

last few years indicated the great prevalence of rabies in India. The directors very rightly lay stress on the importance of eradicating the disease. In a few years India will have four or five institutes capable of treating between 8,000 and 10,000 persons. But these institutions will not affect the source of the disease. Rabies has been stamped out in England. It could be stamped out in India sooner or later, despite the vast areas to be dealt with, if public opinion would permit the enforcement of the same measures.

#### BOMBAY MUNICIPAL NURSES.

The work of the municipal nurses in Bombay, who number ten in all—one for each district—includes the duty of reporting to the doctor in charge all infectious diseases that come to their knowledge; every mother is visited shortly after her confinement by the nurse, who gives a few simple practical hints as to the management and care of both mother and child. Lastly and principally, she attends the confinements of poor women who, on account of home ties, such as a sick husband or very young children, are unable to go to hospital. The municipal nurse is a godsend to these poor mothers, as she steps in the place of the experienced *dhai*, the "Mother Gamp" of India, whose dreadful and criminal practices are one of the main factors of infantile mortality in the East. It is to be hoped that some day the administrators of law in India will be in a position to deal with the *dhais* as severely as they deserve; at present, unfortunately, nothing can be done to stop these women from practising.

#### THE NAGA EXPEDITION.

Several interesting though gruesome trophies of the Naga expedition have been brought to Calcutta by Major Wilson, who was in command of the expedition. One is a skull basket which, until it was captured, was proudly possessed by a head-hunter. Round the basket is hung a festoon of five monkey skulls, representing the number of human heads accounted for by the owner of the basket. Next in gruesome importance to this is a battle-axe with a streamer of red and black dyed hair attached to the handle, and a wooden sheath for the blade. On the blade are carved five images of human beings who had been killed by the owner of the axe. There is also another battle-axe similar in design but without the sheath, and a bow made of bamboo with poisoned arrows.

#### SOUTH TRAVANCORE MEDICAL MISSION.

Dr. O. H. Bulloch's report for 1912 gives evidence of increasing success of this excellent organization. It consists of a central hospital at Neyoor and fourteen branch dispensaries scattered over the State. Associated with the hospital is a school in which men are trained for work in the branches. There is also at Neyoor a leper asylum and an orphanage. During the year 110,672 patients were treated and 339 major operations were performed, with a death-rate of under 2 per cent. Among them were 25 laparotomies, 16 obstetric operations for dystochia, no fewer than 78 for cancer of the cheek, lip, jaw, or tongue, induced by the practice of betel chewing. A pamphlet has been prepared and distributed pointing out the danger of this habit. Attention is drawn to Major Parsons's method of injecting quinine into the broad ligaments for prolapse of the uterus; 14 cases were so treated, with a fair amount of success. The mission is supported by grants from the London Missionary Society, and the Travancore Government gave subscriptions. It is doing good work and is well worthy of support.

#### SANITATION IN INDIA.

More than a year ago the Government decided to create eight additional appointments of Deputy Sanitary Commissioners in connexion with the then scheme for the improvement of the sanitary services in India, and now four more have been added to the list, thus raising the total to twenty-six. The allotment is to be as follows: Three to Bengal; two each to Madras, the United Provinces, and Bihar and Orissa; and one each to the Punjab, the North-West Frontier Province, and Burma. Nine of the twelve appointments are open to officers not belonging to the Indian Medical Service, and six Indians have been already appointed. In addition thirty-nine first class and one hundred and four second class health officers are to be appointed to the municipalities.

## Australia.

[FROM OUR SPECIAL CORRESPONDENT.]

#### COMPULSORY NOTIFICATION OF VENEREAL DISEASE.

THE Government of Queensland has issued a proclamation pursuant to the provisions of the Health Act, declaring that in Brisbane and its immediate neighbourhood venereal diseases shall be compulsorily notifiable under the Act. The regulations, which came into force on April 1st, provide that if the commissioner or any medical practitioner suspects that a person is affected with venereal disease, the commissioner may in writing require such person to submit herself or himself for examination by clinical and bacteriological methods. Any breach of the regulations is punishable by penalty not exceeding £20. A special dispensary for the gratuitous treatment of venereal diseases has been established in connexion with the General Hospital, Brisbane.

