

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended May 29.

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.

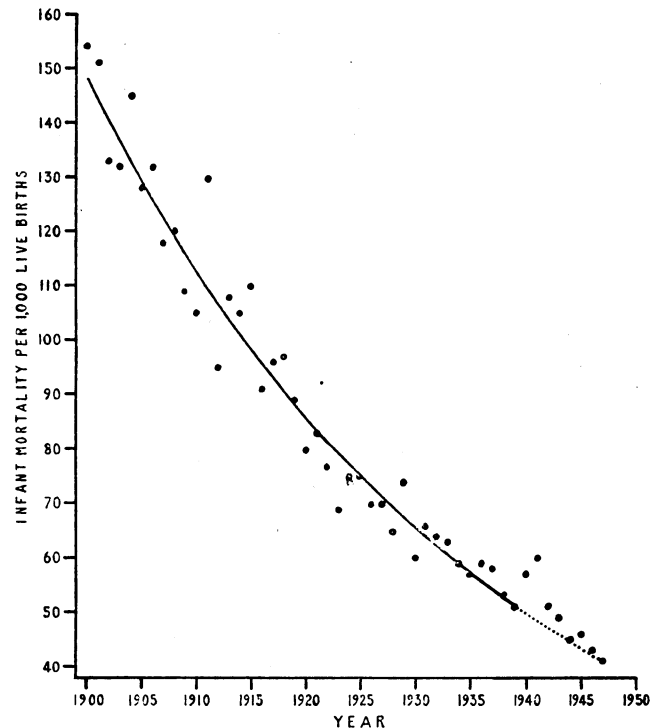
Disease	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	40	2	13	2	2	73	3	46	6	4
Deaths	1	1	1	1	1	1	1	1	1	1
Diphtheria	151	24	35	14	7	194	14	55	15	9
Deaths	2	—	—	1	—	1	—	1	—	—
Dysentery	122	14	43	3	1	46	4	19	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	2	—	1	2	—	3	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	28	11	2	—	—	25	10	3
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	45	3	13	26	—	64	3	23	33	2
Deaths	—	—	—	2	—	—	—	10	10	—
Measles*	13,468	1134	210	139	73	12,314	545	177	110	34
Deaths†	—	—	1	—	1	10	2	—	1	—
Ophthalmia neonatorum	56	4	12	—	1	56	6	12	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	5	2	2(B)	1(B)	—	7	—	1(A)	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal	579	37	3	7	—	512	30	3	5	10
Deaths (from influenza)‡	3	—	1	—	—	7	1	—	1	—
Pneumonia, primary	163	26	184	41	8	—	24	171	20	6
Deaths	—	—	—	11	—	—	—	6	6	—
Polio-encephalitis, acute	1	—	—	—	—	3	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	20	2	2	5	—	18	2	4	4	—
Deaths§	1	1	—	—	—	—	—	—	—	—
Puerperal fever	—	1	7	—	—	—	2	18	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia 	92	13	13	3	—	116	7	14	2	1
Deaths	—	—	—	—	—	1	1	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,216	98	276	47	23	886	75	147	22	42
Deaths†	—	—	—	—	—	1	—	—	—	—
Smallpox	—	—	—	—	—	14	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	9	—	—	6	—	1	—	6	2	1
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough*	3,085	265	56	117	19	1,657	240	154	38	20
Deaths	13	—	—	—	—	13	4	1	4	1
Deaths (0-1 year)	315	37	47	20	6	395	47	74	26	15
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	4,145	658	568	202	104	4,476	696	582	175	111
Annual death rate (per 1,000 persons living)	—	—	11.5	12.6	—	—	—	12.1	11.0	—
Live births	8,281	1383	972	449	254	8,561	1329	1131	522	320
Annual rate per 1,000 persons living	—	—	19.6	28.1	—	—	—	22.8	32.9	—
Stillbirths	224	33	38	—	—	273	32	29	—	—
Rate per 1,000 total births (including stillborn)	—	—	38	—	—	—	—	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.

EPIDEMIOLOGICAL NOTES

Infant Mortality

The infant mortality rate, which has been steadily declining since the beginning of this century, reached the record low level of 41 per 1,000 live births in 1947. This low value has received considerable publicity and has been attributed to the current standards of nutrition of mother and infant. It may be of general interest therefore to review briefly the trend of infant mortality from the beginning of this century. What the exact course of infant mortality would have been if there had been no war is a matter for speculation, but the break in the downward trend in 1940 can probably be justly attributed to the outbreak of hostilities. The rate increased then from 51 in 1939 to 57 in 1940 and to 60 in 1941; after 1941 the decline in the infant mortality rate was resumed. To obtain an estimation of the possible trend a curve was fitted to the values from 1900 to 1939 and the extrapolated values found for 1940-7.



