

## Medical News

The twenty-second Silvanus Thompson Memorial Lecture, on "The Irradiation of Liquids," will be delivered by Professor F. L. Hopwood, D.Sc., and the twentieth Mackenzie Davidson Memorial Lecture by Dr. L. A. Rowden on "Maternal Mortality and Radiology," before the British Institute of Radiology, 32, Welbeck Street, W., on Friday, January 19, at 2 p.m.

The fifth of the series of free public addresses entitled "The Deeper Causes of the War and the Issues Involved" will be given by Sir Richard Livingstone, LL.D., in the Assembly Hall (entrance in Craven Street, Strand) of the Royal Empire Society, at 2 p.m. on Thursday, January 18. Subject: "The Crisis of Civilization."

An exhibition of contemporary British painting, drawing, and sculpture opened at Burlington House, London, on January 5 and will continue until March 9. It has been organized by the Royal Academy in co-operation with twenty-four other art societies, and the works exhibited are by the members of these societies and artists recommended by them. All the works, of which there are over 2,000 contributed by some 1,250 artists, are for sale, and half the price paid on each sale will be divided equally between the Lord Mayor's Red Cross and St. John Fund and the Artists' and General Benevolent Institution. The exhibition affords an unprecedented opportunity of judging the merits of different schools and widely differing personal qualities and styles. It is a friendly show, not to be missed in these times for many reasons, but none so much as for the charitable purpose it is to serve.

The first South American Congress of Oto-rhino-laryngology will be held at Buenos Aires in April, 1940, under the presidency of Professor Elisco V. Segure. Further information may be obtained from the secretariat, Rue Montevideo 696, Buenos Aires.

At a meeting of the Committee for the Study of Medical Hydrology in Great Britain, held on December 20, it was decided to carry on its work of providing lectures to medical societies on clinical aspects of hydrological treatment with redoubled vigour in view of the great value of such treatment in both rehabilitation and nervous cases. The value of such treatment was well demonstrated in and after the last war, and it is on this aspect that it wishes to lay particular stress. It is realized that "black-out" makes the attendance of evening meetings difficult, and it was suggested that, where possible, meetings and lectures should be held in the late spring and summer to take the place of some of those that would ordinarily be held in the winter. The hon. secretary of the committee is Dr. G. D. Kersley, 6, The Circus, Bath.

### EPIDEMIOLOGICAL NOTES

#### Infectious Diseases for the Week

Of the prevalent notifiable diseases only measles and pneumonia (primary and influenzal) have increased in England and Wales during the week, the former from 2,225 to 2,248 and the latter from 440 to 450. The expected measles epidemic is developing slowly and irregularly; with a few exceptions rural and urban areas so far have been affected more than large cities and boroughs. Despite the recent prevalence of influenza, notifications of pneumonia (primary and influenzal) and the number of deaths from influenza have shown but little change. Uncomplicated influenza is not notifiable, and official records are therefore only available when pneumonia has supervened or when attacks are severe and suggest the probability of pneumonia. The current form of influenza is comparatively

mild in its effects, although the initial symptoms may be alarming. The onset is characteristically sudden, with shivering or rigors, fever (101° to 103° F.), malaise and general pains, and in some instances delirium. Catarrhal and gastric features are inconspicuous or absent and defervescence is rapid, usually in twenty-four to forty-eight hours. Nervous or pulmonary sequels are rare, except in those prone to them by reason of age or previous health.

In Scotland diphtheria declined considerably and scarlet fever slightly, while primary pneumonia increased in incidence. This increase does not appear to have any relation to the influenza, as only 5 cases of influenzal pneumonia were recorded. Dysentery was again more prevalent, but Glasgow, with 10 cases, displaced Edinburgh, with 9, as the principal centre of the disease. An outbreak of mumps of unusual severity has been reported in the Isle of Harris in the Outer Hebrides. As the disease is not notifiable, exact data as to incidence are not available, but 3 deaths have been recorded so far.

#### Diphtheria and Scarlet Fever, 1939

In most countries of the Northern Hemisphere there is a seasonal increase of diphtheria in the last four months of each year, reaching the maximum towards the end of November and declining in December. The maximum (November-December) is a little over twice the minimum (July-August). The abnormal conditions in certain European countries as a result of war render strict comparison with previous years impossible, as it is difficult to decide to what extent evacuation and irregular, unequal, or delayed notification have influenced the numbers recorded. In England and Wales the fall observed in the first eight months of 1939, compared with the median value for the immediately preceding eleven years, was accelerated in September, while during the four-week period ended November 4 the seasonal increase was only 6.5 per cent., compared with 11.3 per cent. for the median value. In Germany (excluding Austria and the Sudeten area) incidence during summer months was greater than the median, but the increase for the four weeks ended October 7 was 21 per cent., compared with 29 per cent. in 1938. In France the decline recorded in the first eight months has markedly quickened since the war began; as against 720 cases in August there were only 479 in September, while the October numbers were below the minimum for this month of the eleven years from 1928 to 1938. In the countries of Western and Northern Europe mortality from diphtheria has fallen considerably but irregularly in the last fifty years. During the last war the rate of fall was retarded, but it has since increased. The fall has been greatest in Holland, Switzerland, and the Scandinavian countries, where the rate is less than 1 per 100,000 (the rate was 75 in Sweden at the beginning of the century), but high rates continue in Czecho-Slovakia, 14.2, and Yugoslavia, 24.6. In England and Wales the mortality rate for 1936-8 was between 6.2 and 7.3, in Scotland between 7.6 and 9.9, and in Eire between 10.7 and 11.8.

The seasonal course of scarlet fever, like that of diphtheria, is remarkably regular in European countries, with minima in July-August and maxima in October-November, but wide fluctuations occur with tolerable regularity at intervals of four to five years, during which the maximum may amount to thrice the minimum. The periodicity of scarlet fever, like that of measles, is probably related intimately to age-susceptibility and the rate of accumulation of non-immunes during the non-epidemic years. The numbers recorded in the countries at war were low in 1939 compared with the corresponding period of 1938, but in Scandinavia, Holland, and South-Eastern Europe (Hungary, Rumania, Yugoslavia, and Bulgaria) the seasonal increase was higher than in the previous year. In these countries scarlet fever has been a deadly disease since the last war, but mortality has been less in recent years—7.7 per cent. for 1936-8 (17.4 in Rumania) compared with rates of about 30 during the years 1924-33 (37.5 in Yugoslavia). During the last fifty years a regular decrease in mortality amounting to more than 95 per cent. has been recorded in England, while in Germany and France the decreases have been almost as large but not so regular.