#### HEALTH OF QUEENSLAND IN 1912.

The annual report of the Commissioner of Public Health for the year ending June 30th, 1912, states that the estimated mean population of Queensland at the end of 1911 was 614,352. Exclusive of full-blooded aboriginals, the census population was 605,813. The total number of aboriginals is estimated at between 15,000 and 20,000. The crude birth-rate was 27.66, which is higher than that for any year since 1902. The crude death-rate was 10.65, showing a slight rise for the previous seven years. The infant mortality-rate was 65.44 per 1,000 born; this is a slight increase on that of the previous year, but, with this exception, it is the lowest for any year in the decade.

The number of notifications of diphtheria was 1,496, and of typhoid fever 1,501. The death-rate from tuberculosis was, for both sexes, less than three-fourths of that for the Commonwealth for that year, as the Commonwealth rate is one of the lowest in the world.

From time to time it is alleged that Australian death-rates are heavily increased by deaths of persons sent out for their health from Europe. That this is not the case was apparent from the fact that in 1910, out of 3,617 deaths from tuberculous disease in Australia, 2,639 were persons born in the Commonwealth, and only 1,000 had been resident for less than four years. The conclusion is that the great bulk of the phthisis death-rate is the result of local infection.

During the year 6,200 rats and mice were destroyed, and 27,300 carcasses were submitted for examination at the departmental laboratory; no case of plague was reported in either human beings or rats. This is ascribed to unremitting persistence in the work of destroying and examining rats in the different coastal centres.

Of the cases of leprosy admitted, 1 was nodular leprosy, and the remaining 3 tuberculo-anaesthetic; the total number of cases known was 73.

During April and May a tour was made in the Torres Straits Islands for the purpose of investigating local conditions relating to tropical and exotic diseases, and endeavouring to secure vaccination of the natives. Twelve islands, with an estimated population of 1,802, were visited; 1,279 persons were vaccinated, comprising over 70 per cent. of the total estimated native population of these Torres Straits islands which lie within the jurisdiction of Queensland. The sanitary condition of the inhabited islands was investigated, the native councils were addressed, approved methods of remedying sanitary defects were pointed out, and the principal features of local sanitation were discussed with the Government teachers stationed on the principal islands. Some 13 cases of a disease believed to be "gangosa" were found. The disease has been reported by observers in many widely separated parts of the world, including Guan, the Philippine Islands, New Guinea, and Fiji. Some observers maintain that it is an aberrant form of syphilis, whilst others regard it as a separate disease of the same group as syphilis and yaws. It has been mistaken for leprosy, but it is clinically quite distinct. The disease was clearly referred to by Dr. Wilson, R.N., in an account of a visit paid by him to Murray Island in 1822.

Figures brought forward by Dr. Maclean show that 130 (10.8 per cent.) out of 1,200 persons admitted to the Brisbane General Hospital for all causes from July, 1908, to May, 1910, had a filarial organism in the blood, and that a large number of surgical operations were required for conditions of lymph stasis caused by the parent worm. It is considered to be feasible, by the expenditure of a moderate amount of money, to reduce very materially the present nuisance and risk in the large centres, and the provisions of the Health Act enable the matter to be taken up actively and furnish the requisite statutory authority which is essential for effective effort. A great deal of work was accomplished by the sanitary staff of the Public Health Department in examining the breeding places of mosquitos and drinking pools infested with the larvae.

