

PUBLIC HEALTH

THE ANNUAL REPORT OF THE CHIEF MEDICAL OFFICER OF THE MINISTRY OF HEALTH.

The Annual Report of Sir George Newman, K.C.B., M.D., Chief Medical Officer, for the year 1933, to the Minister of Health, to which brief reference was made in our last issue, is a document of outstanding importance, full of valuable information and expert opinion, which should be carefully studied by all who are interested in Public Health. It may be obtained from the Stationery Office, Adastral House, Kingsway, London, W.C.2., or through any bookseller, price 4s. 6d. net. In a brief review it is possible only to direct attention to a few of the most important points.

THE STATE OF THE PUBLIC HEALTH IN ENGLAND.

Section I deals with the State of the Public Health in England, the estimated mid-year population in 1933 being 40,350,000. It is noteworthy that the natural increase in population is only 83,948, or at the unprecedented rate of 2.08 per 1,000, a figure less than one-half that of 1930 and about one-seventh of that ruling 50 years ago. The table setting out the more important vital statistics in England and Wales, as reported by the Registrar General, is both interesting and important. The number of deaths of infants under one year was 36,960, or approximately 3,000 less than in 1932 and the smallest number ever recorded. This yields an infant mortality rate of 64 per 1,000 births. Had the rate observed in 1901-1910 prevailed until 1933 the expected number of deaths would have been more than double the actual.

Of deaths by violence the chief are suicide, in which there is a decrease of 1.5 per cent., accidental injury by fall accounted for 3,938 deaths, and transport (mainly road accidents) 7,089 deaths, making a total for these three causes of 16,681 or 73.5 per cent., of all violent deaths. Road accidents "continue to exact a heavy toll of life and are becoming a prime cause of morbidity. The number of accidents in 1933 was 175,738 (7,986 in excess of the number for 1932), most of the increase being due to accidents attributed to pedal cycles. There were 6,498 persons killed and 198,539 injured. Of these 205,037 injuries and fatalities, no less than 74,769 were 'pedestrians.'"

"There is no complete registration of *sickness* in England and Wales, nor can there be, but for many years there has been a system of compulsory notification of the *principal infectious diseases* . . .

"Broadly reviewed, smallpox, tuberculosis, enteric fever, cerebro-spinal fever, puerperal sepsis and ophthalmia neonatorum have declined. On the other hand, scarlet fever and poliomyelitis have increased, and the influenza epidemic of 1933 caused a severe increase of pneumonia in that year. Certain other diseases appear to be more or less stationary, e.g., diphtheria, dysentery and puerperal pyrexia. In 1933 the number of deaths from measles was unusually low."

"There is a slight decline in diseases of the digestive system, viz., 110.7 as compared with 126.1. This lower figure is interesting as there appears to have been a large increase in the amount of tinned or preserved foods consumed, which has been stimulated by the saving in fuel which the use of such prepared food allows. Deficiency in necessary vitamins is held to be responsible for much dental caries, this in turn producing digestive troubles; notwithstanding this, the figures for the current year show a decline in the digestive disorders treated."

"The causes of death that remain to-day of chief importance at ages 1-5, and in which further improvement is to be hoped for, are to be found in diseases of the respiratory system, non-respiratory tuberculosis, measles, whooping

cough, diphtheria, and the mortality resulting from external causes."

GENERAL EPIDEMIOLOGY.

To-day there are compulsorily notifiable, either under the general law or local Acts or under orders issued by the Minister, more than thirty human diseases. They are: smallpox, cholera, diphtheria, erysipelas, scarlet fever, typhus fever, typhoid (enteric fever), relapsing fever, continued fever, puerperal fever, plague, cerebro-spinal fever, acute poliomyelitis, tuberculosis, ophthalmia neonatorum, acute encephalitis lethargica, acute polioencephalitis, puerperal pyrexia, dysentery, malaria, acute primary pneumonia, acute influenzal pneumonia, anthrax, glanders, hydrophobia, chickenpox, measles, German measles, whooping cough, pemphigus neonatorum, acute rheumatism, infective diarrhoea and yellow fever.

"We have had no cholera since the 'nineties. Nevertheless this disease is one of five—the others being plague, yellow fever, typhus and smallpox—which are regarded as so important as to be made the subject of International control, by the International Sanitary Convention of 1926, of which Great Britain is a signatory. Although these diseases are virtually extinct in this country, they might be re-introduced at any time if the control machinery broke down, and given a suitable environment they might flourish.

"Of the infectious diseases of the nervous system which figure in the list, encephalitis lethargica has hitherto proved unsusceptible to administrative control and treatment but is a rapidly diminishing quantity both in this country and abroad." This statement will be received with sincere relief by Nurses who realise the far-reaching and terrible effects of this disease. But though there has been a substantial decrease in cerebro-spinal fever and encephalitis lethargica, there has been an increase in poliomyelitis.

We learn that "a much greater advance has been made in the control of the environmental than of the personal diseases; knowledge of the method of transmission has enabled the epidemiologist by controlling the environment to control the disease. Cholera requires contaminated water; typhus fever requires the louse as an intermediary and the greater cleanliness of the population has resulted in the virtual extinction of this disease in this country. In like manner plague requires the rat and the flea. The enormous improvement in the death rate from typhoid, and its ally para-typhoid fever, is almost entirely due to improved water supplies, but," says Sir George Newman, "that the organism is still with us awaiting its opportunities is demonstrated by the periodic outbreaks which it has been my duty to report from time to time. Given the concomitance of organism, environment and a susceptible individual we have all the elements of an explosive outbreak, and it is only by constant vigilance that this concomitance is frustrated."

Unfortunately in the personal diseases we have an entirely different and more complicated problem. Generally they are spread directly from man to man in the form of droplet infection in ordinary everyday intercourse. Not the least difficulty is that of diagnosis. This is commonly impracticable until the disease is well established, by which time the period of greatest infectivity is often over. Short of immobilising the whole population the spread of such infections is inevitable. The problem is, therefore, how to render this spread innocuous either by weakening or diluting the infection or by fortifying the individual who may receive it.

MATERNITY AND CHILD WELFARE.

In regard to the infant mortality rate for 1933, of 64 per 1,000 births, there may, says Sir George Newman, be

[previous page](#)

[next page](#)