dance prizes are gaily wrapped; a popular and costly dance band hired; fairy lights borrowed and in place to illuminate a highly polished dance floor; lovely flowers adorn the platform, and by 8.30 all is set to begin the evening's festivities.

At 9 p.m. all is still set and at 9.15 p.m. a slightly discouraged popular band is playing to a practically empty ballroom. Where can those dear Student Nurses be, who have been so long pining for just such an event? Ah, here they are, at least one or two of them, at ten minutes to ten! But no male escorts? Oh, no, they have no "boy friends"! Luckily, Matron has thought of this also and has invited certain presentable young male students from a nearby college and medical school.

At 10.30 p.m. a fairly representative gathering makes short work of the refreshments and all appears to be going well. But back in the ballroom at 11.15 p.m., when the band strikes up a lovely, lilting waltz, and the lights are dimmed, the floor still remains empty, and one observes a row of wilting wallflowers on one side of the room, whilst grouped in odd corners, are the young men, apparently totally oblivious of the reason for their presence there, loudly laughing and talking, whilst smoking and dropping their ashes anywhere on the polished floor!

By about midnight the fun begins and at 1 a.m., after the National Anthem, the Nurses reluctantly, and the Matron very puzzled, wend their separate ways to bed. Indeed, how times *have* changed!

In the nineteen twenties and thirties, when Student Nurses suffered with "tummy" pains, headaches and the common cold, they either took an aspirin or veganin, or tucked themselves up in their beds with a hot water bottle for their off duty period, and then felt much better to go on duty when the time came. But present-day students are not strong enough to endure this. They are put off duty, for some days, given a thorough clinical examination, their blood is sent away for E.S.R., throat and nose swabs sent to the Path. Lab. for "identification" and "antibiotic resistance test," and X-rays are taken. When all tests are proved normal, nurse is left in bed for another week to get over the effects of the tests, and after one further week's sick leave, is allowed to return to the wards on light duty!!

Well—after all we cannot run the hospitals without the sweet and exotic blossoms, so we must and do cherish our costly Students!! Next month, more about others in hospital will appear for your enjoyment.

AN OBSERVER!

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# The London Fog Deaths.

## Report of Medical Investigation.

EARLY in 1953 the Minister of Health, Mr. Iain Macleod, set up a Committee of departmental officers and expert advisers to prepare a factual statement on the effect of the London fog of December 5th–8th, 1952, on the health and, more particularly, the mortality of the Metropolitan area. The Committee's report is now published by H.M. Stationery Office.*

In addition to investigating information from general practitioners, hospitals, medical officers of health, from death certificates and from the sickness claims of the Ministry of Pensions and National Insurance, the Committee with the co-operation of H.M. Coroners for the Metropolitan area, set itself the time-consuming task of analysing in detail the reports of post-mortem examinations of over 1,200 of the people who died either during or immediately after the fog. The results of this investigation, taken into account with the meteorological and atmospheric pollution conditions, have enabled the Committee to compile as full an account as possible of the manner of death and thus help to prepare the ground for research into the prevention of further disasters of this type.

The Committee concludes that between 3,500 and 4,000 people in the Metropolitan area died as a result of the fog. Ninety per cent. of the deaths were in people over the age of 45 and between 60 and 70 per cent. were over the age of 65. A high proportion died suddenly and many were found dead in bed. Almost without exception those who died as a result of the fog were already suffering from serious heart or lung conditions. "The fog was in fact a precipitating agent operating on a susceptible group of patients whose life expectation, judging from their pre-existing diseases, must, even in the absence of fog, have been short," says the Committee; "to the majority of normal healthy individuals the fog was little more than a nuisance."

### Heavy Toll of Bronchitis Cases.

There was no evidence of any new type of illness or of any significant incidence of infectious disease during the period and, apart from the increased numbers, the deaths were of types which might normally be expected at that time of the year. The most striking feature was the prominence of bronchitis, the deaths from which rose to a figure over nine times that of the previous week. In over half of these deaths from bronchitis the patient was also suffering from heart disease. An interesting suggestion made by the Committee, is that the increasing use of the new chemotherapeutic and antibiotic drugs during recent years has extended the life of many persons suffering from chronic bronchitis and other disorders, thus increasing the number of persons in the community who might be particularly liable to succumb to the severe strain presented by a dense polluted fog.

Though the fog was accompanied by an increase in sickness rates a surprising feature was that the numbers of cases of sickness was not as great as might have been expected from the excessive mortality.

### How the Victims Died.

Particular interest lies in determining the method by which the fog exerted its lethal action. The evidence points to some toxic or irritant agent in the fog producing a spasm of the air passages and increased fluid secretions leading to a shortage of oxygen, the effect of which was to precipitate heart failure in persons already suffering from serious heart or lung conditions.

### The Nature of the Poison.

The Committee has reviewed the various contaminants of the atmosphere known to be present during the fog and the toxic effect which each is liable to have on the human body. The irritants mainly responsible, it is concluded, are those derived from the combustion of coal and its products. While it is not possible to say that any one contaminant of the fog was responsible the Committee came to the conclusion that on the evidence available it would seem that the oxides of sulphur were the main irritants present.

The Committee reviews the effects on mortality of previous fogs both in London and elsewhere. The severe fogs of the terminal years of the last century are still remembered by many. Deaths from fog are no new phenomenon, yet it is evident in its lethal effects that the fog of December, 1952, was without precedent.

*Reports on Public Health and Medical Subjects No. 95. Mortality and Morbidity during the London Fog of December, 1952. London, H.M.S.O., price 2s. 6d.

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