medical, however. He focused on the Rotuman custom of fosterage by grandparents which he felt “makes women careless as to the existence of their families and homes, which, here, results in incontinency; thereby destroying the hope, and perhaps the desire, of a happy home and a large family”. He regarded the custom as “contrary to human nature and . . . conducive to all kinds of trouble” (Howard 1970). Carew's attempt at a remedy was to force a regulation through the Rotuma Council of Chiefs (No. 2 of 1925) “to provide for the better security and freedom of marriage and due discharge of parental duties in the Island of Rotuma”.

The elder Carew, following his return to Rotuma in 1928, took a somewhat more direct step toward curbing infant and child mortality. In May 1930 he created the position of Child Welfare Nurse and assigned his daughter to the post. In his Medical Report of 1930 Carew points to the importance of personal relationships between health practitioner and the Rotuman people in effecting change:

For many years previous to her arrival various Medical Officers stationed here were alert to the conditions that brought about a heavy infantile mortality. Pamphlets in Rotuman language on the care of infants were from time to time issued for distribution amongst the people, and frequent advice given to the mothers on the subject, with poor results. However, the personal factor of village-to-village visits

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and inspection of children, as in the present movement, has in a short period brought about a vast improvement. The mothers now respond eagerly and seldom is one missing from the roll-call on the day scheduled for inspection. They seem interested, and accept freely the advice and directions given for their infants' welfare, and whilst occasional deaths do occur—mainly from broncho-pneumonia—the general condition of the infants and young children is so improved that one cannot but be impressed with the movement.²⁰

The programme was continued by subsequent Resident Commissioners with the assistance of the Catholic nuns at the two mission stations.

Carew Sr was also convinced that an improvement in sanitary conditions would have a beneficial effect. He was not the first commissioner to show a concern for sanitation, however. As early as 1884, Wm Gordon raised an issue concerning burial practices and their possible health consequences. He pointed out in Council that many graveyards were very close to houses in which people were living; the chiefs acknowledged that, according to custom, nearly every family had its own burial ground, often close to their houses, and in some cases actually buried the dead beneath the earth floors of their homes.²¹ For Carew, however, the issue focused on the pig population of the island. In 1928 Lambert estimated that there were close to 4000 pigs on Rotuma—Carew placed the count at 5000. Since before cession the Rotumans had kept the pigs out of the villages by a stone fence circumscribing the entire island,

and Lambert acknowledged that “a stench arises from this huge sty which is offensive when the breeze is right” (Lambert 1939:14). He also conceded that it was a prolific source of the flies which carried the prevalent eye conditions. But he was undecided as to the significance of the pigs as a health hazard. In his opinion the extinction of pigs would mean the loss of fresh meat and fresh animal fat with its vitamin A content, as the people would probably turn to tinned meat and tinned fish (Lambert 1939:13).

Carew was much less equivocal. To him the pigs were a health hazard pure and simple, and he was determined to get rid of them. Pigs existed on Rotuma, in his opinion, only “for the purpose of wanton waste at feasts”.²² On grounds of “hygiene and public health” Carew passed a regulation restricting the number of pigs and requiring more attention to the repair of fences, cleanliness, and the like, with the result that the Rotumans “took the easiest way out” and killed or consumed most of the animals. In his Medical Report for 1930, Carew reported that only 29 large and 33 small pigs remained. The grounds used previously for the pigs were being used as food gardens, he reported, with much benefit to the general health.²³

The 1920s were also notable for improved transport, rendering

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medical facilities and treatment more accessible to the total population. About 1924 the first motor vehicles were imported into Rotuma, and by 1927 the road had been improved to accommodate all the villages. This made it possible for people to get to the hospital more quickly and for the Native Medical Practitioner to make regular rounds. However, since there were no telephone facilities (indeed there were still none in 1960, although the first discussion of the possibility of installing some occurred in a 1924 meeting of the Rotuma Council of Chiefs), the delivery of medical services, although vastly improved, remained less than optimal.

Communication with the outside world was vastly improved in the latter part of 1933 with the inauguration of a wireless station. This made it possible for supplies, including medical supplies, to be ordered until such time as a ship left Fiji for Rotuma, whereas previously a letter had to be written and sent on one ship with a wait until the next one arrived, often involving a period of many months. During the 1930s long delays were usual, for the Great Depression resulted in a sharp drop in the copra market, and few boats were willing to make the trip to remote places, such as Rotuma, to pick up the output.

