

# Vital Statistics

## Infectious Diseases

The chief features of the returns for the week ending February 24 were increases in the number of notifications of measles 3,191, dysentery 394, and whooping-cough 266, while decreases were recorded for acute pneumonia 459 and scarlet fever 76.

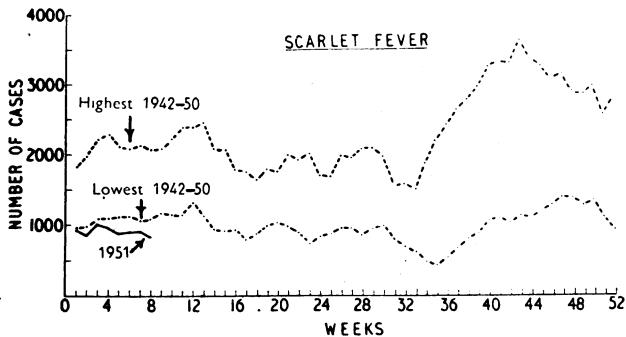
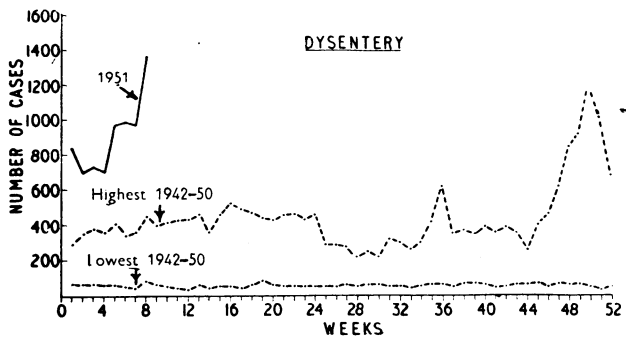
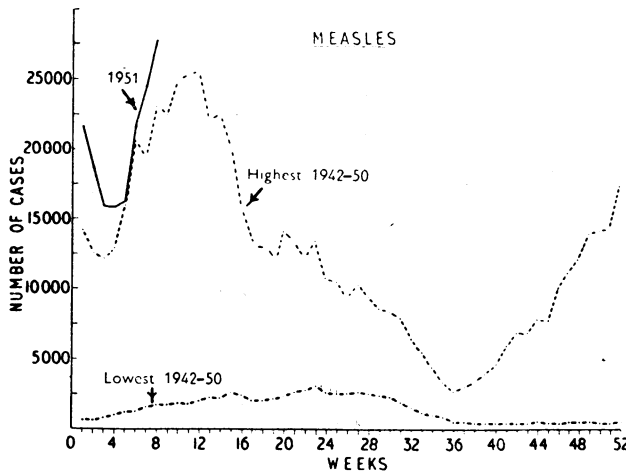
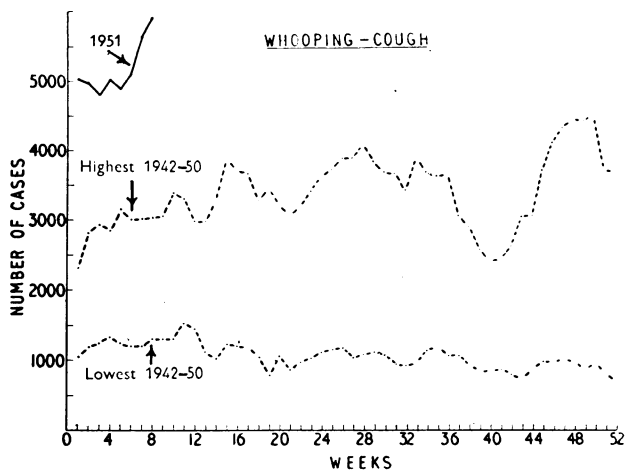
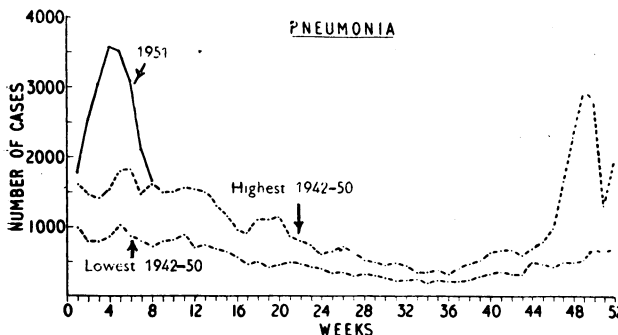
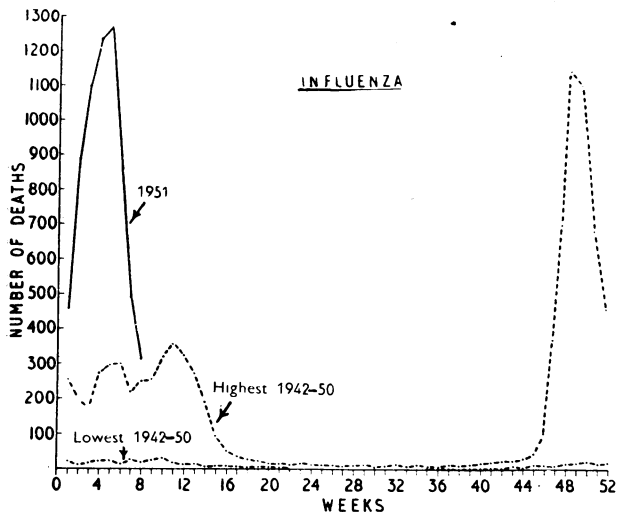
The notifications of measles were the largest since notification of this disease began. The 27,776 notifications were 2,269 above the preceding highest level recorded in the 12th week of 1945. The rise during the week was contributed by the southern section of the country. A further large rise in incidence was recorded in London and the adjacent counties, and in this area—London, Middlesex, Essex, Kent, Surrey—the notifications were 1,537 more than in the preceding week.

