

that went with abounding health were both essential to secure the survival of Australia in the period that appeared imminent and inevitable.

"Prophets of evil are ever unwelcome to the people," Dr. Cullis said. "I have suggested no outlet for optimism. Australia depends today for defence and her development upon peace and security for what she has no guarantee. Italy, Russia, Germany and Japan have encouraged a hyper-nationalism that can rapidly become mercenary in its practice."

Suitability For White Race
"There is nothing, physiologically speaking, to prevent the white race settling in Northern Australia, said Sir Basil Halliday, who presided at the South Cliento in the discussion. The birth rate there is better than in the metropolitan areas in the south and not much lower than the birth rate for Australia as a whole. It is the one tropical country in the world where there are no tropical diseases, and the only one with a non settlement of Northern Australia is economic."

Sir James Barrett went on to discuss the reasons why the white race which had been made to settle Northern Australia. No less than 1,170,000 had been spent there, he said, and it was not in vain. The climatic conditions had been the stumbling block. "The attempts to develop the Australian tropics to a haphazard manner," he said. They were determined and repeated efforts by a strong and resourceful people struggling against inimical human odds. Isolation, distance and lack of transport proved no deterrent to the agricultural settlement of Northern Australia. The determined efforts to expand agricultural settlement beyond the limits of the tropics in Australia may be expressed in meteorological terms. We need to reach the limits of the tropics in agriculture and dairying are not to be purely seasonal, except in a narrow strip on the east coast of Queensland. Not a single part of tropical Australia has this rainfall. The greater part of tropical Australia still receives an average of less than 40 inches of rain. There is no evidence that any race desires these arid tracts. Our national development is in the temperate coastal regions. To put it plainly, tropical Australia is a poor country, with a very rich patch."

Real Problem Lies In Health
Dr. Clifford Croft, of Brisbane, who followed, said that while the countries to the north teamed with people, Australia, with a population of 6,000,000, was facing a serious problem. There seemed little hope of attaining this object through natural increase. The present increase was coming from married couples, were most disinclined to have a family of more than two children. The State desired to solve the problem of increased population. The State paid for these extra four children natural increase was not likely to solve the problem of increased population. The State desired to solve the problem for the greatest care, or it introduced pressing problems of its own. The State desired to solve the problem of the problem lay. A large population would not necessarily save Australia from invasion.

"The full development of our mental, physical, and spiritual powers is our real safeguard," he said. "Our national development lies in the quality not the quantity of our people."

The description of our land as "Australia Unlimited" was described by the late Sir Frank Sargison, the most fallacious. Actually, he said, Australia was the poorest continent on earth. Despite its great size, it could never hope to produce as much as the smaller but much richer countries overseas. With good fortune it might perhaps be able to produce six per cent. of what America does.

Sir Raphael Cliento, in reply, deplored the tendency to emphasize the differences in Australasia. The rich coastal fringe of Queensland, which had been described as the only fertile tropical part of Australia, was in a section of the tropics in Australasia. The rich coastal fringe of Queensland, which had been described as the only fertile tropical part of Australia, was in a section of the tropics in Australasia. The rich coastal fringe of Queensland, which had been described as the only fertile tropical part of Australia, was in a section of the tropics in Australasia.

spiral (a severe type of anaemia), dysentery, ulcerating and gangrenous sores, and dengue. If care were not taken, other diseases would be introduced. The findings, however, showed that the danger had been built.

Dr. Low then proceeded to give an interesting list of tropical diseases, in the conquest of which great progress had been made. Speaking from his own experience, he said that when he began the study of malaria he found it had been arising from sleeping sickness and kalaazar invariably killed. Those who suffered from malaria were doomed to a miserable existence for the rest of their lives, with no hope of relief. The work by a number of research workers had resulted in the discovery of the parasite and the identification of it as the cause of the sleeping sickness. Kalaazar, a native word, meaning black, was a disease which was killing hundreds of victims, and frequently appearing in epidemic waves of great intensity. It was not until 1904 that a parasite causing the disease was found almost simultaneously in two cases, of course, being solved at the beginning of the century. Dr. Low said that the parasite was a protozoan, and was proved that yellow fever was spread by mosquitoes, and it was also learned that the disease was caused by a filterable virus. These discoveries led to the practical elimination from the new world.

Warning To Bathers
A warning to bathers was contained in the discussion in the orthopedic section of fractures of the spine, which was presented by S. T. Irwin, of the Royal Victoria Hospital, Belfast. Because of advances in surgical technique, the number of fractures of the back and broken necks were neither so disabling nor so deadly as they were formerly, he said, but the gravity of the lesions was increasing because of the position of the fracture. Fracture of the second or third vertebra in the neck was more serious than that of the bottom of the spine. Fracture of the second or third vertebra in the neck was usually dead on arrival at the hospital. A typical case quoted was that of a man diving in shallow water and striking the bottom with the head.