During the late 1930s there was continued emphasis on reducing infant and child mortality, with particular attention to ridding the island of yaws and other serious skin diseases. The Native Medical Practitioner, working for the most part without European professional guidance after Carew left early in 1932 (the next physician to act as the administrative officer was Dr H. S. Evans, who served from December 1949 to January 1952), continued a programme of arsenical injections, but apparently with little effect. According to Dr Evans, who first visited Rotuma in 1940, the arsenical dosages given were hopelessly inadequate and unsystematic, although up to 4000 doses were given in one year. Thus the figures for year-end inspections from 1935 to 1939 actually showed a rising incidence of yaws and only a slight decrease in impetigo.

In October 1939 a Dr Macpherson visited Rotuma and conducted a health survey in which he personally examined every man, woman, and child on the island. His report shows that conditions had not changed greatly with regard to prevalent diseases since Lambert's visit 11 years previous. His comments on sanitation, however, suggest that despite the need for improvement, particularly with regard to latrines, significant progress had been made. He specifically points to the reduction in the pig population engineered by Carew as responsible for sanitary improvement.²⁴

Shortly before Macpherson's visit a second Native Medical Practitioner was posted to Rotuma, and soon thereafter arsenical treatment for yaws was systematised, apparently with good effect, for the prevalence of the disease, as measured by the annual year-end inspections, declined dramatically. Within two years the prevalence rate of yaws fell from 25.6

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percent to 1.6 percent, and impetigo fell from 6.8 percent to 1.6 percent of preschool and school-age children examined. Dr H. S. Evans conjectured, however, following his visit to the island for three months at the end of 1940, that Rotuman attitudes towards the injections were less a “rational therapeutic measure” than “a traditional practice of hopeful witchcraft” (Evans n.d.). Evans also noted that people were still reluctant to enter the hospital, an observation confirmed by W. Fonmoa, the newly appointed Native Medical Practitioner. Fonmoa, himself a Rotuman, reported that “the natives were always in the saying that Ahau [the site of the hospital] was such a good place for treatment, the only trouble was that it was an expensive place according to their own point of view”.²⁶ This reference to expense most likely signifies a concern for supplying hospital patients with food, rather than the cost of treatment, which was negligible.

Throughout the 1940s and 1950s, the child welfare programme continued to occupy a central place in the public health regime on Rotuma. A District Nurse was appointed whose primary responsibility it was to carry out the programme, and she received assistance from some of the Catholic nuns and later from child-welfare helpers appointed by village chiefs. Significantly, it became customary for first births to take place in the hospital, while subsequent births were either attended at home by the nurse or at the hospital.

This period is in marked contrast to those previous with regard to Rotuman acceptance of major medical reforms. The child welfare programme was adopted with apparent enthusiasm, and, if sanitation measures were not welcomed wholeheartedly, they were not seriously resisted. Had Rotuman resistance to modern medical practices been broken? I think not, for during my visit in 1960 acceptance was still equivocal. The key to the understanding of the Rotuman acceptance of child welfare and sanitation measures is that *the power to cure was not at issue*. The success of these measures simply required Rotumans to build latrines, clean up areas designated as unsanitary, receive the District Nurse when she came to their village, and follow some routines prescribed to them. These they were prepared to do in compliance with the secular authority of the Resident Commissioner. They were even prepared to drastically reduce their pig population, as long, I would guess, as they had enough available for ritual purposes when they were needed. They were also willing to go to the hospital for first births, despite costs—births did not involve the 'atua.

That significant resistance to medical treatment by Western practitioners continued is indicated by the periodic complaints of the Resident Commissioners that people did not make proper use of available staff or facilities. And as Dr Evans implied, their willingness to receive treatment was based less upon Western than upon traditional Rotuman assumption-

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tions. Still, it is apparent that by mid-century the Rotumans were far more engaged with the European medical system than they were when the period began, and this engagement paved the way for the achievement of medical modernity.

THE ACHIEVEMENT OF MEDICAL MODERNITY: 1953-1960

The last major killer epidemic of whooping cough occurred in 1952, during which 83 children under the age of 10 years died. It was the first year in residence of Fatiaki Taukave, a young Rotuman Assistant Medical Officer. Despite his initial discouragement, brought about by his helplessness in facing the epidemic, Taukave proved to be an active and innovative official.

In 1953, with the help of the District Officer, ²⁵ Taukave persuaded the chiefs to arrange for an “Annual Baby Show” and to collect money to buy prizes for the healthiest babies and winning mothers. Individual district shows were held in November, and all the prize-winning babies and children were brought together at the hospital in December for the main show. The district with the most points was ceremonially presented with a trophy cup, in addition to individual prizes. The idea caught on immediately and aroused a great deal of interest in modern baby care on the part of the mothers.

