

## London's Health in 1949.

Preliminary report by the County Medical Officer of Health, Sir Allen Daley, M.D., F.R.C.P., K.H.P.

### VITAL STATISTICS

*Births* numbered 57,590. The provisional birth rate for 1949 is 16.9.

In 1922, four years after World War I, the rate was 20.9.

*Deaths* numbered 39,600 (after the actual registrations have been adjusted by an estimated correction for residence).

The provisional death-rate for 1949 is 11.9.

The death-rate in 1948 was the lowest recorded in London but it was an exceptional year owing to very low respiratory mortality and low mortality from heart disease and the rate for 1949 is a little higher, though still lower than 1947.

*Infantile mortality*.—The provisional rate of infantile mortality for 1949 is 28 per 1,000 live births. This is the lowest ever attained in London.

The provisional neo-natal mortality (i.e. of children under four weeks) was also a record, namely 16.5 per 1,000 live births.

*Maternal mortality*.—The provisional rate is 0.78 per 1,000 live and still births.

*Note*.—There was not a single death from puerperal sepsis registered in London in 1949.

*Epidemic diseases*.—Measles, mortality low, only 11 deaths; whooping cough, mortality low, 25 deaths; scarlet fever, mortality nil; diphtheria, only seven deaths; typhoid fever, only three deaths; infantile diarrhoea, much below average, 106 deaths; poliomyelitis, mortality heavy, 55 deaths.

Diphtheria is slowly being overcome as a killer of children thanks to the immunisation campaign. Pre-war, there were 7,500 cases a year and 250 deaths. In 1949 there were only just over 200 cases and seven deaths.

Last year 52,300 were immunised against diphtheria.

The infantile diarrhoeal death-rate is the lowest ever recorded, but it is a serious menace to child life and research into its causation and prevention is in progress.

The first really serious epidemic of poliomyelitis in London was in 1947. 1948 was a year of average incidence, but in 1949 it flared up again with an incidence almost as great as in 1947 and a similar mortality—7 per cent. of the cases. The aftermath, however, of paralysed limbs in those who recover presents a serious problem not only to the individuals but to the community. It is regrettable that there is no known method of preventing an outbreak or controlling its spread, though research is continuing in many parts of the world.

*Tuberculosis*.—The annual notifications have increased to over 6,000 but there has been a decline in the death-rate. The provisional rate for 1949 is 0.50 per 1,000—a new low record—compared with 0.57 in 1948. Nevertheless, the deaths in 1949 numbered over 1,700. The waiting list for admission to a sanatorium is lengthening. Tuberculosis remains the most serious infectious disease confronting us.

*Fatal road accidents* caused 235 deaths. This is a small reduction on 1948, namely a death-rate of 7.1 per 100,000 of the population compared with 7.4.

*Cancer* caused over 7,000 deaths. In recent years there has been little change in the death-rate which is about 2.1 per 1,000 of the population.

### GENERAL STATISTICS

*Sessions of ante-natal, post-natal and infant clinics*.—730 a week. Attendances at ante-natal and post-natal clinics number 4,700 a week and at infant clinics 20,200 a week.

Some 60 per cent. of expectant mothers attend the Council's clinics and 90 per cent. of the children under one year of age attend.

*Health Visitors* paid 800,000 home visits during the year. Under the Council's domiciliary midwifery scheme 16,452 mothers were attended in their confinements.

During the year *Home Helps* attended 44,000 households. About 4,800 were confinement cases, the rest illness.

There are 6,705 places in the 120 *day nurseries*. There is a substantial waiting list.

*Home Nurses* provided by the Council through the Agency of the District Nursing Associations paid over 1,000,000 visits.

*The Ambulance Service* had its busiest year. Over 400,000 patients were conveyed to or from hospital.

### Employment of tuberculous persons at sanatoria.

THE Minister of Health is co-operating with the Minister of Labour and National Service in the occupational resettlement of persons suffering from tuberculosis. The Ministry of Labour and National Service has a special interest in this matter in carrying out its responsibilities under the Disabled Persons (Employment) Act, 1944, and the Minister attaches much importance to it from the point of view of his own concern in the tuberculosis problem.

The practice of employing tuberculous persons on the staffs of sanatoria is a valuable contribution to the provision of suitable employment for those whose condition restricts the scope of work which they can undertake without detriment to their own health or risk to others: and the Minister is anxious that as much opportunity as possible should be given for so employing them.

The advantages of so doing are that restored tuberculosis patients are enabled to earn a livelihood in a familiar environment under constant medical supervision and to have the amount and nature of their work adjusted to individual needs and capabilities; that the tuberculosis hospital service is helped by using men and women with personal experience of the disease; and that in such persons, especially when acting as nurses, patients under treatment find a particular degree of sympathy and understanding.

The Minister recognises that the employment of tuberculous persons on sanatoria staffs is not without its difficulties, mainly of an administrative kind, because their health may be precarious and prevent them doing as much as a completely fit person. There is also the possibility that their employment may give rise to a fear of infection among others working with them who are not tuberculous. At large institutions experience has shown that this difficulty may be largely met by arranging separate living accommodation: and at smaller institutions an expedient might be to arrange for the healthy staff to be mainly non-resident. The difficulties that have been mentioned are likely to arise more as regards nurses than other staff.

Although some administrative disadvantages may be inseparable from employing tuberculous nurses or other staff in sanatoria, the Minister nevertheless feels that the advantages outweigh them, and he is confident that sanatorium authorities, because of their close interest in the tuberculosis problem, will be ready to do all they can (as he knows some of them already do) in affording openings to tuberculous persons for a suitable kind of employment when treatment has restored them to working capacity.

This policy has long been followed at many tuberculosis institutions with success; and the Minister would be glad if Boards and Hospital Management Committees would specially consider giving every opportunity they can to tuberculous persons capable of suitable work to find employment, whether as nurses or otherwise, on sanatoria staffs.

### British Council's New President

Sir Henry Dale, O.M., has been elected President of the British Council by its Executive Committee in succession to Lord Riverdale, who has reluctantly resigned for private reasons.

Sir Henry was a member of the Council's Executive Committee from 1943–1949, and Chairman of its Science Advisory Committee from 1942–1949.

[previous page](#)

[next page](#)