The statistics of fractures of the back and neck was emphasized also by Dr. J. B. Colquhoun, who said that fractures from diving into shallow water were more numerous than in any other place, because swimming was so popular, and the swimmer's head was usually striking the bottom in a dive was a fracture of the neck, often accompanied by paralysis, which if it did not occur was probably fatal and incurable. The present tendency in treating crushed fractures caused by falls from the roof or the buttocks, was to reduce the fracture, and to encase the region of the fracture for some distance above and below in plaster. The patient was then sent back to his normal occupation in this way long periods in hospital were avoided, and the patient did not tend to become chronically disabled.

Treatment Of Goitre
No sectional meeting in the series was so attracted such general interest as the one on the treatment of goitre, which occupied the attention of the combined medical and surgical sections today. Lord Horder presided on the medical aspect, and Sir Thomas Dumbell on the surgical aspect of disorders of the thyroid gland. The discussion was technical.

The facts were established that in most cases of goitre the most satisfactory procedure was the removal of all but very small amounts of the thyroid gland. Care had to be exercised in selecting cases for operation, as the operation was not to be undertaken unless the indications to operation. The technical facilities of operation were considered, but the greatest difficulty was in avoiding the thyroiditis which followed. The difficulty was not inherent in the operation, but in the selection of the thyroid gland frequently, which should have been operated upon, but was not. Many notable authorities were present, and elsewhere contributed to the discussion.

Value Of Orange Juice
"I do not want to say anything to diminish orange growing in your country, but I believe that it would make my fortune easily if I possessed an orange grove," Dr. Robert Croft, who presided at the medical clinical address at the University of Queensland, said.

"Dyspepsia of Childhood."
Dr. Hutchinson, who is president of the medical section of the University of Queensland, was referring to what he termed the excessive consumption of orange juice. "It appears to be habit," he said, "to pour orange juice into children at 10 hours of the day and night. Many children in London start out with marmalades in London start out with

draught of chilly orange juice because they are not used to some incomprehensible reason, think it makes for health. I have never been able to discover what the logic is in the practice of becoming a more prevalent habit."

Dr. Hutchinson said to children taking orange juice in moderation, but he believed that it was being overdone. He recommended a minimum of grapefruit, grape, or grape fruit, for example, did not appear to have the same effect, while rhubarb was going to be a more beneficial.

Dealing specifically with dyspepsia of childhood, Dr. Hutchinson said that, while he could not disregard the hereditary factor associated with inefficient organs, they found the trouble more frequently in its alliance with "I am perfectly convinced," he said, "that the modern child tends to live too strenuous a life, too much is packed into its day's existence, whether in the form of lessons or in its play and amusement, and it does not have sufficient leisure for its proper growth and development."

Early Treatment Of Cancer
Only about one-quarter of the cases of cancer of the stomach can be offered any hope of cure, he said. The accuracy was given by Mr. K. B. Cross also, in a paper read to the Royal Society. Delay in treatment could result in a cure, but the prognosis was hopeless. Investigations by a competent radiologist were expensive, but it was a life too much to stake co-operation.

Close co-operation between the physician and radiologist was as necessary as public education, he said, because the hope of cure lay in early, accurate diagnosis. The size of the cancerous growths were so far advanced when first examined by means of X-rays that they could not be measured. The majority of radiologists, about 50 per cent. of the patients were quite inoperable, and the other half a great many were too late for the best results of surgical cure. The whole problem lay in getting cancer patients in the very early stages of the disease, when there was a chance of satisfactory treatment, but when it had grown to 20, 50, or 100 times the size of the cancerous growth.

Sedative Before Anaesthetic
The thought of the operating theatre is alarming to the average person, and especially to the child. A paper read by a Melbourne anaesthetist today at the meeting of the section of pharmacology, therapeutics and surgery, discussed the use of narcotics before anaesthesia, and emphasized, among other points, that nervous and highly strung patients, should be sedated before the anaesthetic, and that sometimes it might even be desirable to have them taken to the operating theatre. The use of sedatives reduced the amount of general anaesthetic necessary and made its administration easier. Sedatives should receive individual consideration regarding the choice and quantity of drug. The adequate use of sedatives, he said, would not only reduce post anaesthetic vomiting.

The subsequent discussion was led by Sir William Willcox, president of the section.