The energetic new A.M.O. also requested passage of a regulation by the Rotuma Council of Chiefs aimed at improving sanitation on the island. The regulation required all able-bodied adults to spend four hours per week cleaning and weeding their villages. Dwelling houses were also required to have an adequate latrine under penalty of law, and village inspections were carried out weekly. Taukave reported that the fly and mosquito populations were greatly reduced by these measures and village cleanliness greatly improved. Although a mild epidemic of gastric influenza struck the island in 1953, the crude death rate dropped to 14.4 per thousand.

Taukave was replaced by Ieni Semantafa, another Rotuman, who served as A.M.O. from 1954 to 1956. Semantafa continued the programmes initiated by his predecessor with considerable success, and, with the help of newly introduced wonder drugs, yaws was virtually eliminated. The year-end inspection in 1956 revealed only one active case of the disease. Taukave returned in 1957 and during the following two years, under his skilful and dedicated guidance, the crude death rate dropped to lows of 7.9 and 5.1 per thousand.

Several factors seem to have contributed to Rotuma's dramatic mortality decrease during the late 1950s. Better infant care and improved sanitation undoubtedly played a part, although there was still room for improvement. More important was the expansion of the medical staff and the greater range of skills available. In 1952 the newly appointed

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Taukave was assisted by only two staff nurses; in 1959 the same man, considerably more experienced, could rely on

support from six full-time staff nurses, one full-time District Nurse and another working three days a week, an ambulance driver trained as a dresser, and five laymen to help run the hospital. But most important of all was the availability of more potent drugs, particularly penicillin and other antibiotics.

Not only did the wonder drugs eliminate yaws and stave off other infections, they cured ailments in such a dramatic fashion that there could be little doubt about their inherent potency. Whereas previous medicines and treatments had been slow enough to allow observers to attribute the power to cure to external agencies such as the *'atua*, the wonder drugs forced Rotumans to acknowledge the basic premise of Western medicine—that the power to cure at least certain conditions is inherent in the material aspects of treatment. They did not abandon their own premises, but rather pushed them farther to the margins of their now amalgamated medical system.

ROTUMAN MEDICINE IN 1960

When I arrived in Rotuma in December 1959 I quickly gained the impression of a people whose responses to illness were nearly as secular as those of middle-class Americans. The Assistant Medical Officer, a Fijian who had replaced Taukave, was highly respected and trusted. People seemed to have very little reluctance to go to him with health problems of any magnitude, and there appeared to be no serious competition from folk healers. An examination of medical records for 1959 revealed 527 cases of influenza reported for the year, with no deaths resulting; 32 cases of infantile diarrhoea; 11 cases of yaws; and a few cases of assorted other infectious diseases. A total of 253 persons had been admitted to the hospital, and 9084 outpatients were treated; an additional 3521 injections and miscellaneous ministrations were reported—all this for a population of slightly over 3000. Worms were still a problem but were being treated systematically; according to the A.M.O., the Piperazine tablets available for the purpose were in great demand. Filariasis was also still prevalent among middle-aged adults, but eye diseases were not reported as constituting a serious problem and were no longer a focus of attention. To quote from the Annual Medical Report for 1959, “The general cleanliness of the island and the general health of the people is good. . . . On the whole, the island has passed through a reasonably good year.”²⁶

Folk healers

When I began to inquire about folk-healing practices I was told by an informant, “Before we used to try Rotuman medicines first and go to the doctor if they didn't work; now we go to the doctor first.” Nevertheless,

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a fair number of folk healers were still practising in 1960 and were recognised by most Rotumans as effective healers. During that year I was able to identify 24 individuals (10 men, 14 women) who were recognised as *sarao* ‘one who administers massage’. Two of them were generalists; the rest specialised in treating either particular ailments or parts of the body.

