

School Health Services and Domiciliary Midwifery

The report embodies that of the school health service. Many more children have been subject to routine medical inspections. The number is smaller than pre-war, but, then, the school population is smaller. The number of children of school age in London is only half what it was twenty years ago. The general nutritional level appears to have improved. If the new classification of "good," "fair," and "poor" corresponds to the old classification of "excellent," "normal," and "sub-normal" and "bad," the children of "poor" nutrition now number only 3.2% of those examined, compared with 6.6% with "subnormal" and "bad" nutrition in 1938.

Each year the County Medical Officer stresses one special aspect of the council's work—in this report domiciliary midwifery. The council's midwives presided over 10,000 domiciliary confinements in 1948, and about 8,500 were undertaken by hospital district and district nursing association midwives. Something like one-third of all the confinements in London are non-institutional.

Apart from twenty-five tables of statistics, this volume contains a vast amount of information concerning the general public health services of London for which Sir Allen Daley and his staff are responsible. It is mentioned that the first grade of staff transferred from the borough councils to be integrated with the council's medical staff was that of assistant medical officer; the transferred officers had their salaries brought up to the level of the medical officers in the council's school medical service. Specialization in maternity or in child welfare work has been encouraged, and efforts have been made to create a close liaison with the hospitals both as regards the teaching of medical students in council clinics and by attaching council medical officers for certain periods to the maternity or paediatric departments of hospitals.

CHANGES IN NOTIFICATIONS

POLIOMYELITIS AND ENCEPHALITIS

New regulations¹ which came into operation on January 1 make a number of changes in the notification of diseases of the central nervous system. Three new definitions are given which conform with the international standard classification of diseases brought into use on the same date. These changes will also have the effect of extending slightly the range of clinical conditions notifiable under "acute encephalitis" and "meningococcal infection."

Acute Poliomyelitis

The distinction formerly drawn between acute poliomyelitis and acute polio-encephalitis was not an easy one, and has never been adopted in other countries. In Sweden and in some parts of the United States it has long been the practice to report cases of acute poliomyelitis (including polio-encephalitis) as such but with one of two sub-headings. "Paralytic" includes cases with either transient or permanent paralysis. "Non-paralytic" includes cases in which there is no paralysis but where the diagnosis was made on clinical signs with or without examination of the cerebrospinal fluid.

Obviously in the latter group of cases the diagnosis is often uncertain, but, if patients who were not paralysed when first notified and admitted to hospital become paralysed later, the ordinary procedure for correction of the diagnosis previously notified should be applied by the hospital.

Acute Encephalitis

This replaces the former heading "encephalitis lethargica." It is very doubtful whether true encephalitis lethargica now occurs in this country, and under the new sub-heading "infective encephalitis" can be included cases of all forms of encephalitis, some of obscure aetiology, which are presumed to be of microbial or viral origin.

¹The Public Health (Acute Poliomyelitis, Acute Encephalitis and Meningococcal Infection) Regulations, 1949.

The sub-heading "post-infectious" covers those forms of encephalitis which sometimes follow such well-defined infections as chicken-pox, measles, mumps, vaccinia, etc.

Meningococcal Infection

This heading will cover all cases of meningococcal meningitis formerly notified as "cerebrospinal fever." It will also allow the notification of cases of illness due to fulminant and other forms of meningococcal infection without an initial meningitis.

CYPRUS FREED FROM MALARIA

SUCCESSFUL CAMPAIGN

The Secretary of State for the Colonies, Mr. Arthur Creech Jones, M.P., addressed a press conference on January 9 at which he announced the successful conclusion of the three years' anopheles eradication campaign in Cyprus. He said that that day was a public holiday in Cyprus in celebration of the event. When the campaign started there were 18,000 cases of malaria annually in Cyprus, which has a population of 456,000 and an area of 3,500 square miles. It was said that 70% of village children had malarial parasites in their blood. The number of cases on the island was reduced to about 100 last year, none of them new infections. Infant mortality, largely due to malaria, had dropped during the last seven years from 180 per 1,000 live births to fewer than 70.

Mr. Creech Jones introduced Mr. Aziz, C.B.E., Chief Health Inspector of the island, and three Cypriots, members of the eradication team, which numbered 770 at the peak of the campaign. Mr. Aziz, who had originally studied under Sir Ronald Ross, was sent to Egypt in the early part of the war to study eradication methods there, and on his return introduced into Cyprus a system which depended mainly upon spraying and the use of D.D.T. The three anopheline species which had to be combated were *A. superpictus*, breeding in shallow collections of water exposed to full sunlight; *A. elutus*, breeding in marshy collections of water; and *A. bifurcatus*, breeding in heavily shaded water and in caves and wells.

The first of these vectors was attacked in 1946 over an area of 500 square miles in the region of the Karpas peninsula, and the attack was highly successful, whereupon the campaign was extended to the whole island and against all three carriers. The attack was made with insecticides and larvicides, usually 4% D.D.T. in gas or fuel oil. Gammexane smoke was used in buildings with high ceilings and in places difficult of access. The spraying was carried out with locally made or imported "fit guns," and all the work was checked repeatedly by special squads.

The campaign, which cost under £300,000, or about 13s. per head of population, was financed by the Government of Cyprus, apart from an initial grant of £17,000 from the Colonial Development and Welfare Fund. Cyprus can now be declared free of malaria-carrying mosquitoes, and a constant watch is maintained against reintroduction by ships or aircraft. Mr. Creech Jones paid a tribute to the great part played in the work by Dr. H. M. Shelley, Medical Officer of Health of the island, Mr. Aziz, the Executive Officer of the campaign, and Mr. Veysi, Inspector in the Medical and Health Department. He added that this was only one—although up to the present the most brilliantly successful—of the instances of similar work under the auspices of Colonial Governments. He referred to the work which is being done in British Guiana (Georgetown), Sierra Leone, and Mauritius. "We are not very forthcoming in announcing some of the victories gained on the social and economic fields of our Empire, but all along the line signal victories are being won."

A message of congratulation from the Colonial Secretary to the Governor of Cyprus, Sir Andrew Wright, stated: "Mr. Aziz and his loyal team, who have spent so many arduous hours patrolling and re-patrolling plains, marshes, and mountains in pursuit of their prey—a work all the more laborious in these last stages when there were no more mosquitoes to be found—have won fame among doctors and scientists all over the world