

A cat fed on the sputum and vomit after a paroxysm in a child with whooping cough, and shortly after started a cough with a whoop.

The duration of the disease is only six to eight weeks, but the cough with a whoop continues for months. Cold breeze or a change in the weather has a marked effect and increases the coughing.

Six weeks is sufficient quarantine after the whoop has been last heard.

Whooping cough can be distinctly divided into two stages : Catarrhal stage when the child is ill and feverish, (2) the whooping stage.

In the first many treatments are tried—antiseptics, antiseptic vapours ; powdered benzoin and boric acid are blown up the nose by an insufflator 3 or 4 hourly. As a rule drugs do not have much effect at this stage. During the whooping stage drugs such as tinct. bellad, quinine, creasote, bicarb of potash, alum, bromide chloral, citrophen, etc., may be tried. In whooping cough good nourishing food should always be given.

I have once seen a village doctor treat a case suffering with whooping cough and complications with "vaccination," the same vaccine that is used for "small-pox." I am pleased to say the child made a good recovery. Have any of my readers ever heard of this ?

PUBLIC HEALTH SERVICE IN RURAL ENGLAND.

BY HESTER VINEY.

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"It is rather for us to be dedicated here to the unfinished task remaining before us."

Abraham Lincoln.

WHEN the Maternity and Child Act of 1918 became obligatory upon all local authorities, there was a certain degree of latitude allowed to each county in developing their schemes. Like many other movements in England there was no very definite plan laid down from the first but the whole organization arose in response to a growing demand that more provision should be made for the care of the Mothers and Children.

The poverty of the more rural counties rendered it almost essential that they should employ the existing machinery and officers, as far as was practicable ; at the same time, as the work grew, whole time and half time officers were appointed, so that in one county we may find every variety of organization at work.

In some counties the health work is given to the existing district nurses who are subsidized by the local authorities, their work being supervised by the County Superintendent of the nursing association. By this method the nurses undertake midwifery, sick nursing and the supervision of health.

Other counties have organized a staff of whole time health visiting nurses, who undertake the combined offices of health visiting, school nursing and tuberculosis visiting ; the sick nursing and midwifery being left to the district nurses. In other counties the scheme embraces partly one kind of

organization and partly the other. In some counties where the district nursing association is not sufficient to cover the needs of the districts, the handy-woman from the village still nurses the sick, and she also nurses the mothers under the doctor but she is forbidden under the Midwives' Act to undertake midwifery practice.

The earlier idea of the health nursing service was that it was only in towns that supervision over health was required ; but once the same assistance was made available in the country areas, and the school medical service started in the rural schools, the prevalence of physical defect and constitutional disease was found to be as great as in the urban districts.

Neither the district nursing service nor the public health service was very warmly welcomed by the rural mother at first. The rural mother is very shy and intensely conservative ; like all country people she is clever and resourceful, and very nimble in using her mother wit ; she is so accustomed, by virtue of her comparative isolation, to deal with any situation without extraneous help, that much of the work of the health service appeared needless to her, and some of it was positively repugnant.

As the value of the work became apparent to the rural mother, and especially where she and her little family derived some practical benefit from it, her opinion changed ; at the same time the old tranter's carts gradually became replaced by a motor bus service, and quicker and cheaper transport and in some cases " wireless " brought her into touch with the far away modern world, and made her more receptive of teaching and ideas which had not been endorsed by her forbears.

The resistance to the health service is to a very large extent a thing of the past, and the present trenchant and outspoken criticism of the health officers and their work is indicative of an universal acceptance of their sphere of usefulness, and of a growing demand on the part of an enlightened community for greater efficiency of personnel and for an extension of the service.

The full application of the principles of preventive medicine presents very great difficulties in country districts. The rural health visitor may be forgiven if sometimes she gives way to despair when she urges upon a whole family the need for a medical examination as contacts after an acute case of pulmonary tuberculosis in the home, and is met with the story that their best communication with the outer world is by boat across the harbour, that the only day the doctor visits the dispensary the only boat is never available, that the whole family cannot go to be examined because of the cows, and that no one will venture to go without the rest to see any doctor.

To get treatment carried out efficiently and regularly involves many letters, much anxious planning, dipping sometimes in charitable pockets not always too heavily laden with money, and journeys of many miles in all weathers. Cases of pregnant women in real need of care and constant treatment may live across a moorland track in some inaccessible cottage, and the one hope of getting doctor and patient to meet is on market day, after a long and difficult journey in carts and sometimes on foot.

The counties have generous and elastic schemes destined to fit the varying needs of a scattered rural population. Free treatment is available for patients suffering from tuberculosis with accommodation in hospitals and sanatoria, domiciliary and dispensary treatment, a consultant and laboratory service.