The largest rise in incidence of whooping-cough was in the south-east and south-west counties, and the only decreases of any size were those of Middlesex 72 and Essex 69. During the eight weeks of this year the weekly numbers of notifications have exceeded 5,000 on five occasions.

No change of any size occurred in the local trends of scarlet fever. An increase of four in Staffordshire was the largest fluctuation in the returns of diphtheria. The incidence of acute pneumonia decreased throughout the country. Nine of the 13 cases of paratyphoid fever were notified from an outbreak in Staffordshire, Cheadle R.D.

## Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases (deaths from influenza) of certain diseases notified weekly in England and Wales. Highest and lowest figures reported during the nine years 1942-50 are shown thus -----, the figures for 1951 thus ————. Except for the curves showing notifications in 1951, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



## Dysentery

The notifications of dysentery were the largest for recent years. During the week 10 or more cases were notified in 26 counties, and, of these, five counties had 100 or more cases. The largest rises in the local outbreaks were those of

Bristol C.B., from 15 to 125, and Oxford C.B., from 19 to 53. Increases in the counties included 70 in London and 55 in Yorkshire West Riding. No further cases were notified from Dorset, Shaftesbury R.D., where 61 cases were notified in the preceding week. Many of the local outbreaks appear to be intractable and persist over a long period; the largest of these lengthy outbreaks is that of Leicester C.B., where 1,655 cases have been notified during the past 30 weeks.

#### Infant Mortality in Corby

The medical officer of health for Northamptonshire has issued a report on the exceptionally high infant mortality rate in Corby U.D. It is the mortality rate of infants aged 1 to 12 months that is high, the rates for stillbirths and neonatal deaths being within expected limits. In the years 1940-7 the number of infants aged 1 to 12 months who died was 59; the number expected, if the death rate had been the same as in other urban districts in Northamptonshire, was 32.6. The difference between the actual and the expected numbers—26.4—is 4.6 times its standard error. The high rate is due to an abnormal number of deaths from diseases of the lungs. The number of deaths from respiratory diseases in 1940-7 of infants aged under 1 year was 35, and the expected number 15. The difference—20—is 5.2 times its standard error. The high rate from diseases of the lungs is possibly due to atmospheric pollution, and this is being studied.

#### Week Ending March 3

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 950, whooping-cough 6,096, diphtheria 44, measles 29,154, acute pneumonia 1,252, acute poliomyelitis 28, dysentery 1,364, paratyphoid fever 2, typhoid fever 4. Deaths from influenza in the great towns numbered 178.

