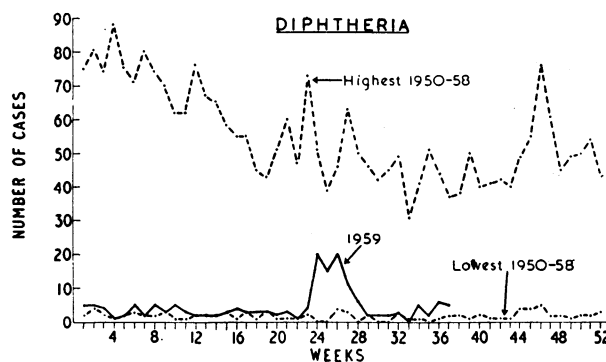
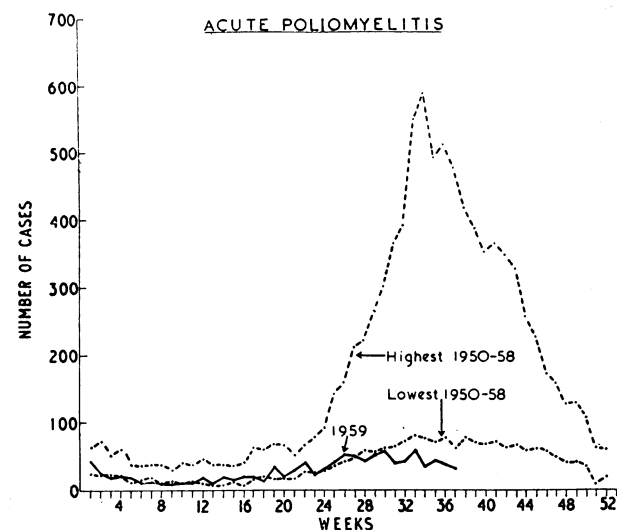
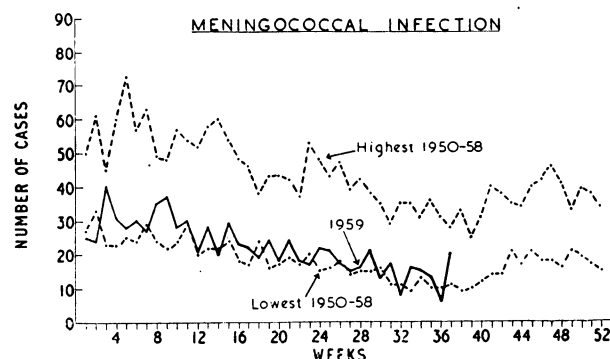
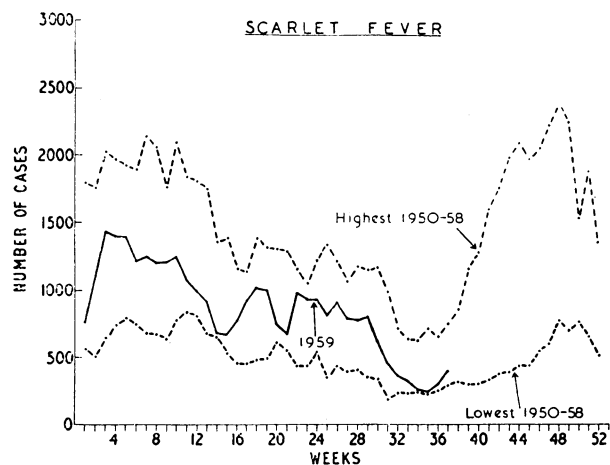


Vital Statistics

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the years 1950-8 are shown thus -----, the figures for 1959 thus ———. Except for the curves showing notifications in 1959, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



Week Ending September 19

Infectious Diseases

Areas where numbers of notifications were high in the latest two weeks for which figures are available.

					Week Ending	
					Sept. 12	Sept. 19
Acute Poliomyelitis						
London	...	...	...	...	6	9
Essex	...	...	...	...	3	4
Hampshire	...	...	...	...	5	3
Lancashire	...	...	...	...	5	4

Meningococcal Infection			
Warwickshire	...	1	8
Birmingham C.B.	...	1	8

Dysentery			
Lancashire	...	65	92
Liverpool C.B.	...	18	37
London	...	47	42
Staffordshire	...	6	27
Bilston M.B.	...	0	23
Warwickshire	...	41	40
Coventry C.B.	...	26	33
Yorkshire East Riding	...	28	19
Kingston upon Hull C.B.	...	16	17
Yorkshire West Riding	...	61	74
Barnsley C.B.	...	21	24
Bradford C.B.	...	11	11
Leeds C.B.	...	19	25
Glasgow	...	137	145
Dundee	...	12	28

Paratyphoid Fever			
Caernarvonshire	...	6	5
Caernarvon M.B.	...	5	4
Lancashire	...	6	4
Manchester C.B.	...	1	3

Food-poisoning			
Lancashire	...	69	97
Blackpool C.B.	...	17	14
Liverpool C.B.	...	20	29

Diphtheria			
London	...	6	3
Finsbury	...	6	3

Continued Fever			
Glasgow	...	0	5

Acute Infectious Encephalitis			
Durham	...	4	2
Gateshead C.B.	...	4	2
Leicestershire	...	0	4
Barrow upon Soar R.D.	...	0	3
Blaby R.D.	...	0	1

died, as he would have wished, when he could no longer work. Essentially a family man, he and his wife loved to entertain the younger members of their family, both in their London home and in the country, and latterly some of his happiest times were those spent with his own grandsons. Our deepest sympathy is extended to his widow, sons, and all the members of his family.

