EPIDEMIOLOGICAL NOTES

Provisional Death Rates for 1947

The decline in the maternal mortality rate in England and Wales continued during 1947, resulting in a new low figure of 1.01 per 1,000 total live and still births, compared with the previous lowest rate of 1.24 in 1946. The rate per 1,000 total live and still births for deaths from abortion was 0.17.

A male rate of 593 deaths from respiratory tuberculosis per million civilian population maintains the fall that has taken place since the high figure of 795 in 1941 and 611 in 1946. The corresponding rate for females increased from 344 in 1946 to 362 in 1947. The rates for other forms of tuberculosis were 87 for males and 72 for females.

Deaths from cancer among females continued to increase, the rate per million civilian population being 1,745, compared with 1,735 in 1946 and 1,577 in 1937. The rate for males from this cause was 1,976, compared with 1,987 in 1946.

Discussion of Table

In *England and Wales* decreases in the number of notifications were recorded for measles 1,512, acute pneumonia 64, and diphtheria 19, while an increase was reported for whooping-cough 585 and scarlet fever 94.

The largest decreases in the incidence of measles were London 449, Surrey 273, Middlesex 132, Lancashire 116, and Derbyshire 114. Notifications of whooping-cough are about twice the usual average and are the highest since 1941; during the week the largest increases were Lancashire 107, London 55, and Cheshire 52.

A small rise in the incidence of scarlet fever in most areas of the country arrested the decline that occurred during the preceding five weeks. There were no local variations of any size in the returns of diphtheria.

Three cases of paratyphoid were notified from the cities of Birmingham and Dewsbury. While a fall in the notifications of dysentery was recorded in other areas a rise occurred in London from 18 to 30 (Camberwell 14) and in Yorkshire West Riding from 17 to 28. The only other large return for dysentery was Lancashire 24.

Notifications of acute poliomyelitis were 5 more than in the preceding week. The only administrative districts with more than one case were Leicestershire, Barrow-upon-Soar R.D. 3, and Essex, East Ham C.B. 2.

An outbreak of gastro-enteritis in Scunthorpe, Lincolnshire, has caused the death of 13 babies under 12 months during the past five weeks.

In *Scotland* the incidence of measles decreased by 130, while small increases were reported for scarlet fever 14 and whooping-cough 16. The notifications of dysentery in Glasgow were 7 more than in the preceding week.

In *Eire* a decrease in the notifications of measles 34 and primary pneumonia 14 was recorded, while the notifications of whooping-cough increased by 34. The decrease in measles and the increase in whooping-cough were fairly general throughout the country.

In *Northern Ireland* the only change in the trends of infectious diseases was a decrease of 7 in the notifications of diphtheria.

Week Ending April 24

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,535, whooping-cough 3,727, diphtheria 179, measles 9,092, acute pneumonia 593, cerebrospinal fever 43, acute poliomyelitis 16, dysentery 252, paratyphoid 3, and typhoid 4. One case of cholera, a laboratory infection, was notified.

The Council on National Emergency Medical Service of the American Medical Association held its spring session recently and discussed medical aspects of modern warfare and its problems of sanitation and general hygiene. There were lectures on atomic, chemical, and psychological warfare. Dr. Edward L. Bortz, President of the A.M.A., said that it was necessary to collect information on the management of casualties caused by biological products and chemical agents. American medicine had never faced a greater challenge, and the A.M.A. was determined to function through its various councils in every way it possibly could for the protection of the nation's population. Dr. Wigodsky emphasized the necessity for nation-wide education about atomic energy so that people should have a factual basis for reasonable logical thought on the matter. Dr. G. F. McGinnes, vice-president for health services of the American National Red Cross, outlined the organization prepared for combating disaster. The Red Cross scheme includes the provision of medical supplies, equipment, and staff, and the establishment of shelters for victims who have had their houses destroyed.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Sarcoidosis

Q.—*What are the current views on the causation, symptomatology, and treatment of sarcoidosis? In what way does the Darier-Roussy sarcoid differ from the ordinary type?*

