

THE PUBLIC HEALTH.

CHAIR OF CHILD LIFE AND HEALTH.

Dr. Charles McNeil, the first holder of the Edward Clark Chair of child life and health, struck a new note, as reported by the Scottish correspondent of the *Lancet*, in his inaugural address. The name of the chair, he said, had been well chosen, for it enlarged the scope of the subject and included both the diseases of children and the child himself. For the first time, the medical study of children becomes overtly preventive as well as curative. In sketching the methods of sound training in children's diseases and health, Prof. McNeil emphasised the need not only for ordinary clinical study of diseases in the hospital, but for training in the work now covered by the child welfare centres and special treatment centres. This applies to nurses, health visitors, district nurses, and nurse-midwives, as well as to medical students. The work of teaching in the new chair should include the special training of each of these types of nurse. The education of the parents must also be achieved by appropriate methods.

Despite improvements in sanitation and the diffusion of knowledge, said Prof. McNeil, there remained a great mass of disease among children, especially in the first two or three years of life. . . . By far the greatest part of this aggregate of sickness and death was preventable. The task of education of the people belonged to the doctor and the nurse engaged in medical practice. It was the immediate work of medicine to apply and improve its remedies for these diseases; but the greater and more hopeful work was to study and to teach the rules and conditions by which the health of the child was preserved.

THE REGISTRAR-GENERAL'S STATISTICAL REVIEW, 1931.*

The salient features are:—

The birth-rate for the year 1930 was 16.3 per 1,000 persons living at all ages; the actual number of births registered being 648,811. The rate is the same as that for the preceding year, which was the lowest birth-rate recorded since the establishment of civil registration in this country.

The death-rate was 11.4 per 1,000 total population, the lowest death-rate recorded. It compares with 13.4 for the year 1929 (a year having an epidemic of influenza and a high mortality from respiratory and circulatory diseases) and a previous low record of 11.6 in the years 1926 and 1923. The favourable death-rate is largely due to the less severe weather in the first quarter of the year, the difference for the two years being very marked, the first quarter of 1930 having a rate of 13.4, whereas the figure for the corresponding quarter of 1929 was 20.9.

The deaths of infants under one year of age were equal to a rate of 60 per 1,000 live births, the lowest recorded for England and Wales. The previous low record was 65 for 1928, while for 1929 the figure was as high as 74. The rate of 60 in 1930 was, however, for the two sexes, the figures for the sexes separately giving as wide a difference as 68 for males and 51 for females taken respectively on a basis of live births in the same sex.

As regards specific diseases, the crude rate for cancer was 1,454 per million living, against 1,437 for 1929. If, however, allowance is made for differences in the age constitution of the population, the comparative mortality from cancer has been almost stationary during the last few years. (See also Tables 5A and 6).

The death-rate from tuberculosis (all forms) further improved to 898 per million living, the lowest figure recorded.

* Part I Medical Tables is now on sale at H.M. Stationery Office, price 7s. 6d. net.

The mortality of women from puerperal sepsis and accidents of pregnancy and childbirth was 4.40 per 1,000 live births, compared with 4.33 in the previous year. Of the component figures, sepsis was again somewhat higher at 1.92 as against 1.80, but "other accidents of pregnancy and childbirth" showed a slightly better figure at 2.48, against 2.53 for 1929.

The rate for suicide again showed a small increase to 127 per million (the highest figure recorded), from 126 in the previous year; the rate for males rising from 183 to 185, and that for females from 73 to 74.

Deaths resulting from accidental injury by mechanical vehicles on roads, as returned by H.M. Coroners, were 6,404, as against 4,492 in 1927, 5,251 in 1928 and 5,799 in 1929. Exclusive of collisions between two types of vehicles, the deaths caused by motor-cars were 1,643 against 1,660 in the previous year; by motor-van, lorry, etc., 1,273 against 1,162; by motor-cycle, 1,286 against 1,162.

TRANSMISSION OF DISEASE.

The rapidity with which we can travel from the ends of the earth to its uttermost parts, *The Nursing Journal of India* points out in a leading article, creates problems for Public Health departments of a serious nature—especially is the danger great in tropical and semi-tropical countries. Recently it was mentioned in India's leading newspaper that 600 specimens of *Anopheles Ludlowii* had been found in a train compartment coming into Calcutta from an area where malignant malaria prevails.

Air travel presents possibilities of real menace and every effort should be made by Governments and Public Health organisations to anticipate and obviate in as far as possible the dangers of such travel.

Dr. Massey, speaking before the British Medical Association, points out the following new conditions that have arisen out of the rapid growth of air transport services:—

(1) Journeys from distant infected countries were accomplished within the incubation periods of the major infectious diseases. (2) Illicit landing or forced landing of aircraft might result in importation of infection at places other than authorised air ports equipped to deal with it. (3) Rapidity of travel might be responsible for the arrival of infected live mosquitoes (say from yellow fever zones) in countries ordinarily unfrequented by them. (4) Aircraft, while over land, might let fall refuse matter capable of conveying infection. Peculiar difficulties also obtained in the matter of sanitary provision on board.

In the light of propaganda by air travel, the main diseases to be considered were plague, cholera, yellow fever, small-pox and typhus. For this purpose, the incubation periods were taken respectively six, five, six, 14 and 12 days.

"It is clear," Dr. Massey said, "that in the case of apparently healthy passengers arriving in this country by air from local areas infected by one or more of the diseases named, surveillance will be necessary until expiration of the incubation period or periods. This surveillance will presumably devolve on the health department of the area constituting the ultimate destination. Detention on arrival, pending expiry of incubation time, is clearly unwarranted, for such a course might well nullify the very expedition which prompted air as against sea transport. There are certain instances where even surveillance can be dispensed with, as, for example, persons (arriving within incubation time from a local area infected with small-pox) who possess immunity from the disease as a result of (a) a previous attack of small-pox, or (b) evidence of successful vaccination performed not more than (say) four years and not less than (say) 12 days previously. In the event of actual occurrence of infectious disease during the air voyage, sanitary precautions on arrival will be similar to those imposed in the case of shipping."

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