Medico-Legal

FITNESS TO PLEAD

[FROM OUR LEGAL CORRESPONDENT]

It is as repugnant to any canon of civilized conduct as it is to the idea of crime and punishment that a man should stand his trial if he is not in a fit state of mental health to understand what is going on at his trial and to make his defence. When there is a doubt whether a prisoner is in such a state the matter is raised on arraignment before he pleads "Guilty" or "Not Guilty" to the indictment. A jury is then empanelled to try as a preliminary issue whether he is "fit to plead"—that is, in a fit state of mental health to understand what is going on at his trial and to make his defence.

It has generally been thought that whether a man is "in a fit state to make his defence" for this purpose means whether he is in a state of mind at the trial to enable him to give his lawyers sensible instructions.

Podola Trial

When the matter was raised at the Podola trial it was raised on the basis that, if Podola was suffering from a genuine amnesia, whether hysterical or not, he could not give his lawyers instructions on which his defence could be made. This raised the question whether instructions that he could remember nothing were sensible instructions or not. If that is all a prisoner can do, is he in a fit state to make his defence?

The Podola trial is the first occasion on which this problem has been canvassed. As a necessary preliminary, the jury had to decide whether Podola was genuinely suffering from amnesia or not, and it was to that point that the evidence was directed. Since the jury found that he was not, it was unnecessary for the judge to decide and to direct the jury whether genuine amnesia which deprived the prisoner of all recollection of what happened at the material time rendered him "unfit to plead." The point remains open for future decision and it will no doubt be raised again.

It is a startling proposition at first sight that someone who at his trial is wholly sane and in full possession of his powers of communication may nevertheless be unfit to plead by reason of loss of memory, and it would be an attractive means of escape to detention at Her Majesty's Pleasure from something worse. On the other hand, to convict and punish someone for doing something he can remember nothing about involves philosophic difficulties. The solution is not helped by the fact that no appeal lies from the jury's decision one way or the other on whether a prisoner is fit to plead. Judges of assize will have to struggle with this problem unaided by their collective wisdom expressed through the Court of Criminal Appeal.

Plastic Bags.—Within two days and only 12 miles apart, two Lincolnshire men, aged 23 and 43, were found dead with plastic bags over their heads. The Cleethorpes coroner recorded a verdict of suicide while of unsound mind in the case of the elder man, and of accidental death in the case of the younger. There was no evidence at the inquests to suggest that the deaths were in any way connected.—*Yorkshire Post*, August 10 and 12.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending September 12 (No. 36) and corresponding week 1958.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the whole of 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	1959					1958				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	6	6	1	0		3	0	1	0	
Dysentery ..	414	47	181	5		316	36	135	11	11
Encephalitis, acute	6	0		0		1	0		0	
Enteric fever:										
Typhoid ..	9	3	0	2		5	0	1	0	1
Paratyphoid ..	20	1	1 (B)	0		9	1	0	1	1 (B)
Food-poisoning ..	291	34	18	2		275	30	17	1	
Infective enteritis or diarrhoea under 2 years ..				23					16	32
Measles* ..	848	32	22	13		1,977	118	17	20	21
Meningococcal infection ..	6	1	14	3		10	0	13	0	
Ophthalmia neonatorum ..	19	1	4	1		22	3	3	0	
Pneumonia† ..	107	6	96	1		144	9	105	1	
Poliomyelitis, acute:										
Paralytic ..	26	4	0			60	1			
Non-paralytic ..	12	2	4	1		20	1	20	1	3
Puerperal fever§ ..	220	28	17	0		188	19	12	0	1
Scarlet fever ..	303	16	62	27		304	19	55	7	8
Tuberculosis:										
Respiratory ..	424	52	58	15		412	44	91	13	
Non-respiratory ..	54	6	17	3		73	4	12	3	
Whooping-cough	695	50	176	9		791	45	100	61	6

DEATHS	1959					1958				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	0	0	0	0	0	0	0	0
Dysentery ..	0	0		0		0	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 ..	5	0	1	0	0	6	0	1	0	0
Influenza ..	4	1	0	0	1	4	0	1	0	0
Measles ..		0	0	0	0		0	0	0	0
Meningococcal infection ..		0	0				0	0		
Pneumonia ..	326	26	6	5	5	340	26	12	8	3
Poliomyelitis, acute	5	2		0	0	4	0		0	0
Scarlet fever ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	56	4	5	0	0	70	7	8	1	1
Non-respiratory ..		1	0	0	0		0	0	0	0
Whooping-cough	2	0	0	0	0	0	0	0	0	0
Deaths 0-1 year ..	274	20	17	8	12	284	19	23	4	8
Deaths (excluding stillbirths) ..	7,947	635	430	103	134	7,878	622	477	79	141
LIVE BIRTHS ..	13,811	1216	938	259	370	13,658	1116	961	191	361
STILLBIRTHS ..	309	33	20			323	26	19		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenza pneumonia.

§ Includes puerperal pyrexia.