A.—Some of these problems were discussed at the International Conference of Physicians held in London in September, 1947. An absolute cause is not known, but many authorities regard sarcoidosis as a particular pattern of reaction in the tissues consequent upon sensitization (the term "anergic" is used) to a chronic infection. This may be a tuberculous infection in this country (leprosy, coccidioides, etc., in other countries), but the organism is not demonstrable and the Mantoux reaction is commonly negative. The skin lesions are most easily assessed, but similar infiltrations occur in other organs in relation to the reticulo-endothelial system. Focal or nodular, plaque or sheet infiltrations of a lupoid character are seen in the skin and may be observed in tonsils or be appreciated by palpation in deeper subcutaneous tissues, glands, liver, spleen, tendon sheaths, etc. They may be detected in the lungs and in the bones, especially of the hands and feet, by *x*-ray examination. A "chilblain circulation" may favour deposits about the nose, cheeks, ears, hands, and feet, producing a condition described as lupus pernio, which is nearly always associated with lesions in bones, lungs, and other tissues. In the experience of the writer and of others the response of calciferol in large dosage (100,000 units daily for an adult) is quite remarkable, but there is no constant response to other measures. The histology is markedly tuberculoid, and essentially presents masses of endothelioid cells with no surrounding infiltration or disorganization of collagen and rarely any tendency to caseation or giant-cell formation.

The so-called Darier-Roussy sarcoid is ill-named and bears no direct relationship to this syndrome. It is a variant of Bazin's disease, a gummatous tuberculous process associated with deep induration in the subcutaneous tissues and usually affecting the lower legs.

Failure to Ovulate

Q.—*What is the likely cause of failure to ovulate? Is any treatment likely to help? The patient I have in mind is a married woman of 28, with a history of apparently normal and regular periods. On being investigated for infertility she was told that an endometrial biopsy showed no secretory phase. What is the prognosis? She is very anxious to have a baby.*

A.—The cause of failure to ovulate in the absence of gross pelvic disorder is unknown, and its occurrence is so common that it can be regarded as being almost physiological. Since one cycle may be anovular, ovulation occurring in other cycles, the result of a single endometrial biopsy may be of little significance. In this case it would be desirable to repeat the endometrial biopsy during several cycles, or to instruct the patient in the keeping of charts of the daily waking temperature (vaginal, rectal, or oral) to see whether menstruation is regularly anovular. Alternatively, the estimation of the excretion of pregnanediol during the second half of several cycles might be helpful. Only when it is established beyond doubt that anovular menstruation occurs so commonly that it is likely to be the real cause of the infertility is treatment indicated. Treatment is in any case difficult, and the results are not easy to assess because of the ever-present possibility of a spontaneous return of ovulation.

The best hope of precipitating ovulation probably lies in the application of cyclical gonadotrophin therapy by Hamblen's technique. This consists in giving ten daily intramuscular injections of 400 units of serum gonadotrophin, followed by ten daily intramuscular injections of 500 international units of chorionic gonadotrophin. The first injection should be given

APPOINTMENTS

Air Commodore H. A. Hewat, C.B.E., M.B., Ch.B., D.T.M.&H., has been appointed Medical Adviser to the British Red Cross Society and has taken up his duties at the society's headquarters at 14, Grosvenor Crescent, London, S.W.1.

Prof. H. W. Rodgers, F.R.C.S., and Mr. J. A. W. Bingham, F.R.C.S., have recently been appointed to the surgical staff of the Belfast Hospital for Sick Children.

DEVENISH, E. A., M.S., F.R.C.S., Surgeon to Orthopaedic and Traumatic Unit, West Middlesex County Hospital.

Mr. Devenish took the London degree with honours in 1932 and the M.S. and F.R.C.S. in 1934. During the war he served as a surgeon specialist in the R.A.M.C. He has contributed papers on "Swelling of the Upper Limb following Radical Mastectomy," "Infection of the Hand," and "The Control of *Staph. aureus* in an Operating Theatre."

BEAVAN, T. E. D., M.B., Ch.B., M.R.C.P., D.C.H., Paediatrician to West Cheshire for Cheshire County Council, Chester Corporation, and Chester Royal Infirmary.

