

PUBLIC HEALTH

YUGOSLAV FAITH IN BRITISH.

A Scottish woman doctor's heroic efforts to save the children of Yugoslavia from the ravages of tuberculosis are, says a special correspondent of the Save the Children Fund, brought to light by the announcement that Queen Marie of Yugoslavia will open the new Anglo-Yugoslav Children's Hospital at Kamenica next month.

For fifteen years Dr. Katherine Macphail has worked quietly, often in face of great financial difficulties, founding, maintaining, and superintending the Anglo-Yugoslav Children's Hospital in Belgrade, where 170,000 patients have been treated. For most of that time, the hospital, which has received support from friends in Great Britain through the Save the Children Fund from its earliest years, was the only children's hospital in the country, which is more than twice the area of England and Wales.

"Yugoslav mothers have implicit faith in the skill of British doctors and nurses," Dr. Macphail said recently. "That is why, although Yugoslavia is not lacking in clinics and child welfare centres, mothers often tramp for days from all parts of the country, to seek the advice of the 'English' hospital. Moreover, as Dr. Leonard Findlay, formerly Professor of Pædiatrics at Glasgow University, has pointed out, the hospital serves as a training school for Yugoslav girls in the best British traditions of nursing and child care."

"I feel, too," added Dr. Macphail, "that our work is a valuable link in maintaining friendly relations between Britain and Yugoslavia."

The new Hospital will specialise in the treatment of tuberculosis, which is the scourge of Yugoslavia and a grave menace to the children. Tuberculosis accounts for the death of 50,000 persons annually, says Dr. Macphail, and at any given time there are estimated to be more than half a million of people suffering from the disease out of a total population of rather more than 13 million. Dr. Macphail feels that her efforts to save the children will meet a crying need.

Queen Marie, who is to open the new Hospital, is a great-granddaughter of Queen Victoria and second cousin of the King.

NATIVE BACKWARDNESS IN MENTAL AND PHYSICAL DEVELOPMENT.

Sir Ernest Graham Little, in a letter to *The Times* stresses the importance, urged by the medical profession and the medical Press in British Africa, of a scientific investigation of the causes of native backwardness in mental and physical development, a subject which has been under observation more particularly in Kenya Colony. He writes in part:—

The combined meeting of the East African branches of the British Medical Association held at Dar-es-Salaam in January last unanimously passed a resolution calling upon their respective Governments to take up this investigation without delay. The problem is complicated by several factors, among the most important of which may be mentioned, (1) ignorance, (2) poverty and consequent malnutrition, and (3) abnormal prevalence of infective disease.

Dr. J. H. Sequeira (F.R.C.P.Lond.), in his admirable Chadwick lecture of April 28, 1932, drew attention to the astonishing multiplicity of diseases in the individual native, whose person in most instances presents the picture of a pathological museum. Thus in an investigation in one large district 94.8 per cent. of the children under 10 years of age showed symptoms of chronic malarial infection; 75 per cent. of the boys in a reformatory revealed infestation with hookworm; yaws is almost universal, and is a very disabling disease; syphilis is relatively unimportant;

human tuberculosis, because of the absence of bovine infection, is less common than in Europe; pneumonia, of pneumococcal origin, is an especially fatal disease in natives and is very widespread.

The budget for health purposes for the current year was £200,000 and the very able Director of Medical Services, the Hon. Dr. A. R. Paterson, who is a member both of the Legislative Council and of the Executive Council of Kenya Colony, and who compiles the health estimates informs me that the budgets for other services—e.g., agriculture—are so meagre that he would not increase his own application even if pressed to do so. It is obvious that Kenya Colony cannot incur the expenditure required for the inquiry, the cost of which is estimated by medical men on the spot at about £50,000.

The medical Press throughout British Africa strongly urges the necessity of this research. Medical opinion is again unanimous in asserting that the first desideratum is the education of the native in such matters as (1) the disposal and utilization of manure, (2) elementary instruction in the importance of cleanliness and ventilation, (3) the improvement of the dietary—and Dr. Paterson makes the significant remark in this connection that the minimum ration suggested by the combined Advisory Committees of the Ministry of Health and the British Medical Association, a dietary which admittedly allows only of a bare subsistence, would seem to the African native an impossibly rich allowance.

The investigation, besides promising immediate amelioration of the desperately sad outlook of the individual native, would unquestionably add to our knowledge of the psychology of the native races in general, a study for which practically no data yet exist. That position is a reproach to a great nation like ourselves, which assumes responsibility for so large a native population. Questions on this subject are on the Order Paper for the day that Parliament reassembles, and it is to be hoped that the money will be found and the inquiry instituted without delay.

The case for such an inquiry is undeniable, and we hope it will be arranged.

Points to be borne in mind are:—

(1) In relation to chronic malarial infection that it is not primarily a native question, but one of the extermination of the mosquito. European children living in East Africa, if unprotected from the bites of the mosquito, would, if they survived to the age of ten years, probably show as high a percentage of chronic malarial infection as the native children of the same age.

(2) Comparison of the cost of the minimum ration suggested by the combined Advisory Committees of the Ministry of Health and the British Medical Association, in this country, and that of the ration of the African native scarcely holds good. The staple diet of the East African native is rice, a nutritious food in its original condition, though if it is refined and polished it loses much of its nourishment, and the native is then liable to suffer from beri-beri. Other articles of his diet besides the shark, or small fish, which are added as a relish to his cooked rice—bananas, pineapples, oranges, coconuts, all of them nutritious—are to be had for the picking, or at infinitesimal cost. The situation is thus somewhat comparable to the bare subsistence afforded in London by the old age pension, while in the West of Ireland, for instance, the pensioner is comparatively rich, and a desirable asset to his family.

The annual report of the Medical Research Council contains an account of a new study of influenza, which has been made possible by the discovery that the disease can be transmitted to ferrets.

It had been impossible formerly to transmit influenza to any small animal.

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