"Pink Disease" Of Children
"Some of the mysteries of the obscure 'pink disease' of children, so called because of the pink color of the hands and feet is one of the symptoms, are likely to be solved as a result of discussion in the section devoted to disorders of children. The first address was given by Dr. Jeffrey Wood, who said that the disease had been known for many years, but it was not until it had not attracted attention until it was rediscovered by Dr. Swift, of Adelaide, in 1914. The disease occurred in children from 12 months to 18 months, and the symptoms were irritability, rapid loss of weight and of appetite and the pinkness of the hands and feet. The child became chubby, including the muscles in the walls of the arteries, and as a result of this the child became portly. The condition usually continued for several months, after which the patients usually recovered; but of children who survived, 10 per cent. died, 20 per cent. died, usually from secondary causes due to lack of resistance to infection. The cause of the disease was still unknown, and the early treatment had to be continued to alleviate the more severe symptoms. Cases of the disease had been reported up to ten years, and one case in an adult had been recorded from Queensland."

From the variety of opinions expressed about the nature of the malady and the general interest which the discussion aroused, considerable progress in the investigation of the disease is expected.

Bone Of Ox In Boy's Arm
How a diseased bone in the arm of a boy, aged 12 years, was replaced by a piece of bone of ox, he said that 12 years later the patient was putting-the-weight competition, he described by Professor B. Hey Groves, professor of surgery at the Brown University, in a clinical address on the subject of the "bone of ox" in the arm of a boy.

Professor Hey Groves, who had experience in England had shown that results in fracture cases were very bad. The mortality rate for service amputees was approximately 30 per cent. of cases suffered permanent disability and their disability was of a permanent nature. The number of patients had more than a year, or three times as many, need be if treatment were efficient. That was why the best cases were unskilful, but only because they were sent from one surgeon to another without continuity of responsibility. In England at least, 15,000,000 a year was wasted in compensation which was paid in cases of unnecessary prolonged disability and probably in a large number of cases of workmen in wages. Traumatic amputees should be raised to the dignity of a specialty so that a team of surgeons assisted by the surgeon who was supposed to look after an injured man from the day of his admittance to the day of his recovery. The slogan should be "Unity, continuity, continuity."

Development Of Radiology
The amazing development of radiology was described by Major D. B. Abbot, a lecturer in radiology at the Royal Army Medical College. In a paper read to the radiology therapeutic section, radiation had been used in the treatment of cancer, and its use on surgery than any other innovation, he said, and in many conditions had almost replaced it. The use of radiology in the treatment of cancer had become a formidable competitor. If radiology were to fulfill its function completely, the public had to be educated in the use of radiology. "The public has the habit of thinking of radiology as a kind of photograph," he said, and the diagnosis in capital letters in the film. This misconception is not refuted often enough," Major McGreor said. "An ignorant patient is often misled from pretenders, who are a menace to the profession and public alike. There is a real need for the dissemination of radiology to be disseminated to the public through the press. Legislators also need educating in order that the right laws are to control radiology may be introduced."

Psychology For Missionaries
The suggestion that all missionaries should be given a course in psychology as well as physical examination before going abroad was made by Dr. Horat Thomas, of Madras, South India, at a meeting of the section of psychology at the Victoria. He said that many able-bodied men found themselves unable to do the work of the mission, and that the minds of the missionaries and workers were constant worry to the doctor in charge of the district.

Thomas outlined the work being done in India by medical men who had formed themselves into a Christian Medical Association. One of the great difficulties to be faced by the nature of the settlement. More than 80 per cent. of the people lived in villages, and the medical work was done in a centrally situated, had to serve 500 separate communities. Preventive medicine was a great need. "The question we are to start? Is the treatment or the prevention of come first; what is the use of treating a man who is already dead? The man who home until his village is cleaned up," said Dr. Thomas. "Superstition was being gradually overcome and the people were being lifted out of the mire, although the early maturity of the people was not to be overlooked."

NATIONAL RESEARCH SCHEME

Basis Of Dr. Page's Suggestion

CANBERRA, September 13.—With a few startings, a national research scheme on the lines of the British system, the Commonwealth Government is considering the formation of a national medical research Council. This is the basis of the suggestion made by the Minister for Commerce, Dr. (Page) at the B.M.A. The Council will have three functions—to advise the Commonwealth Government on research to be conducted by the Commonwealth and State Governments and other bodies; to originate and supervise committees to arrange for the best possible co-ordination of organized programmes of research.

It will consist of medical, scientific, and business representatives, with a sub-committee in each State. A body on these lines was recommended by the B.M.A. in a resolution passed in 1925, which suggested that a fund to finance it should be