

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending February 12 (No. 6) and corresponding week 1954.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1955					1954				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	14	1	8	0	1	11	0	7	2	3
Dysentery	1,110	53	310	1		669	100	186	6	3
Encephalitis, acute ..	2	0	1	0		1	0	3	0	
Enteric fever:										
Typhoid	1	0	1	0		0	0	0	0	2
Paratyphoid	4	0	3	0		4	0	1	0	
Food-poisoning	94	15		0		109	12		0	
Infective enteritis or diarrhoea under 2 years				10	15				15	21
Measles*	18,363	1945	258	599	94	1,849	16	52	28	356
Meningococcal infection	24	2	9	2	4	40	2	11	2	2
Ophthalmia neonatorum	30	1	2	0		27	3	5	0	
Pneumonia†	1,156	68	313	56	5	931	38	252	10	
Poliomyelitis, acute:										
Paralytic	9	2			1	15	2		4	0
Non-paralytic	7	1				6	1		0	6
Puerperal fever§	251	39	8	2		280	38	13	2	
Scarlet fever	746	54	104	51	21	1,161	44	202	39	27
Tuberculosis:										
Respiratory	767	89	140	20		787	70	117	33	
Non-respiratory	85	8	27	4		117	4	33	3	
Whooping-cough	2,065	137	259	67	36	1,916	76	366	74	34

DEATHS in Great Towns	1955					1954				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	1	0	0	0	0
Dysentery	0	0		0		1	0		0	
Encephalitis, acute ..		0			0		0			0
Enteric fever	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	9	0	0	0	1	13	0	4	1	1
Influenza	84	12	8	4	2	41	8	6	0	3
Measles		0	0	0	0		0	0	0	0
Meningococcal infection		2	0				1	1		
Pneumonia	387	58	41	19	7	495	74	30	8	15
Poliomyelitis, acute ..	0	0			1	0	0			0
Scarlet fever		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory	107	15	1	17	3	7	133	6	22	2
Non-respiratory										
Whooping-cough	3	1	0	0	0	0	0	0	0	0
Deaths 0-1 year	230	24	29	7	16	297	27	37	7	25
Deaths (excluding stillbirths)	6,652	956	713	173	217	7,982	1207	747	147	243
LIVE BIRTHS	7,446	1099	862	202	357	7,756	1154	899	221	413
STILLBIRTHS	188	24	25			228	24	23		

* Measles not notifiable in Scotland, whence returns are approximate.
 † Includes primary and influenza pneumonia.
 § Includes puerperal pyrexia.

Vital Statistics

Influenza

In the great towns of England and Wales 82 deaths from influenza were recorded in the week ending February 19. This total was 2 fewer than the previous week's. 42 deaths were recorded in Greater London, compared with 29 in the previous week, making the highest weekly total this winter.

Industrial Accidents and Diseases

The number of workpeople (other than seamen) in the United Kingdom whose deaths from accidents in the course of their employment were reported in January was 109, compared with 120 in the previous month and 132 in January, 1954.

The number of cases of industrial diseases in the United Kingdom reported during January, 1955, were as follows: lead-poisoning 2, compressed air illness 2, epitheliomatous ulceration 18, chrome ulceration 20; total 42.

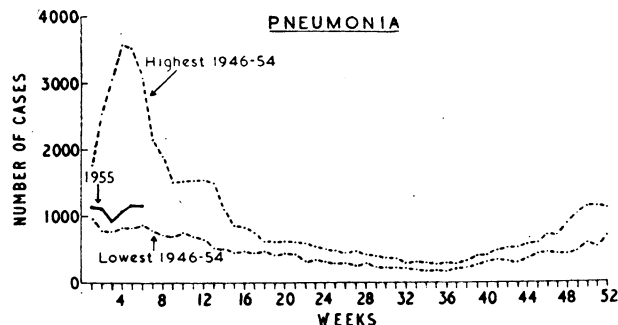
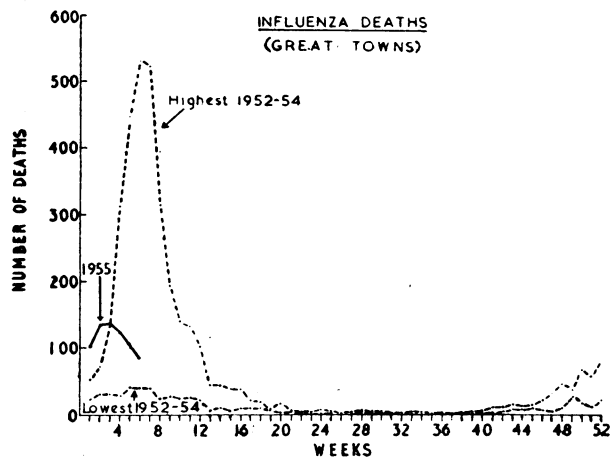
There was one death from epitheliomatous ulceration, due to mineral oil.—*Ministry of Labour Gazette*, February, 1955.