Infant mortality in England and Wales, 1900-47. 4

In the graph which is here reproduced the smooth calculated values are shown as a full line and the extrapolated values as a dotted line. The graph begins in 1900, when the infant mortality rate was 154 per 1,000 live births. Assuming that the average rate of decrease during 1900-39 continued to operate during 1940-7 the calculated infant mortality rate for 1947 is found to be 41, the same as the observed rate. The calculated values for 1940-6, however, were all less than the observed rates.

There is no reason to suppose, from the shape of the curve of infant mortality, that any exceptional depression of mortality in infancy has occurred in the last year or two. It appears that the factors responsible for the decline in the period before 1939 continued to operate. Of these many and complex factors the most important probably is the increase in knowledge of infant welfare and management. The diffusion of knowledge throughout a community is a gradual process and some time elapses before any new idea is universally practised, so that it may be several years before the full effects of this improved knowledge are shown in the infant mortality rate.

Discussion of Table

In England and Wales there was an increased incidence of measles 1,791 and whooping-cough 405, and a decrease in the notifications of scarlet fever 138 and of diphtheria 17.

Very little change occurred in the trend of measles in most areas, and the large increase in notifications was contributed by only a few counties; the largest rises were Lancashire 286, Warwickshire 239; Durham 234, Essex 213, Cheshire 147, London 140, and Nottinghamshire 98.

A small rise in the notifications of whooping-cough was general throughout the country; the only increase of any size was 51 in Middlesex. There was no change of note in the local incidence of diphtheria; the largest returns were Lancashire 39, London 24, Durham 14, and Warwickshire 11. The notifications in these four counties formed almost 60% of the total for the country. The largest decreases in the incidence of scarlet fever were Yorkshire West Riding 44 and Durham 30.

The chief features of the returns for dysentery were an increase in Yorkshire West Riding from 22 to 41 (Bradford C.B. 15, Huddersfield C.B. 10) and a decrease in London from 32 to 14. The only other large return for dysentery was Lancashire 32 (Lancaster M.B. 14). The total notifications of acute poliomyelitis remained unchanged; multiple cases were notified from Bristol C.B. 4, Birmingham C.B. 2, and Leicester C.B. 2.

In Scotland a decreased incidence was recorded for measles 41, acute primary pneumonia 17, and diphtheria 10, while an increase was reported for scarlet fever 20 and whooping-cough 12. The decline in the incidence of diphtheria was due to the fall in the western area. A small increase in the notifications of scarlet fever was recorded in most areas. The only large return for dysentery was 24 in the city of Glasgow.

In Eire the notifications of measles decreased by 10, while increases occurred in the notifications of whooping-cough 16 and scarlet fever 10. In Dublin C.B. there was an increase of 11 in the notifications of measles and of 12 for whooping-cough.

In Northern Ireland the largest fluctuation in the trends of infectious diseases was an increase of 6 for diphtheria.

Week ending June 5

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,547, whooping-cough 3,207, diphtheria 166, measles 10,824, acute pneumonia 479, cerebrospinal fever 42, acute poliomyelitis 21, dysentery 95, paratyphoid 2, and typhoid 1.

Medical News

Consultants and the Spens Report

At a meeting of consultants and specialists held on June 14 at the Royal College of Physicians there were 59 present, including representatives of the three Royal Colleges, the Scottish Medical Corporations, all the specialties, and the Provincial Teaching Hospitals Association. The following resolutions were passed unanimously: (1) This meeting approves in principle the Spens Report, recommends its adoption, and hopes the Government will implement it. (2) This Committee should continue in existence in order to consider matters which concern consultants and specialists.

Sir Alexander Fleming Honoured in Spain

The Spanish Government has awarded Sir Alexander Fleming the Grand Cross of Alfonso X, and Madrid University has conferred on him a doctor's degree *honoris causa*. While visiting Barcelona he opened the new Institute of Bacteriological Investigation, and he was elected an honorary member of the Royal Academy of Medicine of Seville.

Battle of Health Service

Field Marshal Viscount Montgomery referred to the attacks and counter-attacks in the conflict between the medical profession and the Minister of Health when he spoke at the Royal Eye Hospital on June 9. "As a soldier," he said, "I watched the battle between the Minister of Health and the medical profession with immense interest. The Minister gave ground and made many concessions; the doctors dug themselves in and made very few, if any. Then suddenly common sense prevailed. I am delighted. We ought to congratulate both sides on a satisfactory ending to the conflict."

