

## Medical Notes in Parliament

### Tuberculous British Prisoners in Germany

On March 16 Brigadier-General CLIFTON BROWN asked the Under-Secretary for War whether he was aware that certain of our prisoners suffering from tuberculosis in German camps had been promised to be removed to Switzerland for expert treatment; that this arrangement had now been cancelled; and whether he would again press, through the Red Cross or otherwise, for the transfer of such prisoners to Switzerland. Mr. SANDYS said he was not aware of the promise referred to. All British prisoners of war in Germany suffering from tuberculosis (with the exception of two, whose cases were the subject of a recent protest) had been sent to a special hospital in the Saxon Alps, of which he had received favourable reports.

Sir WILLIAM DAVISON said he had seen a copy of a letter from the War Office to the parents of a soldier who had been promised that he should go to Switzerland, saying that he could not go because the War Office had ceased to press the Germans to send him there. Why had the policy of the War Office been changed in this matter? Mr. SANDYS replied that he could explain this, but he did not think it should be discussed in open session.

Mr. BELLENGER asked if the same principle could not be adopted as in the last war, when these unfortunate people were sent to Switzerland for their benefit. Mr. SANDYS: All who are suffering from tuberculosis in a serious form are eligible for repatriation.

### Medical Certificates for Fire Watchers

On March 17 Mr. KIRBY asked the Home Secretary what powers had been given to hardship committees to reject applications for exemption from fire-watching duties where doctors had certified that the applicants were unfit for such duty, and if he would take steps to ensure that applicants for exemption, supported by such medical testimony, should be examined by a doctor representing the Ministry before their applications were rejected. Miss WILKINSON said that the tribunals, which had full powers to require an applicant to submit to a special medical examination, were independent bodies whose decisions were not subject to review by any Government Department.

Mr. CAMPBELL STEPHEN: Does not the Minister consider that the powers of the tribunal should be limited in order that medical certificates should not be set aside unless by other certificates? Miss WILKINSON said that a good deal of revision was going on regarding details, but alteration of the law as it stood was not a matter for the Home Office.

### New Treatment for Wounds

On March 17 Mr. KIRBY asked the Under-Secretary of State for War if he could give any information about the new treatment for wounds discovered by a doctor of the Hebrew University of Jerusalem; and whether it was to be adopted generally throughout military hospitals in the treatment of wounds. Mr. SANDYS: This work has not yet passed the experimental stage, and there can, therefore, be no question at present of adopting its results generally. Steps have, however, been taken to give the doctor referred to assistance in his experiments.

### Nursing and Midwifery in the Colonies

Mr. HAROLD MACMILLAN told Dr. Morgan on March 18 that examinations for midwives were conducted by Government medical officers in all the West Indian Colonies, and diplomas or certificates of competency were issued by the Colonial Governments. Midwives, or nurses known to be qualified as midwives, were employed by the Governments of Jamaica, Trinidad, Leeward Islands, Grenada, Dominica, and St. Vincent. On the same date Mr. Macmillan gave a general assurance that active steps were being taken regarding the training of European women for work in Colonial medical and health services, as well as Colonial-born students of any race or colour, as nurses, midwives, and health visitors. These schemes were not complete, and a full statement on future Colonial nursing policy must await completion of this preliminary work. Asked whether suitably qualified West Africans were encouraged and permitted to secure medical posts in their own country, Mr. Macmillan said continuous efforts were being made to ensure to West Africans careers commensurate with their talents, training, and qualifications.

### Shortage of Nurses

Mr. ERNEST BROWN, on March 19, told Mr. Sorensen that returns from hospital authorities in England and Wales indicated that the number of additional nurses they would be ready to employ if they were available was 13,600. The average ratio of nurses employed to all beds was 24 per 100 beds. The average number of nurses employed to all patients was 40 nurses

per 100 patients. He was in communication with the Secretary of State for War about the number of nurses who might be available for transfer from military hospitals to understaffed civilian hospitals.

### Tuberculosis among Gold Coast Miners

Mr. MACMILLAN stated on March 19 that two medical officers of the Gold Coast Medical Service had undertaken an investigation into the incidence of tuberculosis and silicosis among mine workers in the Tarkwa area of the Gold Coast between April, 1940, and January, 1941. Their interim report revealed considerable progress. Arrangements were subsequently made for one of them, who was a specialist in these diseases, to visit South Africa to obtain the advice of the authorities in Johannesburg who had special knowledge and experience of these problems. Before adequate preventive measures could be introduced it was necessary to obtain fuller information regarding the dust counts of the atmosphere at the various working places. Arrangements had been made for officers of the Mines Department to receive instruction in this subject. The report showed that the incidence of pulmonary tuberculosis was higher than that of silicosis. The medical officer referred to had now been freed from all routine duties to allow him to devote his full time to the investigation of the incidence of tuberculosis. All known cases of these diseases were receiving the necessary treatment, but the elimination of silicosis must depend on methods of prevention.