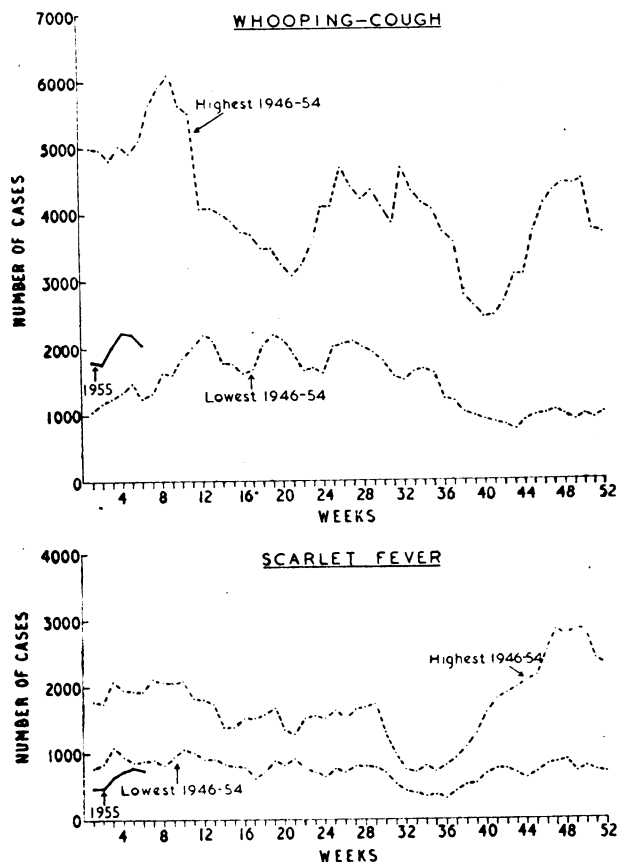
Week Ending February 19

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 682, whooping-cough 1,910, diphtheria 16, measles 19,976, acute pneumonia 1,020, acute poliomyelitis 21, dysentery 1,145, paratyphoid fever 3, and typhoid fever 4.

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases (deaths for influenza) of certain diseases notified weekly in England and Wales (great towns for influenza). Highest and lowest figures reported in each week during the nine years 1946-54 (influenza 1952-4) are shown thus -----, the figures for 1955 thus ———. Except for the curves showing notifications in 1955, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.





Infectious Diseases

The largest variations in the notifications of infectious diseases in England and Wales during the week ending February 12 were increases of 5,634 for measles, from 12,729 to 18,363, and 131 for dysentery, from 979 to 1,110, and decreases of 148 for whooping-cough, from 2,213 to 2,065, and 45 for scarlet fever, from 791 to 746.

The largest rises in the incidence of measles were 1,018 in Yorkshire West Riding, from 1,853 to 2,871, 824 in Lancashire, from 2,453 to 3,277, 650 in London, from 1,295 to 1,945, 308 in Nottinghamshire, from 667 to 975, 299 in Northumberland, from 291 to 590, 268 in Essex, from 560 to 828, 250 in Cheshire, from 646 to 896, 247 in Derbyshire, from 531 to 778, 239 in Warwickshire, from 576 to 815, 216 in Durham, from 565 to 781, 212 in Middlesex, from 241 to 453. The largest falls in the local trends of whooping-cough were 36 in Warwickshire, from 133 to 97, 35 in Kent, from 137 to 102, and 30 in Essex, from 95 to 65. The only large decline in scarlet fever was 20 in Lancashire, from 126 to 106. 16 cases of diphtheria were notified, being 2 fewer than in the preceding week. 5 of the 14 cases of diphtheria were notified in Kingston-upon-Hull C.B. 16 cases of acute poliomyelitis were notified, and these were 3 more for non-paralytic and the same for paralytic cases as in the preceding week. The largest returns were London 3 and Middlesex 3 (Willesden M.B. 2).

