

## THE PUBLIC HEALTH.

### THE REPORT OF THE MINISTRY OF HEALTH, 1932-1933

It is satisfactory that the Report of the Ministry of Health, 1932-1933, states that a continued improvement in the public health is shown by the basic vital statistics—the death-rate from tuberculosis (69 per 1,000 deaths, compared with 92 in 1923), the sickness figures for pneumonia and bronchitis (113 per 1,000 deaths, compared with 162 in 1923), the infantile mortality rate (65 per 1,000 live births, compared with an average of 72 for the years 1921-30) are all going steadily down, in spite of the prevalent unemployment. The maternal mortality rate (4.21 per 1,000 live births, compared with 4.11 in 1931 and 4.40 in 1930) still remains obstinately high, though constant effort is devoted by the Ministry to further every practicable step likely to reduce it, and the work of the maternity and child welfare centres receives all proper encouragement. In particular, the provision made by local authorities and voluntary agencies for ante-natal services continues to expand.

Several cases of leprosy came to the notice of the Ministry and a number of cases of anthrax.

Of the 631,093 births registered, 246,088, or 39 per cent. were successfully vaccinated, and declarations of conscientious objection were made in respect of 294,595 children, or 46.7 per cent.

### THE REGISTRAR-GENERAL'S STATISTICAL REVIEW.

The Registrar-General's Statistical Review, 1931, Tables Part II Civil, is now on sale at H.M. Stationery Office, price 2s. The chief subjects of its statistics are: Population, Births, Marriages and Divorces, Migration, Registers of Electors in England and Wales, Populations, Births, Marriages and Deaths in British Dominions and Birth-rate in Foreign Countries.

A table is given showing the populations of England and Wales, Scotland and Ireland, as enumerated at each Census from 1821 to 1931, and as estimated for each year 1892 to 1931 inclusive. The information given is most instructive.

### THE PROVISION OF SCHOOL MEALS BY THE L.C.C.

The Education and Public Assistance Committees of the London County Council presented a joint report on the provision of school meals and boots to school children whose parents are in receipt of public assistance relief or transitional payments, at a recent meeting of the Council.

I. *School meals*—There are, the Committee states, two distinct ways by which local education authorities may spend money out of the rates in providing food for children attending day schools.

(a) *Special schools*—Local authorities for elementary education have been empowered since 1893 as regards deaf and blind children, and since 1899 as regards physically and mentally defective children, to incur expenditure out of the education rates in supplying meals to children attending special schools. These meals come within the definition of "Expenses incidental to the attendance of the child at the school." The need for providing meals in these schools arises mainly from two causes, viz., (i) special schools cannot with economy be established within easy reach of the homes of all the certified children, and (ii) the disabilities of many of the children make travelling between their homes and the schools both difficult and expensive. The parents contribute towards the cost of the "incidental expenses" in special schools such amounts,

if any, as may be agreed between them and the authority, or, failing agreement, as may be decided on the application of either party, by a court of summary jurisdiction. In deciding parents' contributions regard must be had to the duty of the authority to provide sufficient suitable special schools.

The Education Committee fix from time to time standard contributions from parents for the meals at special schools. These are at present 4d. for a midday dinner and 3s. 4d. a week for breakfast, dinner and tea supplied at open-air schools.

The number of individual children supplied with meals of one kind or another in special schools is approximately 10,000. The parents pay the standard contribution in about 6,000 cases. Reduced contributions are accepted in about 3,500. In the remaining cases, about 500, the parents make no contributions. The free cases are referred to the local public assistance committee and they accept liability for payment to the Education Committee of the standard contributions when the family is in receipt of out-relief. In December, 1932, there were 450 children in special schools whose meals were paid for by the Public Assistance Committee.

The responsibility of deciding which children are in need of school dinners in ordinary elementary schools is entrusted to the school care committees. Head teachers are, however, authorised to give meals in emergency, subject to report to the care committees. The children in need of milk or cod-liver oil meals are selected by school doctors. The statutory duty of being satisfied as to a parent's inability to pay for any kind of meal supplied to his child in an elementary school is delegated by the Education Committee to the children's care committees.

On the question of boots, there is no information on which the medical officer can base an opinion of the extent, if any, to which the children's health is impaired by lack of adequate footwear. The general impression is that the number of children who come to school insufficiently shod has steadily declined year by year, and that when they do come to school in that condition the matter is promptly brought by the attendance officers to the notice of the appropriate agency. From the information gathered in 1925, 1926 and during the past winter it would appear that the number of children kept at home for this reason is diminishing. It is, however, a matter in which the Council as local education authority has no power to spend public money.

### MEASLES MORTALITY.

In an interesting article in *The Lancet* of July 29th on "Measles Mortality," Dr. Duncan Forbes, Medical Officer of Health for Brighton, writes:—"If medical officers of health examine their death returns they will find that a large number of the deaths occur in hospital nursed cases; in the present epidemic 21 out of a total of 30 deaths occurred in hospital. Many of us used to attribute the high mortality in hospital to the fact that the worst type of case was removed to hospital, also that these cases were often poorly nourished children from unhealthy homes. Experience tends to show that, whilst the above are potent causes of the alarming case-mortality in hospital, the chief cause is the rapid dissemination throughout measles wards of organisms giving rise to fatal broncho-pneumonia. It is usually best, however had the home conditions and however poor the nursing, to leave even the severe measles case at home, warm in bed with the window open. Until, in hospital, each patient can be nursed in a well-ventilated cubicle or be nursed under open-air conditions the patient will do better at home."

We commend this to the attention of District Nursing Associations.

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