GARTSIDE, V. O. B., M.R.C.S., L.R.C.P., D.P.H., D.I.H., Deputy Medical Officer of Health, County of Oxfordshire.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—*Assistant Resident Medical Officer* (*Tadworth Court*), Elspeth M. Frith, M.B., B.S. *House Surgeon*, William Roe, M.B., B.S. *House Physicians*, J. A. Black, M.B., B.Ch., M.R.C.P., and F. W. Nash, M.B., B.S., M.R.C.P.

LAIDLAW, JEAN, M.B., Ch.B., Assistant Psychiatrist, Crichton Royal Mental Hospital, Dumfries.

MIDDLESEX COUNTY COUNCIL.—The following senior appointments are announced: W. Hartston, M.D., M.R.C.P., D.P.H., Deputy County Medical, Officer of Health; K. R. Stokes, M.R.C.S., L.R.C.P., Medical Director, Harefield County Hospital; R. Asher, M.D., M.R.C.P., Physician, Central Middlesex County Hospital; C. H. Dunn, M.R.C.S., L.R.C.P., D.A., Senior Anaesthetist, West Middlesex County Hospital.

MINISTRY OF NATIONAL INSURANCE.—The following appointments have been made to the headquarters medical staff of the Ministry of National Insurance: *Principal Medical Officers*, F. M. Collins, Ch.M., F.R.C.S., J. M. Davidson, M.D., D.P.H., C. J. P. Grosvenor, M.B., B.Chir. *Senior Medical Officer*, W. D. T. Brunyate, D.M., D.P.H.

MURRAY, D. L., M.B., Ch.B., D.P.H., Assistant Senior Medical Officer, Sheffield Regional Hospital Board.

PHILLIPS, W. J., M.B., B.S., D.A., Honorary Consulting Anaesthetist, Royal Victoria Infirmary, Newcastle-upon-Tyne.

SHARP, C. G. KAY, M.D., Honorary Director, Contact Lens Unit, Royal Eye Hospital, London, and King's College Hospital, London.

SLORACH, J., M.B., Ch.B., D.P.M., Deputy Medical Superintendent, Park Prewett Hospital, Basingstoke.

THOMAS, J. C. S., M.R.C.P., D.P.M., Regional Psychiatrist, North-East Metropolitan Regional Hospital Board.

WILSON, J. F., M.D., Director, Pathological Department, Royal Infirmary, Sunderland.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Borthwick.—On March 10, 1948, at Fernwood House, Jesmond, Newcastle-upon-Tyne, 2, to Betty (née Flinn), wife of Dr. J. Borthwick, 25, Redewater Road, Fenham, Newcastle, a son—David James.

Franks.—On April 28, 1948, to Marjorie (née Hutton), wife of Dr. H. Franks, of Woodford and Epping, a daughter.

Illingworth.—On May 1, 1948, at Sheffield, to Cynthia Illingworth, M.B., M.R.C.P., wife of Prof. R. S. Illingworth, M.D., F.R.C.P., a daughter.

Kitchin.—On April 11, 1948, at 265, Langley Road, Slough, to Jean (née Burles), wife of Dr. A. P. Kitchin, a daughter.

Mundy.—On April 25, 1948, at Cleveland Nursing Home, Paddington, W., to Betty (née Hall), wife of Dr. P. Gordon Mundy, 152, Plashet Road, London, E., a son—Anthony Richard.

Pugh.—On April 23, 1948, at Redruth, Cornwall, to Daphne, wife of Dr. P. J. Pugh, a son—Michael James.

Stradling.—On May 1, 1948, at Central Middlesex County Hospital, to Peggy (Dr. Snow), wife of Dr. Peter Stradling, a son.

Thomas.—On April 27, 1948, to Joyce, wife of Stanley F. Thomas, M.B.E., F.R.C.S.E., of G. Udayagiri, Ganjam District, Orissa, India, a daughter—Judith Margaret.

DEATHS

Christie.—On April 25, 1948, at the Old Rectory, Stibbington, near Peterborough, William Francis Christie, M.D.Ed., formerly of Lancaster Gate, London, W.

Clark Wilson.—On April 29, 1948, at 2, Roseburn Cliff, Edinburgh, John Clark Wilson, M.D., M.R.C.P., F.R.C.S., D.P.H., aged 77.

Coltman.—On April 27, 1948, at West Middlesex Hospital, Brentford, James Bell Coltman, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., of White Lodge, Bedfont, Middlesex, aged 41.

