DROUGHT RESISTING PASTURES

Work Of Scientist At Waite Institute

Pastures which would be able to overcome the disabilities of an intense summer drought and a low natural supply of phosphorus and nitrogen in the soil would make vast areas of Australia more profitable. To this end, scientists have been working at the Waite Agricultural Research Institute in Adelaide for the past six years. Mr. H. C. Rumble announced the results of some of these studies to a meeting of the section for agriculture and forestry.

The Danthonia pastures associated with areas of open woodland, said Mr. Rumble, had received much investigation. It had been found that these pastures made very little use of the spring rainfall, but were greatly dependent on the rainfall in the autumn.

Seeded pastures of rye grass, phalaris tuberosa, lucern and subterranean clover were capable, however, of using the latter rains and producing much better yields. The discovery that early maturing strains of subterranean clover could be grown successfully on country too dry for the ordinary commercial strain had enabled this pasture to be established in areas of materially lower rainfall. It had been found that the quantity of annual rainfall was frequently not as important as its incidence, and the period of the year over which rainfall exceeded evaporation appeared to be of special significance.

23-1-35

Dr. R. S. Rogers, who is an authority on orchids, returned to Adelaide today. He attended the Science Congress in Melbourne because of his interest in botany.

SEARCH FOR OIL IN AUSTRALIA

No Comment by Dr. Ward

MELBOURNE, Tuesday.—Emphasising that the committee had been appointed purely as an advisory body to assist in the systematic oil search ignored by the Commonwealth Oil Refineries Ltd., the Director of Mines in South Australia (Dr. Keith Ward) today would not discuss the possibilities of flow oil being found in Australia.

Dr. Ward said he would not anticipate the results of the committee's researches, and since he would be dealing expressly with this matter as a member of the committee, he could not, before any meetings of the committee, express any opinion.

When it was pointed out to him that many men in Adelaide had given financial support to a company in South Australia, and that they were firmly of opinion that oil would be found in the State, he reiterated that he could not discuss the matter.

Members of the committee, he said, had held an informal meeting but no conference would be held before next week at the earliest.

Dr. Ward does not yet know how often the committee will meet, but he thought it probable that most of its meetings would be held in Melbourne.

ADV. 24-1-35

Scientists Depart

The great Science Congress is over and scientists are returning to their homes, there to resume their work until they are called forth again, next time to Auckland, in 1937. The congress has been an outstanding success. Members and associate members of the Australian and New Zealand Association for the Advancement of Science numbered more than a thousand, and the papers were listened to with the keenest of interest.

Perhaps those which attracted most attention from the public were in the biologic and medical section. The discussions on weather forecasting by means of radio and the volume of street noises both excited much speculation. The medical addresses have been closely followed. Wide publicity was given to the paper by Dr. A. R. Southwood, of Adelaide, in which he emphasised the practicability of clinic-mobile tuberculosis, and urged Australia to be the first country to acquire the distinction of doing so. Some of the discussions are likely to have practical results in the form of Government action.

CHECKING MORTALITY IN CHILDBIRTH

Proposals Being Prepared For Government

FIRST CONFERENCE

After a preliminary conference yesterday on mortality and disability among women during the child bearing period, representatives of medical bodies will meet again next week to formulate proposals to deal with the position to be submitted to the Federal Government, and to the next meeting of the Federal Health Council in Melbourne in March.

The conference was summoned by the Minister of Health (Mr. Ritchie) as the result of information received from the Commonwealth Government. Those present were the chairman of the Central Board of Health (Dr. A. R. Southwood), Dr. H. H. E. Russell (representing the British Medical Association), Dr. Helen Mayo (representing the Mothers and Babies' Health Association), and Mrs. Brian Duff (representing the Queen's Home).