A study of healing practices revealed that diagnosis is not a significant part of the *sarao*'s task, since in most cases the diagnosis has been predetermined on the basis of the physical symptoms and the healer chosen because he specialises in curing the presumed ailment. However, a healer may, upon examining a patient, claim that a misdiagnosis has taken place and suggest another practitioner (including the Assistant Medical Officer) or course of therapy. Treatment consists of a combination of physical massage and various ritual procedures, and takes place during a sequence of visits, terminating when a cure has been obtained or when one of the parties determines that the treatment is ineffectual. If a successful cure has been obtained (i.e., the symptoms disappear), the healer applies a final treatment that aims at preventing a recurrence of the affliction. Payment is in the form of a ceremonial presentation and varies according to the seriousness of the ailment, the duration of treatment, satisfaction with the cure, the prestige of the healer, social distance between healer and patient, and so forth. For a minor ailment quickly healed a modest gift of a basket of food (*'afa*) may suffice; for curing a major illness a sacrificial pig may be offered along with several embellishments.²⁷

Concepts of health and sickness

There are three terms in the Rotuman language that are used to denote a state of good health: *mauri* ‘life’; *afi* ‘to thrive, to be in harmony with’; and *ne'ne'i* ‘strong, powerful’. Curing is signified by adding the prefix *a'* (causative) to these terms, or to the word *lelei* ‘good, desirable’.

The most general concept for illness, *'afafa*, has a primary denotation of ‘weakness’, and several other terms for

illness convey a similar meaning. The term *masa'i* is somewhat less general, and is usually employed with a modifier to signify types or classes of illness or disease (e.g., *masa' kovi*, a kind of skin disease said to be similar to leprosy). The word *rū* is used to denote pain, and is used in conjunction with body parts, much as the English '-ache', to specify such ailments as headaches (*rū filo'u*), toothaches (*rū 'ala*), and stomach-aches (*rū huga*). One further general term is used, *tau*, which has a primary denotation of being struck with ideas or sensation, including pain or discomfort. It is used most frequently to signify fever, as in *tau tē* (filarial fever).

To the extent that vocabularies reflect a population's concern for phenomena, the Rotumans manifest a preoccupation with symptoms

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that affect body surfaces. Thus I was able to identify 22 separate lexemes describing skin conditions, ²⁸ dealing variously with eruptions of different kinds, discolouration, swellings, itching, and so on. Eye ailments are a second focus. Four separate lexemes are used to denote degrees of vision loss; three lexemes denote various types of inflammation of the eyes; several others refer to such discomforts as stinging or smarting, being struck in the eye and other conditions. The lexemes for skin and eye afflictions account for nearly half of the entire Rotuman illness lexicon. In view of Rotuman experience with these phenomena over the past century, this is not surprising.

As pointed out previously, Rotumans diagnose ailments on the basis of manifest symptoms, a fact reflected in the lexicon. Thus, for the most part, Rotuman terminology ignores presumed causation (the course of the illness, responsiveness to treatment, and the like), and focuses on the parts of the body affected and the way in which symptoms represent a departure from normalcy.

Causes and cures

In order to gain an appreciation of Rotuman notions of causation and prescriptions for curing, I presented a representative list of 23 afflictions to 11 informants and asked them what were the causes and appropriate treatment. In analysing the responses I reduced the causes to 10 categories and cures to five. Multiple responses were counted without regard for priority.

The most frequently offered causes for ailments fell into the category of 'internal bodily malfunction' (e.g., poor flow of blood, stiffness, pus, failure of menstrual blood to come out), with 58 responses in total. Next were 'overexertion' (e.g., working too hard, lifting heavy things, thinking too much) and 'ingestion of harmful substance' (e.g., eating unfit food, drinking dirty water), both with 46 responses. These were followed by 'exposure' (e.g., chill, getting wet, dirtiness, contact with infected persons, glare from sun), 36 responses; 'externally induced trauma' (blow to body, scratch), 19 responses; and 'neglect of lesser affliction' (e.g., infection of a wound developing from the flu), 15 responses.

Each of the above categories represents a modal response to one or more afflictions. In addition, a response of 'foreign disease, or cause unknown' was a modal response for two ailments (measles and leprosy), accounting for 13 or 14 such responses. The remaining categories were 'improper activity' (e.g., staying out late at night, squatting, riding horseback, intercourse during menstruation), 19 responses; 'moral transgression' (e.g., claiming land to which one is not entitled), 3 responses; and 'heredity', 1 response.

Three curing strategies accounted for the majority of responses concerning appropriate treatment. By far the most frequent was 'sarao'

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(massage), with 117 responses. Next came 'externally applied treatment' (e.g., application of medicinal leaves, bathing with special preparations), 62 responses; and 'internally ingested medicine' (e.g., preparations from medicinal plants), 52 responses. This distinction between external and internal medicine is not simply a descriptive convenience. Rotumans clearly distinguished between the two, categorising the former as *туру*, the latter as *vai*. Several informants conceptualised the human body primarily on the basis of a surface versus interior division, and a common concern in monitoring the course of an ailment is to keep the symptoms confined to the surface. When respondents knew of no specific cure, they prescribed going to a 'doctor' (Western-trained medical practitioner) in 12 instances or simply stated that they knew of 'no cure', 16 responses (10 in relation to measles, 4 to leprosy).

