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PARLIAMENT OF TASMANIA.

INTERCOLONIAL MEDICAL CONGRESS,
BRISBANE, 1899:

REPORT OF GREGORY SPROTT, M.D., D.P.H.,
REPRESENTATIVE OF TASMANIA.

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REPORT ON INTERCOLONIAL MEDICAL CONGRESS.

Hobart, October 21st, 1899.

SIR,

I HAVE the honour to report that, in accordance with your request of 15th August, I attended the Fifth Session of the Intercolonial Medical Congress, held in Brisbane, from the 18th to 23rd September, 1899.

Every Colony of the Australasian group, with the exception of Western Australia, was officially represented, and a large number of the most eminent medical men in the colonies attended.

On the evening of the 18th His Excellency the Governor of Queensland declared the Congress open, and the President, Dr. John Thomson (Brisbane), delivered an able and scholarly address to a large and appreciative gathering of the profession and the public.

Many of the papers read during the meeting were strictly professional in character, and do not call for any comment here. Others, especially those discussed in the Public Health and Eye and Ear Sections, were more of a practical nature; and certain recommendations made by these sections, and subsequently adopted by Congress, are of sufficient importance to bring under your notice.

PUBLIC HEALTH SECTION.

Infectious Diseases.

A discussion on the "Isolation of Infectious Diseases by Local Authorities" was introduced by your representative. The discussion lasted the whole of one day, and the outcome of it was the adoption of the two following resolutions:—

- "1. That, in the opinion of this section, the compulsory notification and isolation of infectious diseases by proper hospital accommodation are of such importance to the health of the community, as well as to the best interests of trade and commerce, that this Congress respectfully submits to the attention of the Colonial Governments the desirability of enforcing notification, and of providing proper accommodation in the various centres of population."
- "2. That isolation hospitals should be opened as separate establishments, apart from, and not adjacent to, general hospitals, because of the extreme danger of infectious disease being communicated to other patients in the ward."

With reference to the first resolution, it should not be necessary, in the light of present knowledge, to point out the necessity as well as the desirability of providing isolation hospitals for the treatment of infectious diseases. The indifference, however, with which the subject is treated by central and local authorities, makes it imperative on the part of those who are interested in sanitary reforms, to repeat from time to time what every one ought to know. This very matter has been prominently before the health authorities of this Colony for some time past, but, so far, nothing has been done of a practical nature. It is to be hoped that an isolation hospital for southern Tasmania will, in the near future, be established.

The second resolution, bearing on the site of such hospital, is worthy of consideration, since it may assist in settling a correspondence which has been going on between the Government and the Hobart Hospital Board of Management for the past few months. The opinion expressed in this resolution was the unanimous opinion of the Congress, with one dissentient voice, and the gentleman who opposed the recommendation did not disagree with the principle, but was of opinion that it was impracticable in these colonies to have infectious hospitals separate from general hospitals, owing to the sparsity of population.

I have always and still contend that the treatment of infectious cases in general hospitals is wrong. An isolation hospital, to be effectual, should be distinct and separate from a general hospital and the administrative staff should in no way be interchangeable.

The opinion of Congress should not be lost sight of in the event of Government selecting a site for an isolation hospital.

Quarantine.

A letter received from the Honourable the Premier of Queensland, requesting Congress to express an opinion as to whether the Government of that Colony should signify its adherence to the Venice Convention of 1897, or to any part thereof, was referred to a committee consisting of Dr. Ashburton Thompson, representing the Government of New South Wales; Dr. T. Cahill, the Government of New Zealand; Dr. Wilton Love, the Government of Queensland; Dr. L. W. Bickle, the Government of South Australia; Dr. G. Sprott, the Government of Tasmania; and Dr. W. L. Watkins, the Government of Victoria.

The Committee reported as follows:—

- “(a.) That, as the Convention orders that persons who arrive on ‘suspected’ ships shall be dismissed to their destinations, there to be kept under ‘surveillance’ for a term of ten days, it would be inexpedient for the Government of Queensland to adhere to the Convention in its entirety, that method not being sufficiently stringent in the actual conditions met with in Queensland.
- “(b.) That the Government of Queensland might, and should, signify its adherence to the first part of Chapter I. and to Chapter II., Titles I. and II., of the Convention, which relate to notification of any outbreak of plague within its territories, and of the subsequent progress of the disease, to the Foreign Governments which are parties to the Convention, and to neighbouring countries.”

The report was adopted.

It was contended that medical inspection and disinfection, as adopted in England, would not be practicable in these colonies, and that the only way of preventing the spread of plague, should it reach our shores, was by a system of quarantine. The Government was recommended to notify any outbreak of plague to the various Colonial and Foreign Governments.

The advice tendered to the Queensland Government is such as might be given to and acted upon by your own Government.

CONTAGIOUS DISEASES ACT.

