# THE PUBLIC HEALTH.

## THE WORK OF THE CENTRAL PUBLIC HEALTH COMMITTEE OF THE LONDON COUNTY COUNCIL.

The Central Public Health Committee of the London County Council, at its meeting on December 5th, presented to the Council a most interesting account of the administrative progress made with the work of co-ordinating and establishing, on a satisfactory basis for the whole of the country, the hospital and allied medical services transferred to the Council from the late authorities.

The Central Public Health Committee were made responsible by the L.C.C. for the discharge of these transferred powers and duties, and since more than three years have now elapsed since April 1st, 1930, the appointed day on which, under the Local Government Act, 1929, the transfer took place, the Committee thought well to give an account of their stewardship to the Council, as we briefly reported in our last issue.

For the benefit of our many readers specially interested in municipal reform, we now quote at length:---

The Committee report that " it is too soon to say that the task of building up a satisfactory municipal hospital service for London on the basis of the services formerly provided by 26 separate authorities, is in sight of completion, nor is the task likely to be achieved for some years. Alterations and improvements must be effected gradually, as experience dictates and as considerations of practicability permit. It can, however, be claimed that the transition from diversified control to central direction was achieved smoothly and successfully, that substantial progress has been made in three years with the work of strengthening the hospital arrangements in directions in which this was needed, and that administratively the services have been placed on a basis which renders possible sound development in the future."

## The Transferred Hospitals.

"There were transferred to the direction of the Committee on the appointed day 62 hospitals and 11 institutions allocated by the Council for use as hospitals but containing healthy as well as sick inmates. The 62 hospitals comprised 32 hospitals for infectious diseases, tuberculosis and other special diseases and special children's hospitals, 28 general hospitals and 2 epileptic colonies.

"The transferred hospitals, general and special (with certain exceptions) have been appropriated for the reception of the sick under powers conferred by the Local Government Act, 1929. The statutory obligation remains to provide medical treatment, as relief, for the poor. The effect of the appropriation is that patients admitted to the appropriated hospitals are normally classified as municipal and not as Poor Law patients and that the admission of patients other than Poor Law patients (*e.g.*, persons in the category of what may be termed the lower paid wage earners and their families) is facilitated. Municipal patients may, if suitable, be admitted on the certificate of their own attendant medical practitioner. Any urgent case is admitted at the medical superintendent's discretion.

#### Maternity Patients.

"Special attention has been paid to maternity work in the Council's hospitals. Owing to the popularity of the Council's hospitals the tendency is for prospective mothers to seek admission into the hospitals for their confinement, and this has led to a large and increasing demand on maternity accommodation at the Council's disposal. Live births in the Council's hospitals have increased in the last three years by over 2,300. During 1932 more than one-sixth of the births in London (*i.e.*, 10,974 out of 62,233) occurred in the maternity wards of the Council's general hospitals and institutions.

### Arrangements for Cases, of Puerperal Fever.

"Special arrangements have been made for dealing with patients suffering from puerperal fever whose complete separation from other cases is necessary. Out of nearly 11,000 cases confined in the Council's hospitals in 1932 there were only 12 deaths from puerperal infection. A special unit of 21 beds for cases of puerperal fever has been established at North-Western Hospital, Hampstead. To aid research work in connection with puerperal fever at Queen Charlotte's Hospital we have arranged to send cases, up to a maximum at any time of five, to that hospital, and to pay for their maintenance and treatment.

## Provision of Ante-Natal and Post-Natal Clinics.

"Few of the transferred hospitals possessed both antenatal and post-natal clinics, and in many there was no provision at all of either kind. In view of the importance of ante-natal attendance steps were immediately taken to remedy this defect. Every general hospital with a maternity department is now provided with an ante-natal and a post-natal clinic, and the improvement of such as are not altogether satisfactory is being rapidly proceeded with. In 1932, 9,448 expectant mothers attended ante-natal clinics at the Council's hospitals and made 48,618 attendances.

#### Experimental Provision of Light Anæsthesia.

"As an experiment light anæsthesia has for the past two years been offered to mothers in childbirth in the Council's hospitals, additional medical staff having been engaged for the purpose. Crushable chloroform capsules have been introduced through the medium of the National Birthday Trust Fund, which offered to supply capsules free of charge for experiment. Reports so far indicate successful results and appreciation by the mothers of the relief afforded, and the experiments are being continued and extended."

#### Training and Examination of Nurses.

In relation to the training of nurses the committee point out that "before the transfer each hospital conducted its own nurses' examination, and it was impossible to compare the standard of work in the several hospitals. A scheme is now in operation under which there is a uniform examination at regular intervals for all hospitals in each group, by which means it is possible to ascertain in which hospitals the training needs improvement. The training period has been increased from three to four years in view of the youthfulness of the average candidate and the range of the subjects to be studied.

#### Nurses' Accommodation.

"Accommodation for nurses in the hospitals has been greatly extended and improved. Fifteen new nurses' homes have been or are being provided and other smaller schemes for nurses' quarters have been carried out, giving a total additional accommodation for nearly 1,400 nurses. Non-residential allowances are thereby saved. The dining and sitting room arrangements, etc., for nurses have been or are being substantially improved at about 10 hospitals.

## Domiciliary Nursing of the Sick Poor.

"Domiciliary nursing of the sick poor is an essential corollary to an efficient district medical service. None of the late Boards of Guardians employed directly nurses for this purpose, but depended on voluntary nursing associations to whose funds they made annual donations amounting in all to about £1,225. At an early stage we received a deputation from the Central Council for District Nursing on the subject, and subsequently arranged for the preparation and issue of a comprehensive survey of district nursing in London. The survey emphasises the very great value of the services given by the district nurses. After conferences with representatives of authorities and nursing