## Medical News

#### Medical Society of London

The 171st annual dinner of the Medical Society of London was held at Claridges Hotel on March 8, and was presided over by Dr. A. H. Douthwaite. Lord Woolton, in proposing the toast of the society, said that in reading a book about it and its founder he was struck by the enormous difference between medicine now and when the society was started in 1773. In the history of the society there was no mention of the Napoleonic wars and the sufferings of the soldier. And yet what a difference there was between the treatment of the soldier then and in the first and second world wars. As chairman of the British Red Cross he was interested in the changes that had taken place in nursing and in hospital equipment. To-day there was so much specialization that there was a danger that the patient might not be seen as a whole. On looking round a hospital recently and seeing the aids to diagnosis that were there he was reminded of an engineer's shop. When he graduated in 1908 he was much worried by the fact that so many people were so very poor. In order to find out why, he himself lived in the slums of Liverpool, and was impressed by the amount of money the poor spent on patent medicines to relieve indigestion, by the state of their teeth, by the frequency of their pregnancies, and by the death rate. But he found that parents were willing to have treatment for their children's teeth, and he took pride in the fact that he started the first dental clinic in Liverpool and also the first maternity clinic. When he became Minister of Food he decided to put into practice the lessons he learnt in 1908. In this deliberate attempt to save the life of the children of this country he of course owed much to the expert help he received from

Lord Horder and Sir Jack Drummond. All parties, Lord Woolton said, had supported the idea of a national health service, but it had turned out to be something which he had not envisaged. The idealists had been carried away and had tried to do too much far too quickly.

In response, Dr. Douthwaite said that Lord Woolton's policy of fair shares for all during the war had commanded the respect of the whole country. The National Health Service had been conceived largely by doctors, but had been miscarried by the bunglings of a lay midwife. Dr. Douthwaite said that the Medical Society of London was much indebted to the Colchester Medical Society for its generous gift of a beautiful portrait of Lettson in the form of a wax medallion dating from 1775.

In proposing the health of the visitors, Mr. H. R. Thompson said this was the second time the society had entertained a lady guest, and he coupled this with special reference to Professor Hilda Lloyd.

Dr. W. Russell Brain, President of the Royal College of Physicians, responded in a witty speech, in which he gave some amusing examples of the reaction of the Press to his article on authors and psychopaths which had been published in the *British Medical Journal*.

#### Institute of Almoners

The first annual dinner of the Institute of Almoners to be held in London since 1939 took place in the Connaught Rooms on March 10, and was presided over by Professor Alan Moncrieff. Among the guests was Miss K. Ogilvie, directress of training of the New South Wales Institute of Almoners. She brought the institute warm greetings from the Australian Association of Hospital Almoners. Almoners, she said, had been in existence in Australia for 20 years, and had been brought into being with the aid of their English colleagues. A number of Australian almoners were now in Britain on an "orientation" course. Miss Ogilvie, who had worked in London 20 years ago, said how much she was impressed with the appearance of the children of Lambeth to-day as compared with her memory of them in 1931.

The toast of the institute was proposed by Mr. Fred Messer, M.P., who said that the almoning profession performed a much more valuable service than was generally recognized. It was surprising, he thought, that almoners were not on hospital management committees or on the Central Health Services Council. In paying tribute to the institute he asked what they were doing for the aged. The doctor could not do all that had to be done for patients, and his work was incomplete without the expert help of the almoner. Miss M. W. Edminson, in responding to the toast, recalled the days when almoners began to wear white coats; before that, like the early cricketers, they used to wear hats. There were three things that she would like to refer to in particular. The first was the birth, in 1945, of their present constitution; the second was the formation of specialized groups; and the third was the publication of a monthly journal which was now in its fourth year and proving its worth. One of their present problems was the shortage of woman-power, and another was the prolonged deadlock over the salary negotiations.

The health of the guests was proposed in a charming speech by Miss K. Tilbury and responded to by Sir Allen Daley, who referred to the recent excellent annual report of the institute. He mentioned the fact that the Rockefeller Foundation and the World Health Organization were combining in an inquiry into medico-social care in Great Britain.

#### Changes in Government

Lord Addison, the Leader of the House of Lords, has been appointed Lord President of the Council, the office held by Mr. Herbert Morrison until his appointment as Foreign Secretary on March 9. Lord Addison, who is aged 81, had been Lord Privy Seal since 1947.

**INFECTIOUS DISEASES AND VITAL STATISTICS**

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles for the week ending February 24 (No. 8).