Conran.—On April 27, 1948, Philip Crawford Conran, M.D., of Firgrove, Maresfield Park, Uckfield, Sussex, aged 63.

Fraenkel.—On April 20, 1948, Ernest Maurice Fraenkel, M.D., of 10, Devonshire Place, London, W.

Hannan.—On April 7, 1948, John Herbert Hannan, M.D., of Southport, Lancs.

Hill.—On April 29, 1948, at Croft House Rocester, Uttoxeter, Staffs, Arthur Hilary Clifton Hill, M.R.C.S., L.R.C.P., aged 60.

Ilott.—On April 26, 1948, at Bromley, Kent, Cyril Herbert Thomas Ilott, M.B., B.Ch., aged 68.

McConnell.—On April 24, 1948, at Fernbrae Nursing Home, Dundee, George McConnell, M.B., Ch.B.Ed., of The Limes, Carnoustie, Angus.

Simpson.—On April 21, 1948, Charles Skackleton Simpson, M.R.C.S., L.R.C.P., aged 87.

Simson.—On April 24, 1948, at Wanstead, London, E., James Tudhope Simson, M.B., Ch.B.Ed.

Stobie.—On April 27, 1948, at Sutton, Surrey, Prof. Harry Stobie, F.R.C.S., F.D.S.

Young.—On April 24, 1948, at 3, Frogmore Road, Market Drayton, Salop, William Arthur Bruce Young, M.D.

No. 16

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended April 17.

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	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	47	3	15	3	2	81	5	19	1	—
Deaths		1	—				3	1		
Diphtheria	136	12	53	11	3	182	24	59	22	9
Deaths	2	1	—	—	1	1	—	1	—	—
Dysentery	110	30	47	—	—	46	4	16	—	—
Deaths				—	—				—	—
Encephalitis lethargica, acute	—	—	—	—	—	2	—	1	—	—
Deaths		—					—			
Erysipelas			46	10	1			36	1	1
Deaths		—					—			
Infective enteritis or diarrhoea under 2 years				27					28	
Deaths	35	3	5	5	—	84	11	16	7	1
Measles*	9,681	1360	315	96	45	9,035	490	296	44	18
Deaths†			2	1	—	20	3	—	2	2
Ophthalmia neonatorum	54	1	13	—	—	64	8	10	—	—
Deaths										
Paratyphoid fever	7	—	1(A)	—	—	5	1	—	—	—
Deaths	—	—	—	—	—	—	—	—		—
Pneumonia, influenzal	639	54	8	12	2	728	39	4	16	2
Deaths (from influenza)‡	10	—	2	1	1	16	3	3	—	—
Pneumonia, primary			213	30				252	30	
Deaths	205	45		9	8		36		9	9
Polio-encephalitis, acute	1	—				1	—			
Deaths							—			
Poliomyelitis, acute	19	1	2	1	—	9	—	2	6	—
Deaths§	3	—					—			
Puerperal fever		2	11		—		—	10		—
Deaths										
Puerperal pyrexia‖	114	4	8	6	—	139	6	12	3	3
Deaths		—					—			
Relapsing fever	—	—			—	—	—			—
Deaths										
Scarlet fever	1,290	76	252	37	38	930	73	126	26	33
Deaths†			—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	2	—	—	—	—
Deaths				—	—				—	—
Typhoid fever	9	—	—	2	—	5	1	1	4	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths				—	—				—	—
Whooping-cough*	3,888	286	61	69	22	2,117	255	399	88	13
Deaths	13	2	1	—	—	16	1	6	8	4
Deaths (0–1 year)	338	53	44	25	12	528	76	82	34	20
Infant mortality rate (per 1,000 live births)										
Deaths (excluding stillbirths)	4,615	738	619	180	120	5,270	816	688	246	169
Annual death rate (per 1,000 persons living)			12·5	11·3				14·3	15·8	
Live births	8,469	1366	1062	341	259	10,532	1662	1233	492	318
Annual rate per 1,000 persons living			21·4	21·3				24·8	31·5	
Stillbirths	211	30	31			276	41	31		
Rate per 1,000 total births (including stillborn)			28					25		

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

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

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

‖ Includes puerperal fever for England and Wales and Eire.