

Letter from London

This year has not been a good one for London. The unreliability of the buses and underground system, and the overcrowding on the overground commuter services have caused increased traffic congestion and air pollution.

Alongside the obvious wealth of the city, there are some of the worst areas of deprivation in the country—mainly in the East End and south of the Thames. In 1896, Charles Booth (1840–1916) made a house-to-house survey of inner London.¹ Booth, a ship-owner and leather manufacturer, was a contemporary of, but unrelated to, William Booth, the founder of the Salvation Army. With 20 co-workers he surveyed 120 000 households, recording them according to social class, using his own classification with a colour coding which was as follows: 'Lowest class, vicious, semi-criminal (black); very poor, casual labour, chronic want (blue); poor, 15–21 shillings a week for a moderate family (light blue); mixed, some comfortable, others poor (purple); fairly comfortable, good ordinary earnings (pink); well-to-do, middle class (red); wealthy, upper middle and upper classes (yellow). The modern Registrar General's equivalent are: blue—class V, purple—class IV, pink—class III, red—class II and yellow—class I. Booth constructed a map of the area, with each building coloured according to the resident population at the time.²

Dorling *et al.*³ repeated Booth's survey using the 1991 Census data and social class as an index of poverty; using the 1991–95 figures for standardized mortality, they found that the distribution of deprivation had not changed greatly since 1896. Deaths from causes related to childhood poverty, such as carcinoma of the stomach and stroke, were predicted better from Booth's map than from the 1991 data. This was because such people had spent their childhood in the deprived areas of Booth's survey. The make-up of the actual population of inner London and the deprived areas in particular had of course changed since the end of the nineteenth century, due to successive waves of immigration.

Charles Dickens (1812–1870) in *A Christmas Carol* (1843)⁴ vividly described the destitution in the poorest parts of London, and Henry Mayhew (1812–1887) in his *London Labour and London Poor* (1851)⁵ wrote down the story (among many others) of the 'Crossing-Sweeper who had been a Servant Maid', who lived 'down Little Yard...in Great...Street (almost certainly Great Ormond Street), close by...Square (probably Queen Square) near the Foundling (Hospital), (now The Thomas Coram Foundation)'. She described herself as follows: 'My name is Mary..., I live in the...yard. I live with a person of the name of..., in the back attic; she gets her living by selling flowers in pots in the street, but she is now doing badly. I pay her a shilling a week... One week and another I make two shillings in the seven days after paying for my broom... I wear out three brooms a week, but in the summer one will last a fortnight. I give three pence ha'penny for them...'

Mayhew's crossing-sweeper must have lived opposite the site of the future Hospital for Sick Children (Great Ormond Street Hospital for Children), which was founded in 1852, with Charles Dickens as one of the prime movers. In 1852, 90% of the patients came from within a 2-mile radius of the hospital (personal communication, Nicholas Baldwin, Archivist, Great Ormond Street Hospital).

In recent months, there has been much discussion in the medical and lay press on the incidence of deep vein thrombosis (DVT) in passengers after long haul flights. Interest was stimulated by the death, after one such flight, of a woman in her twenties from pulmonary embolism, secondary to a DVT. Initially this complication was thought to be confined to economy class passengers, because of their limited leg room, but it is now clear that business class passengers are also at risk, perhaps because they are more likely to be overweight and to drink an excess of alcohol—both likely predisposing factors to DVT. Other possibilities are excessive consumption of caffeine-containing drinks which, like alcohol, tend to produce dehydration. However, the main factor is immobility, with the knees flexed, in a situation similar to the well recognized 'deck chair syndrome' as a cause of DVT. A Norwegian study⁶ found that lowered air pressure, similar to that in an aeroplane cabin, activates coagulation, and a report from Narita (Tokyo) Airport⁷ identified 25 deaths in 8 years (presumably from pulmonary embolism) related to air travel, and 150 passengers per year who had received treatment for suspected blood clot in the legs. However, it is generally accepted that the majority of cases of DVT after air travel go unreported.

In my last Letter,⁸ I referred to the conjoined twins, who have now been identified as coming from Gozo, a small island near Malta. The twins have now been separated, with the inevitable death of the parasitic twin. The other twin 'Jodie' is apparently doing well, though with what disabilities is still unclear.

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