Figures of notified cases are for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Northern Ireland. (e) Eire. Figures of births and deaths and of deaths recorded under each disease are for: (a) The 126 great towns in England and Wales (London included). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 10 principal towns in Northern Ireland. (e) The 13 principal towns in Eire. A dash — denotes no cases; 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, Northern Ireland, and Eire, the Ministry of Health and Local Government of Northern Ireland, and the Department of Health of Eire.

Disease	1951 Week Ending February 24					1950 Corresponding Week					1942-50 England & Wales Corresponding Week		
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)	Highest	Median	Lowest
Diphtheria .. .. .	43	7	10	1	3	74	9	12	4	3	853	457	74
Deaths .. .. .	1	—	—	—	—	1	—	—	—	—			
Dysentery .. .. .	1,366	112	247	9		445	21	119	3	2	445	145	79
Deaths .. .. .		—	—	—					—				
Encephalitis, acute .. .. .	8	1	—	—	—	4	—	1	—	—	4	3	—
Deaths .. .. .		—	—	—	—		—	—	—	—			
Erysipelas .. .. .			18	1	9			33	1	10			
Food-poisoning .. .. .	119	15		1		68	4		—				
Infective enteritis or diarrhoea under 2 years .. .. .				15	18					11			
Deaths .. .. .	18		7	1	—	26		4	1	3			
Measles* .. .. .	27,776	3,746	195	63	64	4,980	45	124	413	108	23,216	7,312	1,587
Deaths .. .. .		1	—	—	—			—	—	—			
Meningococcal infection .. .. .	45	4	19	2		31	1	10	1	2	165	75	31
Deaths .. .. .		—	1				2	1					
Ophthalmia neonatorum .. .. .	32	2	15	—		55	3	10	1	—	79	63	47
Pneumonia, influenzal .. .. .	1,656	81	27	13	137	1,098	64	36	18	—	1,607	1,125	722
Deaths (from influenza)† .. .. .	317	22	11	6	18	78	8	14	5	1			
Pneumonia, primary .. .. .			242					345					
Deaths .. .. .	434	62		11	10	304	61		18	13			
Poliomyelitis, acute:													
Paralytic .. .. .	16	1		3	2								
Non-paralytic .. .. .	5	—				38	7	—		7	38	9	3
Deaths§ .. .. .	2	—			—	3	1			—			
Puerperal fever .. .. .			4					10					
Puerperal pyrexia   .. .. .	81	6	6	—		86	9	6	—	1	180	143	86
Scarlet fever .. .. .	828	43	149	37	70	2,064	114	197	131	77	2,064	1,544	1,081
Deaths .. .. .		—	—	—	—			—	—	—			
Smallpox .. .. .	—	—	—	—	—	—	—	—	—	—			
Deaths .. .. .													
(1) Tuberculosis, respiratory .. .. .			179	29				157	53				
(2) Tuberculosis, non-respiratory .. .. .			30	4				23	5				
(1) Deaths .. .. .		33	28	10	11		33	38	11	15			
(2) Deaths .. .. .	200	1	5	2	3	212	2	8	3	3			
Typhoid fever .. .. .	5	2	—	—	2	10	3	—	—	1			
Deaths¶ .. .. .	—	—	—	—	—	—	—	—	—	—	16	11	3
Paratyphoid fever .. .. .	13	—	—	—		6	1	2 (B)	—	—			
Whooping-cough .. .. .	5,928	425	840	40	117	1,679	78	374	39	48	3,045	1,792	1,315
Deaths .. .. .	14	2	1	—	1	5	—	—	—	—			
Deaths (0-1 year) .. .. .	289	28	50	5	30	283	33	39	11	29	584	422	283
Deaths (excluding stillbirths) .. .. .	7,009	1,007	799	177	276	5,882	935	778	175	226	8,039	5,832	5,004
Annual death rate (per 1,000 persons living) .. .. .			16.1					15.6					
Live births .. .. .	7,593	1,242	941	237	358	7,545	1,235	965	236	434	10,345	7,267	5,497
Annual rate per 1,000 persons living .. .. .			19.0					19.4					
Stillbirths .. .. .	222	26	26			178	19	21			264	223	178
Rate per 1,000 total births (including stillborn) .. .. .			27					21					

\* Measles not notifiable in Scotland and returns are approximate. † Includes primary form for England and Wales, London, and N. Ireland. § The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, and London (administrative county), are combined. || Includes puerperal fever for England and Wales and for Eire. ¶ Deaths from paratyphoid fever are combined with those from typhoid fever.