*Vitamin B, in Canadian Flour.*—Fortification of Canadian flour with vitamin B, before export to the United Kingdom is not carried out by the Canadian Government but by individual millers. Consignments are sampled on arrival in the United Kingdom and the vitamin B, content is determined.

### Notes in Brief

Mr. Sandys said that at least 80% of recruits to the Army needed dental treatment on enlistment. Full provision had been made for this by the expansion of the Army Dental Corps and the provision of extra Army dental centres and laboratories and mobile dental units.

Mr. R. S. Hudson is sending a letter to every milk farmer in England and Wales calling on him to do his utmost to keep up the milk supply. The United States is sending over a veterinary expert to assist in dealing with contagious abortion in cattle.

## Universities and Colleges

### UNIVERSITY OF SHEFFIELD

At a meeting on March 13 the University Council decided that all students entering the University must undergo a medical examination, arranged by the University, as early as possible during their first term. In the case of medical and dental students, whose duties expose them to health risks not encountered by others, further physical examinations are required before and during that part of their course which is spent in hospitals. By this decision the Council has taken an important step towards safeguarding the health of a part of the community. There is no intention of imposing a standard of physical fitness on students, but in cases where disability or a tendency to ill-health is found advice will be given for the benefit of the student. The records of all medical examinations will be confidential and will not be divulged without the student's consent. The scheme is one which, it is hoped, will play its part in directing attention to the real aim of medicine, which is the promotion and maintenance of good health.

## EPIDEMIOLOGICAL NOTES

### Some European Vital Statistics

Despite the great difficulties that must have been imposed on it by the present world conditions the League of Nations Health Organization has issued its annual report on notifiable diseases for 1938. The report contains the statistics of notifiable diseases for the various countries and the great towns of the world, and also includes data on mortality and births. The death rates by cause of death are given for two years preceding 1938, generally 1936 and 1937. A standardized death rate and rates in quinquennial age groups are given for all causes of death in triennial periods around the recent census years, and for the most recent year for which the data were available. The death rate, birth rate, and infant mortality are given by country for each year from 1925 to 1940, although the values for the last two years of the period are provisional. These rates are also given for the great towns by months during 1938, and annual rates for this year and the immediately preceding years are also shown.

**INFECTIOUS DISEASES AND VITAL STATISTICS**

There still appears to be a considerable difference between the various countries in the degree of accuracy of diagnosing the cause of death and in attributing deaths to various causes. This prevents any comparison being made between different countries for specific causes of death—for example, in France the death rate per 100,000 for causes of death not specified or ill defined was 314 and for senility 193; the rates for these causes in England and Wales were 3 and 41 respectively. The degree of accuracy in notifying cases of infectious diseases probably shows very much greater differences between one country and another than the causes of mortality. Although international comparisons are invalidated, the data are sufficiently accurate to show the seasonal fluctuations and the trend of the incidence within any country.

The provisional death rate for 1940 is tabulated for 16 European countries: for 13 countries the mortality was at a higher level than in 1939; one country had the same rate in both years; and in two countries, Austria and Sweden, the rate declined by 0.3 and 0.1 per 1,000. The death rates in 1940 ranged from 10.4 per 1,000 in Denmark to 19.2 in Rumania. The preliminary values of the birth rates for 1940 showed that a decline occurred in about half the countries when compared with 1939. The infant mortality increased during 1940 in half the countries, and varied from 39 per 1,000 live births in the Netherlands and Sweden to 189 in Rumania.

As it seems a matter of topical interest to compare the vital statistics of our enemies with our own experience, the following values were extracted, but they should be treated with great reserve:

Country	General Death Rate			Infant Mortality			Birth Rate		
	1938	1939	1940	1938	1939	1940	1938	1939	1940
England and Wales ..	11.6	12.1	14.3	52	50	55	15.1	14.9	14.6
Scotland .. .. .	12.6	12.9	14.9	70	69	78	17.7	17.4	17.1
Germany .. .. .	11.6	12.3	12.7	60	60	63	19.6	20.3	20.0
Italy .. .. .	14.0	13.4	13.5	106	96	104	23.7	23.5	23.1

Typhus fever has been the subject of much discussion and speculation in recent months. This disease was endemic in a great part of Europe in peacetime. These centres of infection may be illustrated by the number of cases reported during the three years 1936-8. The largest returns were Bulgaria 458, Greece 208, Lithuania 473, Poland 10,791, Rumania 14,317, Czechoslovakia 564, Turkey 1,518, Yugoslavia 2,403. No returns have been made by the U.S.S.R. since April, 1937; the number of cases of typhus reported in European Russia during 1936 was 45,703.

**Discussion of Table**

In *England and Wales* during the week under review there was a general rise in the incidence of infectious diseases; the only exceptions were whooping-cough and dysentery, which declined slightly.