These orderings should not be regarded as an accurate reflection of Rotuman priorities in assigning causes or prescribing cures. It represents an ad hoc sample's responses to an incomplete list of ailments. A more complete list of ailments presented to a more representative sample might have elicited different orderings. However, the data give some indication of the range of presumed causes and cures, and provide a basis for establishing a tentative typology

of illnesses, as follows (Rotuman terms are presented with the closest medical translation obtainable; the figures for each ailment represent the percentage of responses in conformity with the typology):

- ▶ I. *Caused by internal bodily malfunction; cured by massage*
- ▶ *mou nuju* (tetanus) 100%; *atuamorsoro* (arthritis) 100%; *tēkae* (skin discoloration associated with filariasis) 88%; *tau matiti* (filarial fever) 75%; *fuaomono* (discharge blocking nasal passage) 67%; *ji'a ji'a* (sty in eyelid) 67%; *tukiga* (uterine tumor) 50%.
- ▶ II. *Caused by exposure to and/or ingestion of harmful substances; cured by external treatment*
- ▶ *jona* (yaws) 82%; *pona'i* (boil) 50%; *lepera* (leprosy) 44%.
- ▶ III. *Caused by exertion, fatigue; cured by massage*
- ▶ *vil gakau* (hernia) 100%; *filo'u rū* (headache) 72%.
- ▶ IV. *Caused by exertion, fatigue; cured by internally ingested medicine*
- ▶ *lua toto* (spitting blood), as in advanced stages of tuberculosis) 90%.
- ▶ V. *Caused by exertion, fatigue; cured by going to a doctor*
- ▶ *jua* (elephantiasis of the scrotum) 86%.
- ▶ VI. *Caused by ingestion of harmful substances; cured by internally*

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- ▶ *ingested medicines*
- ▶ *sana* (diarrhoea) 100%; *san toto* (dysentery) 86%; *masa' efe* gastroenteritis) 78%; *masa' ofta* (blood poisoning) 50%.
- ▶ VII. *Caused by externally induced trauma; cured by massage and/or externally applied treatment*
- ▶ *maf pā* (black eye) 100%; *maf ra'o* (bloodshot eyes) 75%; *fu'gu* (swollen joint) 67%.
- ▶ VIII. *Caused by neglect of lesser affliction; cured by massage and/or internally ingested medicine*
- ▶ *tuku fotu* (abscess on hand or foot) 75%.
- ▶ IX. *Cause unknown; cure unknown*
- ▶ *mesila* (measles) 82%.

In all, this typology accounts for 75.8 percent of the responses.

The role of the supernatural in causation and curing

One striking aspect of the responses of the 11 subjects is the infrequent mention of supernatural causation (only three citations of moral transgression). While at one level this reflects the degree to which Rotumans have come to think of illness in secular terms, it masks the fact that at quite another level the role of supernatural power is taken for granted.

Central to Rotuman beliefs about maintaining good health, for example, is the idea that disruptive behaviour must be avoided. To ensure good health an individual should maintain harmonious relations with both human and supernatural beings. Conflicts should be avoided, obligations met, debts repaid, and so forth. The emphasis is on behaviour rather than emotion; it is acting badly that creates disharmony and predisposes one to illness, not anger or envy in itself. Ultimately all misfortune is explainable in these terms, and is attributed to the wrath of '*atua*'.

Although most illnesses were talked about in secular terms, there were several circumstances in which supernatural explanations were brought to the surface. One was when I asked why a *particular* person had been taken ill. The answer often consisted of a recitation of the person's misdeeds. Also, when an illness or injury is part of a broader pattern of bad luck affecting an individual or family, people are apt to turn to supernatural explanation. A poor crop, a son's failure to pass an exam, a leaky roof, and an attack of illness constitute cumulative evidence of supernatural displeasure with the victim. Such a sequence of events is apt to lead people, including the affected party, to reflect on past events in an effort to discover an indiscretion that might be responsible. A dispute over land is a prime suspect, as is a blatant failure to honour an obligation to kinsmen. The belief is that such circumstances disturb the spirits

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of the common ancestors of the parties involved, and it is they who bring misfortune as a sign of their displeasure. Curing requires the afflicted person to *fakasoro* 'ceremonially apologise' with a presentation of appropriate ritual

commodities to the person or persons whom he offended. Consistent with the logic of this practice is the requirement that a person who injures someone else ceremonially ask forgiveness of the victim, and that the latter accept apologies given in good faith. Failure to comply with these customary requirements threatens the harmony of social relationships between persons, and between human beings and their ancestral spirits.