#### HOSPITAL MAINTENANCE.

On May 3rd Hospital Saturday was observed in Sydney and suburbs, and something over £8,000 was collected. During the nineteen years the Hospital Saturday Fund has been in existence it has been the means of distributing no less a sum than £92,500 among the various participating hospitals and medical charities, all voluntary contributions from the public. The £8,000 collected last Saturday brings the total to over £100,000. To finance the large hospitals of the city is a matter of considerable difficulty. To maintain the three leading hospitals—namely, the Royal Prince Alfred, the Sydney, and the Coast—during last year required £107,400. Of that amount the Government gave £84,650. Prince Alfred Hospital had an income for maintenance of £40,700; of that amount the Government contributed £27,950. The expenditure of Sydney Hospital in maintenance was about £38,000; to that amount the Government gave £28,000. The Coast Hospital was entirely maintained by the Government at a cost of £28,700. In the case of Prince Alfred and Sydney Hospitals, the balance was made up from contributions from the patients, by public subscriptions (to the extent of 12 per cent. of the total income), and the balance from interest on invested funds and other ways. Year by year hospital work in Sydney is growing at a rapid rate. Royal Prince Alfred, the largest of the metropolitan hospitals, had over 1,000 additional patients last year, and the extra demand on the whole of the other hospitals was equal in proportion to their size. The medical and nursing staffs had to be largely increased at each centre. Every bed in each institution was fully occupied throughout the whole year. New wards have been opened, and additional beds provided, at many hospitals to meet the increase in population which has taken place during the last few years. The strain is likely to continue, and it means increased expenditure, which can only be met by a corresponding increase in income.

#### VITAL STATISTICS OF SYDNEY.

The State Government Statistician reports that for the month of April the birth-rate was 29.91 per 1,000 of the population. This is the highest for the month of April since 1895, and 17 per cent. above the average for the previous five years. The illegitimate birth-rate is much below the average of the previous five years. Of the births 271, or 16 per cent. of the total, occurred in hospitals and other public institutions. Of the total deaths 354 were of males and 283 were of females. The mortality-rate was not satisfactory, being considerably above the average of the previous five years for April. The deaths were above the average in all the age-groups. The infantile mortality was 77 per 1,000 births, 8 per cent. below the average of the previous five years. Among the very old persons who died one was aged 92 years. During the month dysentery and enteritis contributed 65 deaths; cancer caused 57; diseases of the heart and wasting diseases of infants, 55 each; pulmonary diseases, 43; phthisis, 39; Bright's disease, 35; accident, 32; epidemic diseases, 31; haemorrhage of the brain, etc., 27; and senility, 20. Included in the deaths from pulmonary diseases were 29 from pneumonia and 13 from bronchitis. Of the epidemic diseases, typhoid fever and whooping-cough caused 9 deaths each, diphtheria 8, measles 2, and influenza 1. The returns of the Board of Health show that 69 cases of typhoid fever, 163 of diphtheria, and 40 of scarlet fever were notified during the month.

#### THE PROTECTION OF CHILDREN.

The annual report of the State Children Relief Board for the year ended April, 1912, which has just been published, gives a good account of the valuable work done in New South Wales for the protection of children. This Board administers three Acts of Parliament: (a) The State Children Relief Act; (b) The Infant Protection Act; (c) The Neglected Children and Juvenile Offenders Act.

The State Children Relief Act provides for the boarding out of dependent children with approved guardians or with their own mothers, when the latter are deserving widows or deserted wives with children under 12 or 13 years of age, and are not in a position to provide for them independently. The proportion of children boarded out to the population is 5.3 per 1,000; the proportion of children boarded out apart from their parents is 2.7 per 1,000; the proportion of children boarded out with their own mothers is 2.43 per 1,000. The inspection of these children is carried out by a staff of thirty-three departmental inspectors, to each of whom is assigned a defined area of inspection in the metropolitan and suburban districts. There are also three lady inspectors specially charged with the supervision of the conditions of infant life, and who visit and inspect infants placed out apart from their mothers in the city and suburban areas. The Board permits not more than three children to be placed with any one guardian, except in the case of families of children, brothers and sisters, under ordinary circumstances, being placed in the same home. An effort is made to obtain individual attention for each child, the adult assistance available in a home being one of the considerations which influence the Board's officers in determining where children shall be placed.

