MORTALITY AND CROWDING

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INTRODUCTION

Chronic and remitting diseases have absorbed most of the interest of those involved in psychosomatic medicine, since they provide as part of their clinical management, a constant reminder of the importance of psychological factors in their progression. In order to restore the balance and to establish which diseases are most likely to have a strong psychosomatic component, this paper reports on diseases leading to death before the age of 65, death which has, therefore, occurred before the natural span of life is reached.

METHOD

The unit chosen for analysis was the London borough, of which there are 33, their populations ranging from 140,000 to 307,000, except for the City of London whose population contains only 4,245 residents. The social indices used are shown in Figure 1 and were obtained from the 1971 census, plus figures for crime from Scotland Yard. At that time, smoking was evenly distributed throughout the London boroughs and across the social classes and the population of London living within one valley, share of course, the same climate and water supply. Figures for mortality were obtained by adding the figures for 1969 to 1973 inclusive and expressed as a ratio to the population at risk, in two groups, those aged 15-54 and those aged 55-64. Their borough is defined by their borough of residence rather than their site of work.

RESULTS

In Figure 1, a factor analysis having been performed of the
1. POP / Rm
2. POP 3 Hct
3. CAR OWNERSHIP / HOUSEHOLD
4. NUMBER OF CHILDREN BORN TO WOMEN AGED 15 - 29
5. OCCUPATION AND CLASS
6. SOCIAL CLASS
7. % OF ACCOMODATION, RENTED, FURNISHED
8. % OF WOMEN AGED 15 - 54 (UNMARRIED)
9. PROPORTION OF IMMIGRANTS FROM THE NEW COMMONWEALTH
10. PROPORTION OF IRISH IMMIGRANTS
11. RATIO OF OWNER OCCUPIED TO LOCAL HOUSING AUTHORITY
12. INDICTABLE OFFENCES
13. ASSAULTS AND WOUNDING

Key

Figure 1.