Illness used as a sanction is most clearly evident in curses of imminent justice, uttered by chiefs following offences against the public order. For example, shortly after my arrival on the island several members of a family in the district of Juju became ill with stomach ailments. Thinking the water in their storage tank might have gone bad, the head of the household inspected it and found a neatly tied bundle of plants used for stunning fish. There was little doubt that this had been done purposely, and although the ailments were minor, the issue was regarded as extremely serious. On the morning of the discovery a meeting was held among the men of Juju, at the conclusion of which the District Chief declared that if the culprit did not confess, something bad would happen to him. He sacralised this declaration with a ritual utterance. The following day, one of the young men in the district was taken ill with a sudden attack of spinal meningitis; he died the next day in the hospital. In point of fact, this young man was a prime suspect, as he and two other fellows had been known to be involved in other mischief such as minor theft and killing other people's chickens for surreptitious private feasts (these being common adolescent exploits generally tolerated by the community). Soon people had amassed a wealth of circumstantial evidence to convince one and all that he was in fact the culprit.

Another circumstance that begs supernatural explanation is a serious accident, such as a fall from a coconut tree, that might have, but did not, kill the victim. Following such an event, the victim's close kinsmen go, after darkness has fallen, to the spot where the accident occurred and spread mats or cloth on the ground. Whatever thing first falls on the spread is enfolded in it and brought to the house where the victim lies. The object is said to be the victim's soul, and returning it to his presence is regarded as a condition for recovery. This practice is called *a of ta* 'the ending' (presumably of the dangerous condition).

A ceremony called *hapagsū* is held after an individual recovers from any illness or incident in which blood is shed, either accidentally or purposely (as in an operation). The ceremony involves the consumption of ritual foods, including sacrificial animals prepared in an earthen oven (*koua*). The ceremony is, in effect, an attempt to placate the spirits who

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caused the affliction so that there will be no recurrence. The same ceremony is given, incidentally, for a prisoner returning from jail. *Hapagsū* ceremonies may vary in magnitude from small family affairs to major community events.

Still another indication of supernatural assumptions are Rotuman beliefs concerning the efficacy of *sarao* 'ritual massage'. Although knowledge of massage techniques is part of the therapy, the actual physical manipulation is not considered to be the source of healing.²⁹ Rather, the *sarao's* power to heal is still thought to have a supernatural origin, and is transmitted and received ritually. In the large majority of cases transmission is to lineal descendants, either children or grandchildren, although instances were reported of powers received from kinsmen whose precise relationships were unknown, from spouses, and even from friends. In one case, the healing powers were received by a woman from her deceased daughter in a dream.

The ritual employed to transmit healing powers consists of the transmitter washing the hands of the receiver with a coconut oil concoction. Usually the oil is mixed with leaves or extracts of plants believed to have medicinal efficacy in curing the particular afflictions treated by the practitioner. Once this ritual is performed, the transmitter loses his curative powers and is no longer an effective healer. If, for some reason, a curer fails to transmit his power, it is believed that his descendants may inherit some curative powers, although in a diluted form. Thus there are some families that claim curative powers as a result of their descent from a deceased healer, but although they may treat a few relatives and friends occasionally, they are not cast into the role of healer in the same way as an individual who received the power ritually.

SUMMARY AND CONCLUSIONS

If we compare Rotuman responses to illness in 1960 with those reported as being characteristic during traditional times, it is apparent that significant changes have taken place. The traditional Rotuman paradigm for dealing with illness was based on the premise that the power to cause, deter, and cure illness resided with the *'atua*. To stay healthy required proper propitiation of the *'atua* and proper social behaviour. Substances such as turmeric, coconut oil, and cool (natural) water were regarded as ritually purifying and were used to ward off illnesses and to cure them. Herbal medicines and purgatives were part of the healing repertoire, and apparently were used in conjunction with

ritual designed to tap the power of the 'atua. Wounds and sores were treated by burning, while surgical procedures were used to alleviate the symptoms of elephantiasis and perhaps other conditions. The most common therapeutic technique, however, was massage (*sarao*), which was performed by specialists whose power to heal derived from supernatural

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sources. Another category of healers were the *ape'aitu*, who were specialists in communicating with the 'atua and hence in tapping their power for curative and other purposes. They were associated with localised kin groups (*ho'aga*) and drew their power from the god of the group, who possessed them at times and acted through them.