Another scheme covers the treatment of all cases of venereal diseases free of cost to the patient.

Maternity cases may be sent to hospital under the county scheme, for a charge within the mother's means, where the home confinement is not considered safe and the mother consents to become an in-patient.

For the children convalescent treatment is usually available; cots are sometimes subsidized in the local hospitals for sick babies, and cases of "mal-nutrition" in school children or children in the "pre-tubercular" stage can be recommended for special aid from the local authorities. Surgical operations for physical defects are arranged for by the educational authorities for school children, free or at a reasonable fee. Dental and ophthalmic work is carried out regularly in the schools as part of the school medical service.

The county authorities are now vigorously pushing forward their schemes for dealing with cripples, and are opening orthopædic clinics and treatment centres in order to cover the needs of these children.

Under the Public Health Act of 1925 the local authorities are now empowered to give popular education in health; and it is hoped that this work will be carried out in conjunction with the Women's Institutes* which are such a welcome feature of English rural life. One county has already appointed a whole time officer to undertake this work, and with the extension of education in health we may confidently look forward to a growing demand from the public for a more active public health service.

Finally, in considering the changed outlook of the public on all matters of national health, some regard must be paid to those who are in the main responsible for this attitude of mind. The patient, devoted and often inspired work of the rural doctors and nurses is seldom recognized, and is never singled out for public reward. Into every isolated hamlet and cottage the modern doctors, health nurses and district nurses are entering, bearing with them a message of service and hope. That they are welcomed in such homes with confidence and affection by the people is due to a deep appreciation of their altruistic labours.

* The Women's Institutes are comparatively new organizations in England, and their main object is to teach women their duties as citizens. Meetings are held for the discussion of subjects concerned with national problems; keen interest is displayed in health service as well as in welfare work and education of children. These organizations are permitted only in rural areas and in market towns, where they have a great and educative influence on the women electorate. The democratic attitude in their constitution is strictly guarded, and it is quite customary to find that when the wife of a labourer is elected to an office in the Institute the "ladies" of the village are quite content to work in an office lower than hers. As a rule the Institutes are well organized and well administered, and are looked upon as of definite value to the nation.

The demand for health comes from individuals and from the nations alike, and it may be that, as in their common search for a better standard of health for the children, the nations learn to pool their riches of wisdom and experience, and draw near to each other to carry out their common task, Pasteur's dream will come true as he conceived it when he wrote that :

" Science and peace will triumph over ignorance and war, that the nations will work together not to destroy, but to build up, and that the future will belong to those who have done the most for suffering humanity."

MATERNITY WELFARE CONFERENCE TO BE HELD AT DELPHI.

WITH the object of comparing results, discussing methods, and pooling experiences, the Lady Chelmsford All-India League for Maternity and Child Welfare have invited those who are actively engaged in the promotion of Maternity and Child Welfare Schemes to meet in a Conference at Delphi probably from the 4th to 8th February 1927. It is proposed to limit the delegates. Those eligible to attend would be Medical Officers of Health (District or Municipal), Secretaries or Presidents of Committees for Maternity and Child Welfare work ; Representatives of Health Training Schools, Health Visitors with some experience, and private individuals interested in the work. It is expected that the delegates' travelling expenses will be met by the Committee or organization which they represent. Those who intend attending the proposed Conference are required to suggest any subjects they wish to discuss.

PROVINCIAL MEETING OF T. N. A. I. IN MADRAS.

BY MRS. MARIE L. B. DIBBLE.

ON Friday, the 24th of September 1926, the T. N. A. I. had their monthly meeting at the house of Mrs. Watts, Kilpauk, Madras.

It is to be regretted that so very few were present. Those attending were Mrs. Organe, Mrs. Watts, Miss Sutherland, Miss Van Pelt from Arabia and Mrs. Dibble. In spite of the few who were there we had a very fine meeting.

After a delightful social hour Mrs. Organe addressed the meeting. Her subject was " Baby Welfare." It was most interesting. It may be that others were not so ignorant on that subject as I was. I did not know of the extensive and fine work that is being carried on by the Welfare workers and their able Indian assistants. Mrs. Organe had brought her books, and we were enabled to see the astounding number of children who were helped and taught their first lessons in cleanliness. She presented to us the troubles of the work, financially and otherwise. One of the things that she told us was both pathetic and amusing.

In one of the Welfare stations they are teaching the women to make jackets for their children. While the women are working the Welfare people speak to them and give them betel nut to chew. The cloth for the jackets is furnished by the Welfare workers. What do the women do, after they have