The Minister said that the Federal Government considered it a matter of urgency to deal with the high rate of mortality and disability among women during maternity, and at the next Federal Health Council meeting all States had been invited to submit proposals. The object of the conference was to enable the South Australian delegate, Dr. Southwood, to submit and defend such proposals. Before the Commonwealth asked for suggestions, the Mothers and Babies' Health Association had already suggested to the Government that a child welfare training school for nurses be established. This had been brought under the notice of the Commonwealth Government on November 6, but no response had been received, and it was presumed that the proposal would be submitted to the Federal Health Conference.

"It is thought that the training school for nurses should be considered by this conference," said the Minister, "and also any other proposals which can be definitely elaborated, and for which estimates can be made, to be submitted for the consideration of the Health Council."

He said that vital statistics showed that amongst the causes of death those associated with the puerperal condition occupied a very unsatisfactory position. It was expected that a coherent policy of concerted action would be formulated, and a statement prepared as to the special requirements of each individual State. The Commonwealth Government would then be in a position to decide the most satisfactory manner in which practical assistance could be rendered to the various States in dealing with the problem. He understood that similar action was being taken in each State.

NEWS 24-1-35

New Classes in School Of Mines' Syllabus

In the 1935 syllabus of the School of Mines, to be issued on Monday, two new classes will be included. One is a class for icing and cake decoration, to be conducted by Miss E. E. Ross.

The other is a course in land valuation, which has not been in the syllabus for four years, and is to be reopened by Mr. C. H. Hopkins.

It is announced at the University that the William Gibson Research Scholarship for medical women now vacant, is open. Applications must be received not later than June 1, 1935.

ADV. 24-1-35

Dr. N. Stannus Gunning, who graduated at the Adelaide University in 1925, will sail from England for Australia by the Moreton Bay on Tuesday. He will act as the ship's surgeon, and will probably go on to Sydney before leaving the ship. Dr. Gunning has been absent from Adelaide for 19 months. Early in December he obtained the degree of Master of Surgery in Orthopaedics at the Liverpool University. When Dr. Gunning returns to Adelaide in March, he will resume his practice at Rose Park.

RHODES SCHOLARS' CONFERENCE

Many Rhodes Scholars resident in Australia will meet at Trinity College, Melbourne, tomorrow, for the second biennial conference of the Association of Rhodes Scholars in the Commonwealth. The delegate to represent the Adelaide branch of the association will be Dr. C. T. Madigan, the lecturer in geology and mineralogy at the University of Adelaide. Dr. Kenneth Grey will also be present as a member of the South Australian branch. Both are now in Melbourne, where they have been attending the science congress.

ERADICATION OF TUBERCULOSIS

Pensions And Compulsory Examinations

DR. A. R. SOUTHWARD'S PROPOSALS

A plan by which, within 50 years, he thought tuberculosis could be stamped out in Australia, was outlined by Dr. A. R. Southwood, chairman of the Central Board of Health, in an address to the medical section of the Science Congress in Melbourne. It involved, he said, legislative action to make the disease notifiable in all stages, adequate pensions to all patients, power to remove cases to hospital, and compulsory examination of all members of the community.

Tuberculosis was the most serious of the infectious diseases confronting civilised communities today, said Dr. Southwood. Its widespread incidence, its chronic character, and its proneness to attack and destroy young adults made it a problem of the utmost importance, he added. The high community value of its victims, mostly in the prime of life, made it a serious matter from the purely economic standpoint. In Australia each year, tuberculosis killed 3,000 people, two-thirds of them under the age of 45.

"Efforts to abolish the disease are not being pursued as vigorously as they ought to be," he continued. "This is the more surprising when it is remembered that the nature and the manner of spread of tuberculosis is now well-known."

There is no simple drug cure for tuberculosis in the human subject. The eradication of the disease, according to present knowledge, depends not on drugs, but on the adoption by the community of a definite and comprehensible plan of attack.