Dentists Say "No"

The council of the British Dental Association has decided not to recommend members to serve in the National Health Service. Its decision will be submitted to the Representative Board on June 20.

Hospital Funds for Research

Mr. F. Messer, M.P., chairman of the North-West Metropolitan Regional Hospital Board, said on June 8 that the Minister of Health would pool all existing hospital endowments and divide the money on a fifty-fifty basis between the Regional Board and its management committees, who would have to spend the money on research work.

Norwegian Award to British Doctor

A diploma of merit, signed by King Haakon, has been awarded to Percy Mitchell Scott, M.B., Ch.B., of Hull, for his medical work when attending the crews of Norwegian ships who came to the port during the war. Dr. Scott is official medical officer of the Norwegian Consulate.

Society of Medical Officers of Health of Eire

The following officers of the Society of Medical Officers of Health of Eire have been elected for the ensuing year: *President*, Dr. M. A. O'Farrell; *Vice-Presidents*, Dr. J. A. Craig and Dr. G. P. McCarthy; *Honorary Secretary*, Dr. W. McCarthy; *Honorary Treasurer*, Dr. J. A. Dunlevy.

Closing of Members' Common Room

For the purposes of repair and redecoration the Members' Common Room at British Medical Association House will be closed from Monday, June 21, to Saturday, July 3. During that period the usual luncheon facilities will not be available.

Foreign Members of the Royal Society

At a meeting of the Royal Society held on May 27 the following were elected Foreign Members of the Society: Dr. Detlev Wulf Bronk (Philadelphia), Foreign Secretary of the National Academy of Sciences of the U.S.A., and Chairman of the National Research Council, distinguished for his contributions to the development of biophysics and for his investigations in the field of neurophysiology, and Prof. Maurice Jules Gaston Corneille Caullery (Paris), Professor in the Faculty of Biological Science, Paris University, distinguished for his outstanding contributions to the comparative study of parasitology and to our knowledge of the growth and reproduction of invertebrate animals.

Film on Poliomyelitis

The film referred to in the annotation at page 1193 will be available in sizes of 35 mm. and 16 mm. from the Central Film Library, Imperial Institute, London, S.W.7, and also from the Mobile Film Units of the Central Office of Information from about June 22. Anyone applying for the film, which will be free of charge, should state the audience to which the film is to be shown. The responsibility of those wanting to show the film is to provide a suitable hall and to secure an adequate audience, for which purpose posters are available. The film on poliomyelitis, of which a preview was held last week, is the successor to the short film made for the Ministry of Health last year. The present one lasts 60 minutes, and those responsible for making it deserve the highest praise. It is alive and human and gives clinical information in a way no textbook can. If we are unfortunate enough to have a repetition of the poliomyelitis epidemic of 1947 this film should prove of the highest value for general practitioners and others concerned in the diagnosis and management of this disease.

Wills

Dr. Gordon Thomas Calthrop, formerly radiologist to the Radium Institute and the Royal Free Hospital, left £8,052. Dr. Charles Joseph Kirk, of Darlington, left £4,586; Dr. Robert Moorhead Beatty, of Heckmondwike, £1,803; and Dr. George Gordon, formerly D.C.M.S., Ministry of Pensions, £507.

COMING EVENTS

The Art of Medical Illustration

An exhibition of technical and other medical paintings by Anna Zinkeisen will be held in the West Hall of the Royal Society of Medicine, 1, Wimpole Street, London, W., from Monday, June 21, to Saturday, July 3 (daily, 10 a.m. to 8 p.m.; Saturdays, 10 a.m. to 5 p.m.). The exhibition will be opened by the President of the Society, Sir Maurice Cassidy, on June 21, at 11 a.m. All those interested in the subject will be welcome.

Faculty of Homoeopathy

The annual assembly of the Faculty of Homoeopathy will be held at the London Homoeopathic Hospital, Great Ormond Street, London, W.C., on Wednesday, June 23, at 5 p.m., when there will be a general discussion of the National Health Service Act as it affects homoeopathic practice.

S.E. Metropolitan Regional Specialists Association

The first annual general meeting of this association will take place at B.M.A. House, Tavistock Square, at 5.0 p.m. on June 25. The B.M.A. has asked the council of this association to consider acting on its behalf in the area of the S.E. Metropolitan Regional Hospital Board, and this proposal will be discussed at the meeting. A cordial invitation is extended to all members of the specialist and consultant staffs of hospitals, including tuberculosis dispensaries.