Some thirty years ago the cottage home system for the treatment of afflicted State children was introduced into New South Wales. Some sixteen to twenty invalid or crippled children are placed in each home under the care of a "mother-in-charge." Children who are physically able to do work are given suitable occupation. Girls are engaged in tailoring, laundry work, cooking, and general household duties. Boys are given farming, gardening, or other work. The age of the children varies from 12 to 18 years. The physical and mental infirmities with which they are afflicted render them regular inmates of the home perhaps for years. Cripples, cases of partial paralysis, chronic ophthalmia, uncontrollable temper as the result of their afflictions, are met with in these homes. As such are for the most part incurable, all that can be done by kindly and judicious discipline is done for them, and when the time comes for them to leave the homes there are only a few of them who cannot make some attempt to provide independently for themselves. There are in all thirteen cottage homes, eight of which are used for invalid or crippled children, while five form the farm home for boys. These are all in the country, and in addition to chronic cases of ill-health, children temporarily indisposed, and needing change of air are treated. This treatment has proved very beneficial, particularly in the case of children who have come under the control of the Board from the slum districts of the metropolis. The improvement in the physical condition of such children is remarkable in a very short time. In two of these homes provision is made for such of the Board's wards as are mentally deficient, yet not sufficiently so to warrant their commitment to a hospital for the insane. The cottage home for feeble-minded children at Parramatta was opened in 1908 with 10 children. The cottage is in the charge of an experienced matron, and a specially trained teacher, certificated in Kindergarten principles, has been appointed to instruct the children according to their capacities. The children show themselves remarkably susceptible to music and singing. The results so far have been satisfactory. Since the home was opened 50 children have been admitted for treatment and 35 discharged.

In addition to these cottage homes in the country, there are babies' homes in the city and country which treat specially sick and ailing children who, at the time of admission, are actually or apparently in a dying condition as the result of neglect, wilful exposure, improper feeding, or other causes. The home in the city was opened by the Board to meet the pressing needs of a class of children who, by reason of the nature of their illness—usually



some form of infectious disease—and in the absence of proper accommodation, could not be dealt with in the general hospitals. Taking into account the nature of the cases admitted to the home, the mortality-rate must necessarily be high; many of the cases are syphilitic, and many of them have suffered from gastro-enteritis prior to admission, none coming up to the standard of weight for age. The visiting medical officer in his report says:

During the last three years there has been a marked change throughout New South Wales as regards the infant life that passes through this home, in so far that there has been a notable decrease in cases of gastro-enteritis and its after-effects, and also in cases of syphilis and tuberculosis, but there have been more cases of meningitis during the past three years than in the first two years. During the past two years there have been only 3 cases admitted to the home of what I designate criminal neglect, and there were none during the year just expired. The following causes appear to have produced this result:

1. The compulsion of all mothers who have been confined in maternity homes or hospitals to take their babies for fortnightly medical examination.
2. That it has been more prevalent to send the mothers with their babies into these infant homes in order that they may give proper maternal attention for the first few months after birth and under proper supervision.
3. That there is also a greater tendency to place those mothers that are delicate in such home for two or three months prior to their accouchement, for medical treatment, proper nourishment, and proficient nursing.
4. The visiting of all known cases of maternity residing in the poorest districts by lady inspectors, who impart to such mothers the proper instructions as to feeding, clothing, etc. Most of the mothers with babies admitted during the year were healthy and had a superabundance of milk, and they willingly consented to suckle any delicate babies that were admitted without mothers, a point that has helped to materially reduce the mortality. During the past year there has been only one case of gastro-enteritis that appears to have originated in the home, and this is the first and only one that has so occurred during the past five years.

Every case admitted to this home is isolated on admission for three days, with the result that there has been no infection conveyed to resident babies, though there have been periods when there were thirty-five babies resident. The premises where this work is carried on are quite unsuitable, and the present urgent need is the establishment of proper and adequate hospital facilities for the treatment of young infants suffering from diseases of great infectivity. The hospitals which do exist are not able to provide the necessary accommodation for the further reduction in the mortality-rate. There has been a marked lowering in the mortality-rate since the year 1886, and there seems little doubt that this is to be attributed to the gradual departure from the practice of herding large numbers of young infants in foundling hospitals and similar institutions. The experience of the State Children Relief Board has always been that, given average good conditions, children of any age thrive better in private home environment under the individual management of foster mothers.

Other homes have been established for the accommodation and training of sexually depraved and mentally and physically unsound wards, who would otherwise be a menace to the welfare of ordinary children. These homes are for boys only, and the cases sent there represent the small proportion of children, largely degenerate, who are found in every community and not amenable to ordinary routine conditions. The ages of the lads vary from 11 to 17 years, and since its inception 177 boys have passed through it with satisfactory results.