Initial Rotuman resistance to European practices took the form of rejecting the use of hot water and externally applied lotions. While we cannot know the precise reasons for this rejection, we might generally speculate that the islanders were motivated to dismiss any therapeutic technique that made them physically uncomfortable and for which they could not perceive a basis for inferring ritual potency. Despite the elimination of the role of *ape'aitu*, and the concomitant loss of much of their medical lore, Rotumans continued to resist, or at best to passively accept, medical innovations based on naturalistic assumptions. Nevertheless, the record indicates that, despite this history of resistance, Rotumans did in fact ultimately accept most of the medical innovations forced on them through the authority of colonial administrators, and by 1960 their responses to most medical problems were distinctly secular.

This trend towards secularisation was promoted by several factors in addition to the prestige and authority of the European administrators. It was probably encouraged by the terrible epidemics that periodically swept the island, for even if the people's faith in their own medical strategies was not completely shaken under these circumstances, they were probably motivated to try all the possibilities available to them. As the epidemiological situation improved, and death rates dramatically declined, it is reasonable to assume that at least some people recognised the salutary impact of Western innovations. Then, too, education undoubtedly had an effect. As increasing proportions of Rotumans received more education, and some became professionals in health and related fields, a general shift towards receptivity of European-oriented innovations has occurred. The culmination of the trend was unquestionably the introduction of the wonder drugs in the 1950s. Their curative powers were too obvious to be denied.

Even so, one could argue that from a cultural standpoint the changes were, in fact, quite superficial. Rotumans always treated some ailments as secular problems not requiring supernatural intervention. A plausible interpretation of the changes described previously is that, with improving epidemiological conditions, more and more ailments were shifted into this secular category. If the original premise was that supernatural intervention is called for when deterioration in a patient's condition is considered probable without it, and the changes brought about by Western medicine significantly reduced that probability, then the changes in Rotuman behaviour may not represent a change in belief as much as a change in their perception of circumstances. From this perspective

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Rotuman medical beliefs are not as different from those of Western laymen as a superficial appraisal might imply, if we acknowledge that most Europeans and Americans are prepared to call upon supernatural intervention when secular medicines fail.

Against this historical background let us now consider the form of Rotuman folk medicine that has survived, namely the practice of *sarao* 'ritual massage'. The persistence of *sarao* is an indication that even with the wonder drugs, Western medicine does not satisfactorily alleviate the stresses of illness for Rotumans. The main source of anxiety that illness poses for Rotumans is, I would argue, the vulnerability imposed by social and economic dependency. Any persistent condition that threatens to lead to incapacitation therefore tends to be treated as a public rather than a private matter. When an illness is exposed, it seems, an implicit message is communicated to all those with obligations to the victim that he might have to depend on them for a period of time. This threat of imbalanced obligations amounts to a social test and is a source of anxiety for the ill person. In response he is likely to be visited by a stream of kinsmen, friends, and neighbours. The visits may be seen as a mechanism of social reassurance; they contain an implicit pledge of support on the part of the visitor to the patient. Within this context, massaging can be viewed as a powerful social message. It is the main form of reassurance used by parents with children, and is rooted in a socialisation process that places a premium on tactility. In normal social intercourse intimacy, concern, and commitment are expressed as much, or more, through touching as through any other medium of communication. As therapy, therefore, massage constitutes a reaffirmation of relationship to socially vulnerable persons. When performed by family members or others close to the victim it is a personal affirmation; when performed by a recognised specialist, with greater attendant ritual, it constitutes an affirmation of support by the community.

Such an explanation, based on the fulfilment of psychosocial needs, would account for only part of the form *sarao* takes. It may help to explain why massage rather than some other physical or mechanical operation is employed, but it does not account for the central concern with power, and the use of ritual forms designed to tap it. To explain this

we must move to a cultural level. I would argue that the practice of *sarao* is one of the primary means by which Rotumans maintain an active relationship with their ancestors. By endowing the 'atua with the power to heal, they symbolise the potency of their forefathers. In so doing, they affirm their own worth as human beings and their heritage as Rotumans. For in the Polynesian tradition, a person's potency, his status as a human being, is regarded primarily as a matter of genealogical inheritance (Goldman 1970, Ch. 1). If one's ancestors were impotent, and of little social worth, then by implication one is impotent and socially insignifi-

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cant. Even in the face of European domination, the Rotumans were not prepared to accept such a social assignment.

