

sulfone treatment has been established in Nigeria. Dr. Gordon A. Ryrie, medical secretary of the British Empire Leprosy Relief Association, said that the treatment would hold hopes of "the dawn of a new day" for the suffering in Nigeria.

The changed attitude is obvious from a report by Dr. Frederico Rios on Hansen's disease in Paraguay. "Leprosy used to be such a horror," he said, "that the police would take the victims by force. The sick people used to go off into the mountains and hide themselves and not seek a cure. But when the Institute of Inter-American Affairs built our new facilities and the public began to understand the possibilities of arresting the disease, patients began to arrive voluntarily."

The sulfone treatment is no specific cure for Hansen's disease, but the condition will be greatly improved or arrested within a few years. Quite a few years ago I had the chance to visit one of the foremost European experts on Hansen's disease, the old and venerable Professor Jeanselme in Paris. After he had shown me his leprosy department in the old Hospital St. Louis, he said to me, "There is real hope today that this terrible disease will be cured by our modern ways of treatment." This optimistic outlook today is much more justified than at that time.

Hansen's Disease Among Children.

Children and very young people should be protected against the disease and against close connection with the sick. The relatively high incidence of Hansen's disease among children is obvious from new figures from Brazil. In 15 years 39,000 cases of Hansen's disease were registered in Brazil. Children are much more dangerous to their parents as sources of contamination than parents are to their children.

If the children are taken out of the contaminating environment, the majority of cases among them occur within three years. The average incidence of Hansen's disease among those children was found to be 21.5 per cent. Dr. Rias reports from Paraguay that children of people afflicted with Hansen's disease are born healthy. They are taken to the preventorium, where they are observed for five years. If they do not show any evidence of the disease in five years, they will be healthy.

Medical science is making real progress in the fight against Hansen's disease. "It is unfortunate," says Dr. Rusk, "that equal progress is not being made in casting off the unfounded prejudice that has surrounded this disease since it was first described by the ancient Egyptians." One of the most important steps in this direction is not to use the word "leper" any more which, as victims of Hansen's disease have stated repeatedly, is more painful to them than the disease itself.

The Ideal Nurse.

A RECIPE.

If you would make an ideal nurse
Just follow these directions terse :
Take all the virtues one by one,
That can be found beneath the sun.
Rude health will surely be required,
And strength and patience never tired,
Truthfulness almost to excess
With tact that borders on *finesse*.
The man's control of heart and nerve,
And woman's eagerness to serve.
A spirit capable of sway,
Yet trained in meekness to obey.
An aim sublime, a tender heart,
The skill to act a varying part.

MAY JUST.

London's Health in 1952.

"THE REPORT of the County Medical Officer of Health and School Medical Officer for 1952" is published by the L.C.C. Reference is made in the following notes to some of the more interesting information contained in the 194 pages.

The Report comes at the end of four-and-a-half years' experience of the working of the National Health Service. In accordance with the request of the Ministry of Health a special survey of this Service was carried out and the findings are included in the report. (General comments on administration, co-ordination and co-operation with other services and the use of voluntary organisations are given on page 35 while comments on the individual services are included in the appropriate sections.)

The outstanding event of the year was the enormous mortality associated with the fog period of December which in a space of a week contributed an extra 0.5 per thousand population to the year's total death-rate. A detailed statistical account of this catastrophe is given in an Appendix. But for this sudden increase in the number of deaths in December the total rate would have been back to approximately the 1950 level of 11.3 per thousand compared with 12.6 in 1951 and 12.0 in 1952.

Vital statistics. The estimated population for the middle of the year (on which the various rates quoted in the Report are based) was 3,363,000 compared with 3,358,000 in 1951. The number of live births was 52,566 and the birth-rate 15.3 per thousand of the population, compared with 15.6 in 1951.

The death-rate from cancer, which at 2.30 per thousand is the second leading cause of death in London (diseases of the heart being the first), continues to show a slight increase.

Infant mortality was again lower at 23.1 per thousand live births (25.4 in 1951). The neo-natal rate (deaths in the first four weeks of life) dropped to 15.8 per thousand live births, a new low record for London.

The number of confirmed notifications of poliomyelitis, 309, which was higher than in 1951 (112) was considerably lower than for the epidemic years of 1947, 1949 and 1950. An analysis of the 1949 epidemic in its relationship to previous inoculation is given in an Appendix. The conclusions to be drawn from this investigation are that in the conditions *pertaining in 1949* and over the whole year there was an increased risk—nearly four times the normal risk in the three months or so following inoculation—of poliomyelitis following inoculation with the *combined* diphtheria and pertussis vaccine but that injections with diphtheria (A.P.T.) antigen involved a smaller increase in risk, and one to which less statistical confidence could be attached. The action taken in discontinuing the use of the combined vaccine during September, 1949, was, therefore, fully justified. It does not follow that these considerations would apply in the face of any future epidemic as the newer combined prophylactics may not be subject to the same risks and it is now the practice in many areas to suspend inoculation during epidemic prevalence of poliomyelitis.

The Council's first comprehensive health centre, at Woodberry Down, was completed in September, and the ceremonial opening was performed on October 14th. The centre has attracted many visitors ever since its opening, over 600 visiting before the end of 1952.

The number of pregnant women making at least one attendance at a Council ante-natal clinic continued to decline, from 52 per cent. in 1949 to 41 per cent. in 1952. It is believed that the other women receive advice either from their family doctor or from the hospital which they propose to enter for the confinement. The percentage of children attending a Council child welfare centre at least once in the first year of life remains fairly constant, more than eight out of every ten attending in 1952.

The Council's *domiciliary midwifery service* provided attention for 6,047 confinements during the year (1951-7,040).

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