Allowances are being paid to 1,674 widows and deserted wives in their own homes towards the support of 4,453 children under 12 years of age. In a few cases the payment is being made after the children have attained the age of 12 years, in accordance with a suggestion that the money should not be withdrawn in necessary instances until the children were 13 or 14 years old.

It has been always recognized by the Board that the extension of this form of relief is usually accompanied by a certain amount of attempted imposition in various forms on the part of a proportion of the applicants. That proportion is fortunately small, and the imposition is especially guarded against.

The Infant Protection Act, which became law in 1904, provides for the supervision of the maintenance, education, and care of children up to 7 years of age who have been placed in private homes or religious establishments apart from their parents. This measure also provides for the inspection, supervision, and control of places established and used for the reception and care of two or more

children of the age indicated. The number of children who may be kept in any one home or institution is limited by the terms of each licence. Sanitary conditions for and appropriate treatment of the children are, of course, salient factors in determining the conditions under which the licence is to issue. The homes are classified under two headings: (1) Those for the accommodation of a maximum of five children, and (2) those above that number. The former are usually the dwellings of private householders, while the latter deal with institutions maintained by public subscription. Over the private dwellings there is, in addition, the control prescribed under the Children's Protection Act in regard to children under the age of 3 years. The institutions and licensed homes are visited regularly by officers of the department. The general health of the children has been good. The causes of death were marasmus, measles, bronchopneumonia, gastro-enteritis, congenital syphilis, and asthenia. The number of deaths was 31, as compared with 34 during the preceding twelve months. The main cause of death was gastro-enteritis.

The report concludes with the following summary of suggestions now awaiting consideration:

The establishment of a training home for State girls; the establishment of a cottage home for epileptic State children; transfer of the Ophthalmic Cottage Home from Mittagong to a site nearer Sydney to allow of expert medical attendance on the children; facilities for industrial training of State children prior to apprenticeship in all cases—in this connexion age of apprenticeship to be raised to 14 years and scale of apprentices' wages to be revised; extension of hospital facilities to allow of the proper accommodation and treatment of infants suffering from gastro-enteritis and diseases of similar infectivity; introduction of adequate legal supervision over defaulting parents and near relatives; amendment of the Acts administered by this department on the lines indicated in previous reports and documents; establishment of shelters in country centres.

## Special Correspondence.

### VIENNA.

*Medical Inspection of Schools.—Radium for Hospitals.  
—Increase in the Number of Foreign Post-graduates at  
the University of Vienna.*

THE medical inspection of school children has hitherto received little attention in Austria, but the question has recently been brought before the public by a number of eminent men, and several isolated attempts have been made to form a regular medical service for school inspection. A short time ago, moreover, the Vienna Medical Council (*Aerztekammer*) organized a conference at which a large number of schoolmasters, teachers, general practitioners, and specialists met to discuss the matter in all its bearings. There was a complete unanimity of opinion as regards the necessity for the medical inspection of schools: but the majority of those present considered that the proposed service should be organized and controlled by the school board, without, however, interfering in any way with the doctors, to whom, of course, the actual treatment of disease would be entrusted. It was also suggested that the children of poor parents should either be sent to a dispensary or an out-patient department, or that special school clinics should be founded for their benefit. It was agreed that the medical inspection of schools should be purely prophylactic, and that the work should not be left in the hands of matrons and nurses, since it could be dealt with in a satisfactory manner only by a duly qualified practitioner. Much stress was laid by the specialists present at the conference on the importance of examining school children for defects of the eyes, ear, nose, throat and speech, teeth and feet. Many of those present were of opinion that only district officers of health should be eligible for the post of medical inspector of schools, but this suggestion met with great opposition. As regards the monetary side of the question, it was decided that only a moderate salary should be offered during the first few years, in order that the success of the scheme might not be jeopardized by the necessity for large funds. A memorandum embodying the resolutions passed by those present at the meeting is shortly to be forwarded to the Ministry and the school