

cases should be booked by doctors, and that the local supervising authority should not be called upon to pay fees to the doctors because, in the first instance, the case was booked by the midwife and doctors were then summoned under Rule E. 20. He wished to know if he would be justified in telling the midwife that she must not book these abnormal cases. The Board agreed that the medical officer of health had no power to instruct a midwife not to undertake work which, by law, she was entitled to undertake.

## India

### Health of the Armies in India

The second volume of the annual report of the Public Health Commissioner with the Government of India for 1932 deals with the health of the British and Indian armies in that country. Malaria still remains the chief scourge, 14.5 of all admissions to hospital in the year under review being due to it. Yet there has been a gradual decline in the last decade from an admission rate of 206.8 per mille in 1924 to 84.1 in 1932, when, however, the climatic conditions were generally unfavourable to the spread of malaria. An adverse factor was introduced by the suspension of antimalarial engineering work by the prevailing financial stringency. Partly by a process of exclusion, and partly from slowly accumulating clinical and statistical evidence, the tentative opinion is now expressed that the more extensive and intelligent use of plasmoquine is mainly responsible for the fact that 1932 was a record year. The full results of the first year's systematized administration of the drug are not yet available. In addition to the improvement as regards malaria there were fewer admissions to hospital in 1932 in respect of all the other causes. The combined ratio of constantly sick in hospital and under treatment as out-patients was 47.02 per 1,000 of the strength, compared with 50.71 in the previous year. The actual loss to the army in India in working days was 972,579, as compared with 1,033,607 in 1931. The mortality and invaliding rates were similarly lower. Sandfly fever continues to be a source of anxiety, despite the destruction of breeding places. Certain observations suggest that the infection is not acquired in the barrack rooms so much as during night duty in the trenches guarding the perimeter. Active investigation is being pursued into the habits and bionomics of the sandfly. The admission rate of dengue is diminishing. The diagnosis of sporadic cases of typhus is becoming much more common, probably owing to a more universal recognition of the symptoms of the disease than to an increased incidence, since in the past there is little doubt that many cases were classified as pyrexia of unknown origin. While the general picture corresponded to tick typhus, as described by Megaw and others, it has been impossible in most cases to obtain a definite history of tick bite. There was often a relationship between the onset of the disease and recent residence in forest bungalows and camps, which is in keeping with the hypothesis that typhus is a disease of the wilds, normally occurring in some lower animal which constitutes the reservoir of infection, and conveyed to man by some parasitic arthropod which occasionally selects him as a host. Although there has been a steady decline of the enteric fevers in both the British and the Indian armies, the case mortality has shown little variation in the last few years. Blood culture remains the most satisfactory method of diagnosis. Statistical tables indicate the value of prophylactic inoculation in reducing the incidence of these infections, though it does not influence the case mortality. It is admitted

that these findings are at variance with the generally accepted views. The dysentery and diarrhoea figures remain undiminished. It is believed that the policy of multiplying examinations for carriers had led rather to the concealment of active cases, and it is now proposed to abandon it in favour of a system of encouraging the active bacillary case to report sick and to be suspended from duty until non-infective. Intractable chronic or relapsing cases will be discharged. Examination of possible amoebic carriers has similarly failed. At no time has the incidence in units suggested carrier infection; on the contrary, it has been roughly proportionate to the numbers at risk. Moreover, the number of detected carriers is in excess of the number of cases of amoebic dysentery, and it is concluded, therefore, that the cyst-passer is only one of the factors in infection. Routine investigations for carriers are being abandoned as of inadequate value.

### Extension of Madras General Hospital

Sir George Stanley, Governor of Madras, opened, on March 26th, the new institute of radiology, the new surgical block, and the new pathological block of the Madras Medical College; the new out-patient department of the General Hospital has been in use for nearly two years, and is part of the same scheme for hospital extension in Madras which originated when Lord Goschen was Governor. The General Hospital was founded in 1664; it was rebuilt in 1692 and again in 1711. A new site was found in 1753, and extensions followed in 1859, 1874, 1884, 1894, and 1897. Remodelling has steadily continued from 1928 until the present comprehensive scheme, of which part still awaits completion. The Madras Medical College was established in 1835, and its clinical instruction from the first has been carried on in the General Hospital. The first x-ray outfit was installed about 1900, and twenty years later the Government organized a radiological service, temporary buildings in the hospital being at first utilized for this purpose. These soon became inadequate; in 1933 they had to cope with 75,780 sessions. The newly completed institute will be one of the largest and most up-to-date in the world. Instruction in radiology is to be one of its most important functions, and it is contemplated that the University of Madras will grant a diploma in this subject in the near future. It is hoped that much of the administrative expense will be met by contributions from paying patients. The building consists of two blocks, and includes diagnostic and treatment departments, a large remedial exercise and massage hall, a bed-sitting room for barium meal patients, and departments for clinical photography and electrocardiology. A feature is the incorporation of barium sulphate in the actual building bricks used in all the x-ray and radium departments; it is calculated that this affords protection equivalent to at least 8 mm. of sheet lead, while being much cheaper. The radium safe and the alcove in which it stands will be given a protection equivalent to twelve inches of lead. All the rooms in which the work will take place have been air-conditioned, so as to ensure that the temperature shall be 10° lower than that outside and the humidity be maintained at 60 per cent., no matter what the outside weather conditions may be. The entire conditioning plant works automatically. Besides serving the needs of the General Hospital, the institute will be available for the other smaller hospitals in Madras, and for patients coming from any part of the Presidency. The surgical block gives accommodation for an additional 124 beds and four sets of operating theatres. Provision for the nursing staff is made on the top floor, and it will now be possible to train thirty more nurses. The pathological block contains laboratories and rooms for pathology, bacteriology, and biochemistry, and also a large examination hall and library. It is three

stories high, and is connected with the east wing of the old hospital by a new wing, in which are situated the offices of the superintendent and laboratories for the professors. It is estimated that the cost of the whole hospital extension scheme will ultimately exceed fifty-two lakhs of rupees.