The number of cases of measles was 215 higher than the total for the preceding week. The biggest rise was in Middlesex—177 to 267 (Harrow U.D. 118, Twickenham M.B. 64). The only other areas with large increases were London and Surrey, with 35 and 29 cases respectively in excess of the total of the previous week.

The notifications of scarlet fever increased from 1,124 to 1,231, and of pneumonia from 1,148 to 1,276. The increases were widespread and there were no big variations in the totals of individual counties.

There were 17 more cases of diphtheria than in the preceding week, and 25 fewer cases of whooping-cough. In contrast to the general trend, whooping-cough in London increased to 164 from 129 cases in the preceding week.

There were 218 notifications of cerebrospinal fever, an increase of 54, or 23%, on the previous week's total. The additional cases were distributed throughout the country and no special increase in incidence was recorded for any county; only five counties in England failed to return a case.

In *Scotland* the figure for measles had risen from 196 to 200, but wide variations in incidence occurred within the country. Edinburgh reported 94 cases, a fall of 41; Glasgow, with 96 notifications, had an increase of 51. The higher notifications of pneumonia were due to a large rise in Glasgow.

In *Eire* notifications of measles rose from 85 to 138. The principal centres of infection were Co. Westmeath, Athlone U.D. 42 cases, and Dublin C.B. 36 cases.

**Returns for the Week Ending March 14**

The notifications of infectious diseases in England and Wales during the week included scarlet fever 1,260, whooping-cough 1,324, diphtheria 842, measles 2,706, pneumonia 1,403, cerebrospinal fever 230, dysentery 131, paratyphoid 6, typhoid 16. In the great towns 81 deaths from influenza were recorded.

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended March 7.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland. *Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.*

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1942					1941 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	218	12	41	8	8	370	29	66	3	14
Deaths .. .. .		1	3				1	6		
Diphtheria .. .. .	876	32	183	60	22	1,015	50	298	24	39
Deaths .. .. .	19		6	4		23	1	8		2
Dysentery .. .. .	120	20	26	1		156	12	23		
Deaths .. .. .		1								
Encephalitis lethargica, acute .. .. .	8			1		6		3		
Deaths .. .. .							1			
Enteric (typhoid and paratyphoid) fever .. .. .						17	1	1	2	
Deaths .. .. .						1				
Erysipelas .. .. .			51	9	1			65	5	6
Deaths .. .. .										
Infective enteritis or diarrhoea under 2 years .. .. .										
Deaths .. .. .	38	4	8	11	1	33	6	10	3	1
Measles .. .. .	2,550	213	200	138	47	15,424	287	171		6
Deaths .. .. .	1	1	1	2		20	1	1		
Ophthalmia neonatorum .. .. .	79	4	16			70	3	16		
Deaths .. .. .										
Paratyphoid fever .. .. .	12	1	2							
Deaths .. .. .			2							
Pneumonia, influenza* .. .. .	1,276	62	19	4	14	1,495	70	56	17	5
Deaths (from influenza) .. .. .	62	10	6	1		199	13	15	6	10
Pneumonia, primary .. .. .			328	22	15			571	16	19
Deaths .. .. .			62					13		
Polio-encephalitis, acute .. .. .	2									
Deaths .. .. .										
Poliomyelitis, acute .. .. .	3		1	1		3		1	1	
Deaths .. .. .										
Puerperal fever .. .. .	1	1	7	2				9	2	
Deaths .. .. .										
Puerperal pyrexia .. .. .	197	16	10			139	5	7		6
Deaths .. .. .										
Relapsing fever .. .. .										
Deaths .. .. .										
Scarlet fever .. .. .	1,231	34	166	46	17	1,161	52	166	29	40
Deaths .. .. .				1		4				
Small-pox .. .. .										
Deaths .. .. .										
Typhoid fever .. .. .	10	1		9						
Deaths .. .. .										
Typhus fever .. .. .									2	
Deaths .. .. .										
Whooping-cough .. .. .	1,290	164	45	24	6	3,617	45	822		17
Deaths .. .. .	8	2			3	41	1	19		1
Deaths (0-1 year) .. .. .	430	52	79	43	20	455	33	147	38	24
Infant mortality rate (per 1,000 live births) .. .. .										
Deaths (excluding stillbirths) .. .. .	6,049	883	768	294	167	6,439	837	937	272	221
Annual death rate (per 1,000 persons living) .. .. .			17.3	19.6	†		20.4	18.1	19.4	
Live births .. .. .	5,196	529	760	312	214	5,304	378	916	386	234
Annual rate per 1,000 persons living .. .. .			15.7	20.8	†		18.5	25.6	20.5	
Stillbirths .. .. .	234	37	42			223	10	35		
Rate per 1,000 total births (including stillborn) .. .. .			52					37		

\* Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

† Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.