The largest increases in the local outbreaks of dysentery during the week were Lancashire 93, Northampton 43, and Durham 34. The largest returns were Lancashire 461 (Oldham C.B. 128, Blackpool C.B. 94, Blackburn C.B. 73, Manchester C.B. 66, Stretford M.B. 20, Blackburn R.D. 10), Yorkshire West Riding 79 (Sheffield C.B. 29, Leeds C.B. 28), Durham 76 (Ryton U.D. 20, Durham R.D. 11), London 53 (Shoreditch 11), Northamptonshire 52 (Northampton C.B. 31, Kettering M.B. 17), Norfolk 48 (Norwich C.B. 29), Suffolk 40 (Woodbridge U.D. 33), Northumberland 37 (Newcastle-upon-Tyne C.B. 20), Glamorganshire 35 (Cardiff C.B. 14), Leicestershire 34 (Leicester C.B. 32), Lincolnshire 27

(Scunthorpe M.B. 15), Cheshire 26 (Stockport C.B. 14), Nottinghamshire 24 (East Retford M.B. 15), and Yorkshire North Riding 20 (Middlesbrough C.B. 19).

Medical News

World Population.—Since 1930 the population of the world has risen by 30%, according to estimates in the 1954 *United Nations' Statistical Yearbook*. In mid-1953 it stood at between 2,459 and 2,634 million, with a density of about 49 to the square mile (19 per sq. km.). These figures include an allowance of a little over 200 million, apparently, for the population of the U.S.S.R. The estimates of the populations of the individual continents (*excluding figures for the U.S.S.R.*) also include the densities. In persons per square mile (figures per sq. km. in parentheses), these were: Europe, 212 (82); Asia, 132 (51); North and South America, 20 (8); Africa, 17 (7); Oceania, 5 (2). The estimates of the continental populations (*again excluding the U.S.S.R.*) in descending order of magnitude are given as: Asia, 1,288–1,439 million; Europe, 400–404 million; North and South America, 347–355 million; Africa, 199–216 million; Oceania, 13.8–14.2 million.

Medical Man-power.—The news of the appointment of the committee under Mr. HENRY WILLINK, Q.C., to investigate Britain's medical man-power (*British Medical Journal*, February 26, p. 548) has provoked some immediate, anxious comment. Mr. ARTHUR BLENKINSOP, M.P., Parliamentary Secretary to the Ministry of Health in the last Labour Government, in a letter to *The Times*, is concerned that the committee should keep before it "the great need for a further reduction in the size of general-practitioner lists." He expresses surprise that the Government should even be "contemplating any form of restriction of entry into a profession," and notes the absence on the committee of "any representation of the public interest." The *Irish Times*, on the other hand, has been quick to see a possible threat to Irish doctors. "If a decision is taken in Britain to limit entry to the medical faculty," says the paper in an article on February 23, "a big problem will arise in the placing of Irish doctors, many of whom find openings in Britain."

Princess Louise Children's Hospital.—On February 24 the board of governors of St. Mary's Hospital decided to adopt the recommendations of their co-ordinating subcommittee on the conversion of the Princess Louise (Kensington) Hospital for Children to adult use (see *Journal*, January 29, p. 299). Two days earlier at a meeting held by the Kensington and Hammersmith Division of the B.M.A. and open to all members of the profession in these areas the following resolution had been passed unanimously by the 30 doctors present:

"Being satisfied as to the continuing needs of the sick children in the area, the medical practitioners of the Kensington and Hammersmith boroughs ask the Minister of Health to give serious consideration to the necessity for the Princess Louise Hospital to continue as a children's hospital serving the needs of the local population. We would further like to impress on the Minister that these needs should take priority over the teaching requirements of the St. Mary's Hospital Group."

This resolution was sent to the Minister of Health. It was also unanimously adopted by a meeting of the medical staff of the Princess Louise Hospital, which drew attention to similar resolutions passed by the council of the Royal Borough of Kensington and the Hammersmith Borough Council. The medical staff further deplored the proposed disbandment of the training school for children's nurses, "of which there are few in the country." In a statement the board of governors of St. Mary's say that they decided to inform the Minister of Health of their resolution only after giving careful consideration to the observations of