

the infant mortality. Employment of the mother apparently only had the effect of causing a difference of 10 per 1,000 in the infant mortality, but whether the father's earnings were under or over £1 per week caused a difference of 65 per 1,000. Poverty appeared to act upon the child both before and after birth. The children might seem to be healthy at birth, but they had a very insecure hold upon life, and were unable to live in the poverty-stricken homes into which they were born. Besides influencing the infantile mortality, poverty had a marked effect on the health of the children who survived their first year, the percentage in good health being 53 in the poorer families against 65 in the others. The infantile mortality in houses with a rental of under 5s. a week was 180 per 1,000, whereas in houses with a rental of over 5s. it was 150 per 1,000. The method of feeding the infants until the age of 6 months, and the health of the children until the age of 12 months, were carefully investigated, and it was found that the breast-fed babies had a much better health and a much lower mortality, whether the mother were employed or not. The mortality among the children who were artificially fed for the first 6 months was about six times as great as among those who were breast fed. The figures also showed that employment in a factory meant in most cases the giving up of breast feeding. As breast feeding among women of this class is essential to the health and even to the life of the infants, there is no doubt that factory employment greatly increases the mortality-rate of the infants. Among factory workers the rapid decrease from 94 per cent. in the first month of life to 23 per cent. in the sixth month in the amount of breast feeding was most significant. Dr. Duncan finishes her report by saying:

The general conclusions to be drawn from another year's study of this question are much the same as those arrived at in 1908. It seems pretty certain that industrial employment has a bad effect on the infantile mortality, principally because it interferes with breast feeding. For this reason employment in a factory is more harmful than employment at home. But the influence of industrial employment is quite small when compared with the influence of acute poverty. It would seem, therefore, that in so far as the mother's employment reduces the acuteness of the poverty, it may tend to improve the infant mortality. At any rate, it is doubtful whether any further interference with the employment of married women would be at all beneficial as long as the acute poverty remains.

## Special Correspondence.

### VIENNA.

*Medical Men in the New Parliament.—Punishment for Dissuading from Necessary Operation.—Health of Vienna during the Heat Period of July.*

THE new Parliament has been convoked for a short session in order to ascertain the opinion of its members on several matters awaiting decision. Of the 516 members, only 9—less than 2 per cent.—belong to the medical profession; some 12 or 14 other members can be relied upon to support bills suggested by medical members of the House. This is an unsatisfactory state of things, as some very important matters affecting the very existence of the doctors will be brought before this Parliament. The national insurance scheme, very similar to that introduced in England by Mr. Lloyd George, threatens the doctors in an even higher degree than in England. The medical men have not had enough insight to concentrate all their efforts on securing the election of a larger number of their brethren. The autumn session of our Parliament is therefore viewed by medical men with grave anxiety.

An interesting judgement was delivered a short time ago by an Austrian judge. A patient had been advised by his doctor to have an operation performed on his leg for tuberculous disease of the tibia. The patient thought fit to consult a bonesetter, who gave an opinion contrary to the advice of the surgeon; he treated the leg himself, with the result that gangrene set in and the limb had to be removed on account of thrombophlebitis, which was endangering the patient's life. The patient then promptly sued the quack for damages and tried also to recover the fees paid. He did not get his money, but the judge sent the quack to prison for two months. The argument of the judge was noteworthy. He said: It is a crime to counteract the

advice of a learned, duly qualified doctor, who takes the responsibility of advising an operation, especially if the person who dissuades the patient is absolutely incompetent, owing to lack of proper studies, to understand the needs of a diseased body or organ. The quack was sentenced, not for quackery, but for preventing the victim from following sound advice. A similar incident happened quite recently; a patient suffering from appendicitis was advised by a well-known hospital surgeon to undergo operation. Acting on the advice of a supposed fellow-sufferer, who did also a little in the quackery line, he resorted to plasters and ointments; peritonitis quickly developed and ended fatally. As the necropsy showed, perforation of a gangrenous appendix had occurred. In this instance the State took up the case, and the foolish adviser escaped with a fortnight's hard labour, but it is satisfactory to note that medical advice is regarded by the authorities as a thing to be respected and protected.

The weather during the months of June and July has been very warm in Central Europe, and especially July has been very trying to persons unaccustomed to temperatures so high as were then experienced. In Vienna the thermometer reached 98° F. at 2 p.m. in the shade on six consecutive days. The effect of this heat, coupled with a relatively dry air, was a quick fall in the number of cases of infectious diseases—2,381 from June 15th to July 15th, against 2,981 in the preceding four weeks. The mortality was the lowest on record for the same time, 2,632 deaths being recorded, or 88 a day, against 95 in May-June. The distribution of death between the two sexes was 51 per cent. male, 49 per cent. female. No case of small-pox, cholera, or puerperal fever was reported. But, on the other hand, cases of gastro-intestinal disturbances were frequent; the heat, of course, was partly responsible for this, and it was the direct cause of 14 fatal cases of heatstroke and 4 cases of sunstroke. Owing to the excessive temperature 67 cases of drowning occurred in Vienna and its vicinity, for many persons lost their lives in the lakes and rivers, where they sought relief from the heat. On the whole, however, the heat has been felt more as an inconvenience than as a danger to health.

## Correspondence.

### THE ADMINISTRATIVE CONTROL OF TUBERCULOSIS.

SIR,—Will you allow me to correct a misleading impression which I gather has been produced in the minds of some by the trend of the discussion on "The Administrative Control of Tuberculosis" at the recent meeting of the Association, reported in the BRITISH MEDICAL JOURNAL?

When the invitation of the committee of the Section reached me that I should open the discussion *re* the tuberculosis dispensary, I hesitated lest it might seem that in advocating the dispensary I was placing its claims in opposition to that of the sanatorium, the hospital for advanced cases, and other elements in the campaign against tuberculosis. Because of this it seemed desirable once more to throw into prominence—as I have always endeavoured to do—that, while the tuberculosis dispensary is of much direct value, its significance is greatly increased by close relationship with the other factors in a co-ordinated scheme. The tuberculosis dispensary constitutes, on the one hand, an information bureau, a receiving house for tuberculous patients, a "sorting house" of the different types of case, the centre of direction and treatment for the great mass of patients who do not require institutional treatment, a "clearing house" for patients of different kinds who need hospital treatment, and, finally, a storehouse of records regarding tuberculosis as it occurs within the community. On the other hand, the dispensary should be in closest relationship with—if, indeed, it be not the developmental centre of—the other agencies which are evolved naturally by the local needs—namely, the sanatorium (the hospital for early cases), the hospital for advanced cases, and the farm colony. In proportion as these institutions are linked together and form, with the dispensary, a co-ordinated scheme, in such proportion will the complex problem of tuberculosis be effectively solved.

The relationship between municipal and voluntary effort