"In most countries anti-tuberculosis work is taking a prominent place in public health practice," said Dr. Southwood. "The scheme I submit embodies most and well-proven methods of procedure, but it is wider in its scope than the plan adopted in any one country. It is, however, a comprehensive scheme for the eradication of tuberculosis:—

Care Of Sufferers

"Sufferers—(a) Recognition of the disease in its early stages. The periodic health examination of the whole community will help materially in detecting early cases.

(b) Supervision of homes by health authorities, assisting in the proper care of patients, and the protection of other members of the household.

(c) Provision of dispensaries or clinics for the investigation of ambulant cases.

(d) Provision of sanatorium-hospitals for the investigation, observation, treatment and training of patients.

(e) Establishment of village settlements, as at Papworth in England.

(f) Care committees and health visitors to ensure that patients get proper after-care on being discharged from sanatoriums to their homes, and especially to assist in solving problems of finance and employment.

(g) Pensions, of liberal scale, available to every sufferer. The fear of unemployment and resulting poverty causes many sufferers to delay in seeking medical aid till the disease is well advanced.

"Persons suspected to be suffering from tuberculosis—Thorough investigation of suspects is necessary. Until this is completed, persons of this group should be regarded as sufferers, and dealt with on similar lines. Clinical and X-ray examinations, tuberculin-testing, and suitable hospital accommodation are necessary adjuncts.

"Persons who have been in contact with sufferers—In view of the incidence of the disease, it might be said that every individual in the community is a contact. Those who have close contact with sufferers should be subject to repeated examinations and medical surveillance. Suitable institutions are necessary for the care of weakly children, especially for those who have come from tuberculosis households. Open-air schools are also essential for such children.

"The general community—The plan requires that the whole community shall, to a certain extent, be under medical surveillance. The special features are:—

(a) People must be instructed in the nature and importance of the minor symptoms of the disease, and in the principles of personal hygiene. The value of fresh air, correct dieting, and orderly living as safeguards against disease are to be stressed in health education.

(b) Provision of good housing, on which the general health of a community depends to so great an extent.

(c) Protection of babies born into tuberculosis households. The susceptibility to infection in the first years of life is very great.

(d) Supervision of health of children.

(e) Periodic health examinations. The only way to achieve this satisfactorily is by the compulsory medical examination of every member of the community at regular intervals.

"Legislative Procedures—(a) Tuberculosis in all its forms should be notifiable to health authorities.

(b) Adequate pensions should be provided, even for those suffering from early stages of the disease.

(c) Power to remove to hospitals patients suffering from advanced disease in cases where the home conditions are insanitary, or where the risk of spread of disease would be great; and

(d) Compulsory periodic health examination of all members of the community."

ADV. 25-1-35

Dr. J. Hugo Gray will leave by today's East-West express for Fremantle to sail by the Moreton Bay for London, where he will continue work in anatomy and histology. Dr. Gray had a distinguished career at St. Peter's and St. Mark's Colleges and the Adelaide University. He entered St. Peter's College in 1923, and while there won many prizes. He passed the intermediate leaving, and leaving honors, public examinations with honors, gaining an intermediate exhibition and a leaving honors bursary. Entering the Adelaide University Medical School, he passed with credit every year, gaining the Dr. Davies Thomas, Everard and David Murray scholarships, and was Everard scholar for first place in medical finals. At St. Mark's College he was awarded a Simpson Newland scholarship and two Harold Fisher bursaries, and later was appointed a tutor. As a member of the Adelaide University Anthropological Society he was a member of four expeditions to Central Australia. He has had accepted for publication original papers on anatomy and histology, anthropology, and pathology, written by himself and in collaboration with others. Dr. Gray is the elder son of Mr. J. T. Gray, of Orroroo, and a brother of Mr. E. W. Gray, who is an honorary scholar of Christ Church, Oxford, and a Rhodes scholar. Dr. Gray's wife will leave for London at a later date.

Drs. A. M. Cudmore, P. S. Messent, H. T. J. Edwards and A. R. Moore, H. T. D. Maitland have been re-appointed members of the Dental Board.