A memorial presented by the Women’s Christian Temperance Union, requesting the Congress to use its best endeavours to have this Act repealed, was referred to the Public Health Section for consideration.

After discussion, the following Report was brought up and adopted by Congress:—

“That the Fifth Intercolonial Medical Congress, having considered a letter from the Women’s Christian Temperance Union of Australia in reference to the Contagious Diseases Acts, is quite unable to agree to the repeal of the measures which science and experience have devised, and the Legislatures have adopted, for lessening the ravages of a disease which is transmitted by its victims to innocent mothers and children, causing in them many serious and fatal affections. The Intercolonial Medical Congress begs to remind the Women’s Christian Temperance Union of Australia that these measures are enforced, not in the interests of the vicious and depraved, but for the protection of mothers and children. The Intercolonial Medical Congress, while unable to agree with the Women’s Christian Temperance Union as to the medical methods of preventing these diseases, begs to assure the Women’s Christian Temperance Union that the medical profession throughout Australia will hail with pleasure every auxiliary effort made by the Women’s Christian Temperance Union of Australia for the diffusion of a correct moral tone among the community.”

Those who had had some experience of the working of the Act were of opinion that the Act was necessary, especially in seaport towns, and the general contention was, that if the State could not prevent an evil, it was well in some way to control it.

HOSPITALS, USE AND ABUSE OF.

An interesting paper was read on the “Use and Abuse of Hospitals of Queensland.” The writer, who had considerable experience of hospital work, pointed out that many people sought hospital treatment at the cost of the general taxpayer, when they could well afford to pay for it themselves.

It was eventually agreed—

“That this Section requests Congress to forward a Memorial to the Governments of the respective Colonies, setting forth the abundant evidence available of abuses of the Charitable Institutions; and that, in the interests of the State, radical changes in the constitution, the management, and the maintenance of such is urgently indicated.”

This Memorial, with the changes suggested, will no doubt reach you in due time.

EYE AND EAR SECTION.

The following are the recommendations made by this Section, and adopted by Congress :—

- “1. That in the opinion of this Section it is highly desirable, both in the interests of the children themselves, and of the future of the race, that the incidence of educational work should be much lightened for girls between the ages of 12 and 15 years, by reduction of the school hours and home lessons ; and that their physical development should be aided by appropriate out-door physical exercises, as part of their school course.”
- “2. That it is desirable that School Teachers in Training Schools receive such instructions as may lead to their recognition of symptoms of their pupils indicating defective vision, hearing, or other physical condition calling for medical attention.”
- “3. That the attention of the Colonial Governments be called again to the Resolutions passed by the Intercolonial Medical Congress held in Dunedin in 1896, on the subject of the standard of vision in sailors and railway men ; and that the urgency of their adoption should again be emphasised, with the recommendation that a uniform standard for all the Colonies be fixed, not lower than the highest standard at present demanded in any of the Colonies for both form and colour.”

In my former report of the Dunedin Congress I urged the adoption of certain recommendations that were then made in connection with the testing of the eyesight of Railway officials and seafaring men. It seems that some of the Colonial Governments have not yet adopted the suggestions then made, and the Congress again strongly urges these Governments to give effect to the resolutions passed at Dunedin. The Congress further urges that a uniform standard of vision be fixed, and that the standard adopted be not lower than the highest standard now demanded by any of the colonies.

This means that the standard for distant vision must be raised to that required by South Australia, namely, not less than $\frac{5}{6}$ in each eye. The present standard varies from $\frac{5}{6}$ in one eye, and $\frac{5}{8}$ in the other, to $\frac{5}{8}$ and $\frac{6}{12}$. In the event of a uniform standard being agreed upon, it is very desirable to have that standard a high one; certainly not lower than that adopted by South Australia. The necessity of having the eyesight of all railway officials re-tested from time to time was strongly urged by some of the speakers. It was suggested that the sight should be re-tested on promotion, or in the event of absence for a month through sickness. This would be a very desirable rule to follow.

Generally speaking, the work of the Congress was of a highly instructive nature, and the interchange of ideas will no doubt be of assistance to medical men in their work, and eventually prove beneficial to their patients. The magnificent hospitality of Dr. Thomson and his *confreres* in Brisbane left an impression upon members long to be remembered. The liberality of the Queensland Government in entertaining members, and the granting of free railway passes to members and their wives, were highly appreciated.

The next Congress will be held in the early months of 1902, in Hobart, and Dr. R. S. Bright, of this City, was unanimously elected President.

In conclusion, I have to thank you sir, very heartily, for the honour conferred upon me by appointing me as your Delegate to the Intercolonial Medical Congress.

I have the honour to be,
Sir,

Your obedient Servant,

GREGORY SPROTT, M.D., D.P.H

*Representative of Government of Tasmania, Intercolonial
Medical Congress, Brisbane.*

To the Hon. N. E. LEWIS, Premier of Tasmania.