## Scotland

### Problems of Mental Disorder

In the report of the Glasgow Royal Mental Hospital for 1933 reference is made to the renovations and conversions of old buildings which have been effected. An admission centre for new female patients has come into being, the new ward consisting of eight bedrooms and a four-bed dormitory, with sitting room and dining room accommodation. The laboratory of the Neuro-Psychiatric Institute, which is situated in the grounds of the hospital, was opened a year ago, and is both well equipped and modern. An exceptionally large number of new patients were admitted during 1933, most of whom were acutely ill; nearly 60 per cent. were voluntary patients. The physician-superintendent, Dr. A. MacNiven, remarks that this fact is a forcible reminder of the high prevalence of mental illness in the community, and is an indication of the great need for active, preventive, and therapeutic measures. He sees little immediate hope of reducing this incidence, owing to the complexity of the causative factors. So far no one has had the temerity to outline a system of education and training which would have effective prophylactic value, even though great advances in knowledge have been made by psychological experts. It seems unlikely, therefore, that changes brought about by continued social progress, and resulting in an increase of material comfort and a general mitigation of the rigors of life, will result in a corresponding improvement in the standard of mental health of the community, for the reaction of the individual person to a good as well as an evil environment still remains incalculable. Dr. MacNiven adds that it is still necessary to point out that a mental hospital is something more than a prison, so deep-rooted in the community outlook is the fear of and antipathy to mental illness. Financial assistance for mental hospitals is scanty, and there is great need in Glasgow of a psychiatric clinic, similar in character to those in America and Germany. Such a clinic would enable the number of patients in the care of the physician to be diminished, would free the staff from administrative responsibility, and would promote research, which would have great economical benefits as well as improve the prospects of successful therapy. Dr. MacNiven thinks that erroneous ideas about the role of heredity in the production of mental disease are responsible, to a large extent, for the stigma which still clings to this disease. He fears that the prominence given to heredity in the report of the Departmental Committee on Sterilization may increase public anxiety unjustifiably. While mental defect in itself is a permanent bar to social independence, is in some cases inherited, and may therefore be suitably dealt with by sterilization, this is far from being the case in many forms of mental disease, and a distinction should be made. In regard to the latter, knowledge of the relative importance of heredity and environment is still so imperfect that there are very few cases in which a psychiatrist would feel justified in recommending sterilization. The growing interest of the general practitioner in the psychological aspect of his patients is indicated by the increased number of patients referred, in the year under review, to the Western Infirmary Psychiatric Out-patient Clinic. The total was 689, and the figures have

steadily risen since the inception of the clinic in 1910. In view of the importance of early treatment this rise is encouraging, but Dr. MacNiven recognizes that the psychiatrist is too often regarded as the last and not the first resort in cases of psychoneurosis and the minor neuroses. He comments also on the value of this clinic in the training of medical students.

### Training of Nurses

The Departmental Committee recently appointed by the Secretary of State for Scotland to inquire into the training and registration of nurses has now held its first meeting. The meeting, which was of a preliminary nature, had under consideration the terms of reference:

"To inquire into the training and system of registration of nurses in Scotland, and to recommend what amendments, if any, should be made in the Nurses Registration (Scotland) Act, 1919, or the rules made thereunder, and what other steps, if any, should be taken to improve the existing system of training and registration."

In view of the wide terms of the reference it will be necessary for the committee to review the whole problem of nursing training and registration. Its aim will be to evolve, if possible, a more logical system than the present one, which, although an improvement on the position before the passing of the Nurses Registration Act in 1919, still achieves little in the way of mobility and interchangeability for nurses who desire to attain proficiency in all branches of their profession. The committee will not meet again until after the holiday period—probably some time in October—but in the meantime it is open to receive memorandums on the subject of the inquiry from persons and bodies interested. All communications should be addressed to the secretary of the committee, Mr. W. T. Mercer, Department of Health for Scotland, 121A, Princes Street, Edinburgh.

### Gogarburn Institution for Mental Defect

At the opening of two new wards at Gogarburn Certified Institution, Edinburgh, on July 7th, the chairman, Councillor Mrs. Morison Millar, pointed out that the estate of Gogarburn had been purchased in 1923 by the District Board of Control to provide accommodation for at least 500 patients suffering from mental defect. There were already 330 patients, and the new blocks would accommodate 110 more. Bailie Raithby, the senior magistrate, said that Gogarburn Institution was an important part of the health services of the town council of Edinburgh. Occupation was provided for female patients in laundry work, kitchen work, sewing, and house work, and for males in gardening, stoking, and transportation of food and stores. There was also a school conducted by three teachers for the mentally defective children, and troops of scouts and guides had been formed among the patients.

The National Baby Week Council (117, Piccadilly, W.1) has issued two new publications in connexion with its propaganda on nutrition. A four-page pamphlet entitled *The Diet of the Expectant Mother*, by Stuart J. Cowell, M.R.C.P., professor of dietetics, University of London, is specially planned for midwives, and the majority of local supervising authorities distributed copies to midwives during National Baby Week this year. *Thoughts on Food and Feeding* is a propaganda leaflet intended to help mothers and housewives to become interested in the whole problem by securing the best nutrition at the lowest expenditure. Local supervising authorities are proving very ready to support the teaching to midwives embodied in the pamphlet by the distribution of it to mothers and housewives in their area.