Rotuman resistance to European medical innovations must be understood in this light. Attacks on their medical beliefs and practices were indirect attacks on their integrity as a people—on their collective worth. Had they succumbed to the pressures of colonial administrators to abandon their customary approach to healing they would have been symbolically denying the validity of their heritage, and their efficacy as a people. Rotumans tell many stories that affirm the opposite. They tell of ancestors who were gigantic and powerful. They tell of the apprehensions of Ratu Sir Lala Sukuna, the great Fijian chief, when he visited Rotuma. According to the story he, in panic, left the island after a brief visit, exclaiming that the power of Rotuma was too much for him to bear. The power of the island is the power of the *atua*, of the ancestors. The conflict over medical beliefs and practices can therefore be understood as an attempt by Rotumans to preserve their sense of potency as a people in response to the application of secular political power by colonial administrators. As with the smallpox vaccinations in 1908, Rotumans felt they were being marked as subjects of England; they were depending on their ancestors to keep them safe and well, so they could make their mark as Rotumans.

Although it could be argued that traditional Rotuman medical beliefs and practices were maladaptive in terms of their consequences for immediate physical health, it should be clear that as adaptive strategies they aimed at alleviating a much wider range of stresses than merely physical ones. Assessing their effectiveness as strategies to ensure a total range of well-being—psychological, social, cultural, in addition to physical—will require a longer time span than that dealt with in this paper, as well as a more complex set of criteria.

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- 1 For more extensive background on Rotuma's history and ethnography see Eason 1951; Howard 1964, 1966, 1970. Various portions of the research were supported by the National Institute of Mental Health and the National Science Foundation. I am grateful to both institutions. I should also like to thank Kajorn Howard for assisting in compiling epidemiological and demographic data, and Barbara Moir for providing valuable editorial advice. Richard Lieban, Rob Borofsky, and Adell Johannes read earlier drafts of the paper and made several useful suggestions that I have incorporated.
 - 2 Dispatch dated October 3, 1898. *Outward Letters*. Emphasis in original.
 - 3 *Outward Letters*.
 - 4 *Outward Letters*.
 - 5 *Minutes of the Rotuman Council of Chiefs*, May 5, 1898.
 - 6 *Outward Letters*.
 - 7 *Outward Letters*.
 - 8 Dispatch dated November 4, 1885. *Outward Letters*.
 - 9 *Minutes of the Rotuma Council of Chiefs*, November 9, 1893.
 - 10 Dispatch dated July 26, 1902. *Outward Letters*.
 - 11 Dispatch dated August 14, 1902. *Outward Letters*.
 - 12 Dispatch dated June 7, 1904. *Outward Letters*.
 - 13 Dispatch dated September 2, 1903. *Outward Letters*.
 - 14 Dispatch dated June 7, 1904. *Outward Letters*.
 - 15 Dispatch dated June 9, 1911. *Outward Letters*.
 - 16 Dispatch dated July 7, 1906. *Outward Letters*.
 - 17 *Minutes of the Rotuma Council of Chiefs*, January 7, 1909.
 - 18 Dispatch dated April 30, 1911. *Outward Letters*.
 - 19 Dispatch dated January 1, 1925. *Outward Letters*.
 - 20 Annual Report for 1930. *Fiji Medical Departmental Records*.
 - 21 *Minutes of the Rotuma Council of Chiefs*, August 7, 1884.
 - 22 Annual Report for 1928. *Outward Letters*.
 - 23 Annual Report for 1930. *Fiji Medical Department Records*.
 - 24 Health Survey of Rotuma, 1939. *Fiji Medical Department Records*.
 - 25 Following an administrative reorganisation shortly before the Second World War, the position of Resident Commissioner was changed to District Officer: that of Native Medical Practitioner to Assistant Medical Officer.

²⁶ *Fiji Medical Department Records*.

²⁷ For a description of the hierarchy of ceremonial presentations, see [Howard](#) 1970:90-93.

²⁸ Lexemes were gleaned from C. M. Churchward's *Rotuman Grammar and Dictionary*, 1940. The spelling of all Rotuman words in this chapter, except those appearing in quotations, follow Churchward's orthography; translations of terms also generally follow those given by Churchward.

²⁹ In one instance an informant prescribed *sarao* as a cure but specified that physical contact was not involved, that the healer and patient sat facing each other while the healer made the proper motions. She even claimed that this cure could work at a distance if the patient faced the healer's house at the time the healer performed the act. This was an isolated case, however; most Rotumans seemed to regard the physical contact as an essential aspect of *sarao*.