

Courses of ten lectures on "The Psychology of Frustration and Fulfilment in Adult Life," arranged by the Provisional National Council for Mental Health, will be given at Sheffield, Leeds, Bradford, Manchester, and Liverpool throughout the ten weeks from October 1 to December 7. They will run concurrently, the weekly speakers and their subjects being: Dr. Edward Glover, "The Psycho-analytic Approach"; Dr. Lois Munro, "The Psycho-analytic Approach"; Dr. R. G. Gordon, "The Celibate Man"; Dr. Noel Harris, "The Married Man"; Miss Lloyd Baker, "The Celibate Woman"; Dr. Winifred Rushforth, "The Married Woman"; Principal J. H. Nicholson, "Co-education of Young Adults"; Dr. J. A. Hadfield, "Parenthood"; Dr. H. Crichton-Miller, "Frustration and Authority" and "Evolution and Fulfilment." Tickets (for the course, £1) and further information may be obtained from the offices of the Provisional National Council for Mental Health, 39, Queen Anne Street, W.1.

Officials of the Memorial Cancer Hospital, New York, have accepted a grant of \$4,000,000 (£1,000,000) from Mr. Alfred P. Sloan, chairman of General Motors Corporation, to the Sloan-Kettering Institute for Cancer Research at the Memorial Centre. The grant will come from the Alfred Sloan Foundation, and half the money will be for buildings and the rest will provide \$200,000 annually for ten years towards working costs. Dr. Charles F. Kettering, director of research at General Motors, will be responsible for the organization of industrial techniques for cancer research, but the Corporation will not concern itself with the programme of work. A public campaign is to be launched to raise the \$3,000,000 to \$4,000,000 required to complete the hospital.

The Minister of Health, the Right Hon. Aneurin Bevan, M.P., has appointed Major Donald Bruce, M.P., to be his Parliamentary Private Secretary.

Viscount Dawson of Penn, by his will, directed that unless conditions arising out of the war made it too difficult, or doctors in attendance thought no service to knowledge could follow, a post-mortem examination of his body should be made. "I do this because I think the public do not sufficiently realize the importance of post-mortem examinations being made and the advantages to knowledge and therefore to future generations which will thus accrue. We do not hesitate to have operations performed on our bodies when we are alive and when circumstances require it. Why, then, should we mind operations (which are done with the same care, the same gentleness, and I may add the same reverence) being done to our bodies when we are dead? Surely this is a rightful service which the dead should give the living. The benefit of such service to the living is very great."

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* the incidence of infectious diseases, with the exception of measles and dysentery, remained at almost the level of the preceding week. Measles returns were 354 fewer, and those of dysentery 41 fewer.

The trend of whooping-cough varied: notifications fell in the north and south, but rose in the midlands, the total for the country increasing by 31. Lancashire reported a rise of 14 in returns for diphtheria. The decrease in measles notifications was general, except for rises of 27 in Kent and 16 in Durham.

The only fresh outbreak of dysentery was in Cambridgeshire, 15 cases. The other chief centres of infection were Essex 52 (Maldon M.B. 39), Lincolnshire 33, Surrey 22, London 22, Middlesex 16, Glamorganshire 16, Lancashire 13, and Warwickshire 10.

Six cases, one fatal, of infantile paralysis have occurred among Ilford boys who recently returned from a Scouts' camp, and the sister of another boy has contracted the disease. The local medical officer of health has given the camp a completely clean bill of health, and considers the camp in no way responsible.

In *Scotland* diphtheria notifications rose by 18, and those for dysentery by 25. In Glasgow the incidence of dysentery rose from 13 to 28, and it was here also that more than half the cases of diphtheria were notified.

In *Eire* there was an increase of 16 in the notifications of diphtheria. The outbreak of diarrhoea and enteritis in Dublin C.B. rose from 54 to the very high level of 88 cases.

In *Northern Ireland* scarlet fever notifications rose by 21, and those for diphtheria by 9. Four members of one family in Londonderry have contracted typhoid.

Week Ending August 9

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,001, whooping-cough 1,152, diphtheria 409, measles 1,151, acute pneumonia 318, cerebrospinal fever 47, dysentery 232, paratyphoid 17, typhoid 12, poliomyelitis 31.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Aug. 18.

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	1945					1944 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	39	2	14	1	3	34	1	26	1	1
Deaths	—	—	—	—	—	—	—	—	—	—
Diphtheria	351	13	113	69	27	393	10	132	94	14
Deaths	8	1	3	—	—	8	—	1	—	—
Dysentery	259	22	72	1	—	248	14	95	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	4	2	—	—	—	1	—	1	1	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	31	7	—	—	—	36	5	4
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	—	—	—	97	7	—	—	—	124	—
Deaths	49	4	6	20	—	58	4	47	15	2
Measles*	1,327	66	35	24	2	1,606	39	78	23	20
Deaths	—	—	1	—	—	2	—	—	—	—
Ophthalmia neonatorum	56	2	9	—	—	58	—	20	1	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	4	—	2(B)	—	2(B)	5	—	3(B)	—	—
Deaths	1	—	—	—	—	—	—	—	—	—
Pneumonia, influenza† (from influenza)	275	16	—	4	3	345	7	4	1	2
Deaths	3	—	—	—	—	5	1	3	2	—
Pneumonia, primary	—	11	96	11	4	—	22	133	10	4
Deaths	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis, acute	1	—	—	—	—	1	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	27	4	—	4	2	14	—	10	1	—
Deaths	1	—	—	—	—	—	—	—	—	—
Puerperal fever	—	1	7	—	—	—	—	10	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia‡	129	10	6	3	—	134	8	11	—	—
Deaths	—	—	—	—	—	1	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	922	65	165	8	44	1,068	24	181	29	44
Deaths	—	—	—	—	—	1	—	—	1	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	5	—	—	3	4	8	—	3	10	3
Deaths	1	—	—	—	—	2	—	—	1	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough*	967	47	22	22	4	1,603	60	36	68	7
Deaths	1	—	1	—	1	3	3	—	2	1
Deaths (0-1 year)	265	29	33	28	14	300	26	88	32	19
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	3,617	522	524	186	109	3,853	570	558	177	92
Annual death rate (per 1,000 persons living)	—	—	11.1	12.0	§	—	—	12.8	11.5	§
Live births	5,748	693	764	346	249	6,406	496	941	325	288
Annual rate per 1,000 persons living	—	—	15.3	22.3	§	—	—	19.1	21.1	§
Stillbirths	175	18	16	—	—	226	14	20	—	—
Rate per 1,000 total births (including stillborn)	—	—	21	—	—	—	—	21	—	—

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

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

‡ Includes puerperal fever for England and Wales and Eire.

§ Owing to movements of population, birth and death rates for Northern Ireland are still not available.

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