of the conclusions of the Medical Research Council in their *Report on the Hazards to Man of Nuclear and Allied Radiations.* Mr. TURTON told him that this would be dealt with in a revised Code of Practice which he hoped shortly to be able to send out to all hospitals.

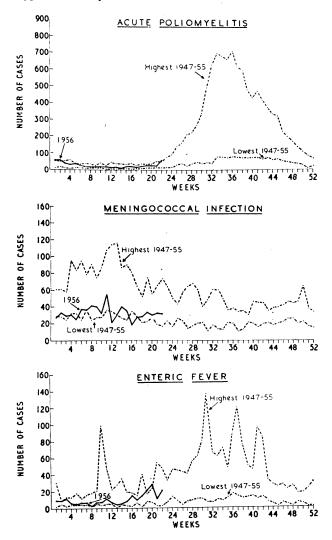
#### X-raying of Pregnant Women

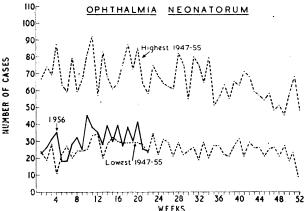
Dr. BARNET STROSS asked the Minister whether he had noted the high doses of radiation which might be sustained by the gonads of males and females and by the foetus of a pregnant woman following diagnostic x-ray examination; and what action he intended to take so as to afford the maximum protection to patients. Mr. TURTON said he had noted the evidence and views on this subject in the Medical Research Council's report, and he was considering the matter.

## 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 nine years 1947-55 are shown thus -----, the figures for 1956 thus -----. Except for the curves showing notifications in 1956, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.





#### **Infectious Diseases**

The largest rises in the numbers of notifications of infectious diseases in England and Wales during the week ending June 2 were 605 for measles, from 3,234 to 3,839, 461 for whooping-cough, from 1,351 to 1,812, 224 for dysentery, from 1,146 to 1,370, and 103 for acute pneumonia, from 339 to 442; the only large fall was 61 for scarlet fever, from 553 to 492.

The largest increases in the incidence of measles were 104 in Cumberland, from 28 to 132 (120 cases were notified in the outbreak in Whitehaven M.B.), 67 in London, from 249 to 316, and 65 in Essex, from 128 to 193; the largest fall was 65 in Sussex, from 251 to 186. Only small fluctuations were reported in the local trends of scarlet fever. The largest rises in the number of notifications of whoopingcough were 85 in Lancashire, from 210 to 295, 63 in Yorkshire West Riding, from 162 to 225, 47 in Cheshire, from 35 to 82, and 42 in Devonshire, from 29 to 71. 6 cases of diphtheria were notified, being 2 fewer than in the preceding week; 4 of the cases were notified from separate areas of Lancashire.

59 cases of acute poliomyelitis were notified during the week, and these were 22 more for paralytic and 12 more for non-paralytic cases than in the preceding week. The largest returns were Lancashire 15 (Manchester C.B. 7, Liverpool C.B. 4, Middleton M.B. 3), Cumberland 8 (Whitehaven M.B. 5, Ennerdale R.D. 3), Somersetshire 7 (Yeovil M.B. 5, Yeovil R.D. 2), and Surrey 5 (Guildford M.B. 2, Guildford R.D. 2).

A rise in the incidence of dysentery was general throughout the country; the largest rise was 61 in Lancashire. The chief centres of infection during the week were Lancashire 206 (Blackpool C.B. 56, Liverpool C.B. 34, Rawtenstall M.B. 12, Oldham C.B. 11, Preston C.B. 11, Worsley U.D. 11, Eccles M.B. 10), London 204 (Southwark 41, Wandsworth 20, Lewisham 19, Deptford 16, Greenwich 16, Chelsea 14, Battersea 12, Camberwell 10, Lambeth 10, Woolwich 10), Yorkshire West Riding 157 (Leeds C.B. 37, Hemsworth R.D. 29, Bradford C.B. 14, Kirkburton U.D. 13), Leicestershire 86 (Leicester C.B. 54, Blaby R.D. 21), Warwickshire 85 (Coventry C.B. 38, Birmingham C.B. 27, Rugby M.B. 13), Essex 63 (Barking M.B. 14), Staffordshire 51 (Brownhills U.D. 14), Lincolnshire 50 (Grimsby C.B. 16, Gainsborough R.D. 16), Nottinghamshire 40 (Nottingham C.B. 23), Middlesex 35 (Enfield M.B. 21), Surrey 33 (Coulsdon and Purley U.D. 19), Kent 29 (Chislehurst and Sidcup U.D. 12), Sussex 27 (Brighton C.B. 13, Hastings C.B. 10), Isle of Ely 25 (Wisbech M.B. 24), Suffolk 24 (Sudbury M.B. 19), Cheshire 23 (Longdendale U.D. 9), and Durham 21.

### Week Ending June 9

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 575, whooping-cough 1,929, diphtheria 4, measles 3,184, acute: pneumonia 329, acute poliomyelitis 55, dysentery 1,381, paratyphoid fever 21, and typhoid fever 9.

### **INFECTIOUS DISEASES AND VITAL STATISTICS**

Summary for British Isles for week ending June 2 (No. 22) and corresponding week 1955.

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	1956					1955				
in Countries and London	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	6	0	3	0	5	7	1	5	0	
Dysentery	1,370	204	212	. 9	1	804	47	368	25	
Encephalitis, acute.	3	0		0		1	0		0	
Enteric fever: Typhoid Paratyphoid	5 16	0	0 1 (B)	0	1(B)	35	0 0	1	00	1
Food-poisoning	275	38		1		272	16		1	
Infective enteritis or diarrhoea under 2 years				8	26				7	6
Measles*	3,839	316	288	130	218	24,597	792	198	195	311
Meningococcal infec- tion	31	4	13	2		24	1	15	4	1
Ophthalmia neona- torum	24	1	1	0		29	2	12	0	
Pneumonia†	442	23	178	6	1	384	18	187	14	
Poliomyelitis, acute: Paralytic Non-paralytic	38 21	20	} 5	0	2	$\left\{ \begin{array}{c} 26\\5 \end{array} \right.$	4 0	} 5	1	2
Puerperal fevers	216	29	11	0	1	182	38	8	2	
Scarlet fever	492	35	81	24	13	,444	31	79	49	34
Tuberculosis: Respiratory Non-respiratory	685 99	90 6	157 12	27 2		532 80	66 9	147 36	12 1	
Whooping-cough	1,812	94	231	45	143	1,203	60	141	45	38

DEATHS in Great Towns			1956		1955					
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	0	0	•0	0	1	0	0	0	0	0
Dysentery	1	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	3	0	2	0	1	5	0	2	0	0
Influenza	4	0	0	0	0	5	1	1	0	1
Measles		0	0	0	0		2	0	0	0
Meningococcal infec- tion		1	1				0	. 1		
Pneumonia :.	185	26	22	11	9	169	25	14	7	3
Poliomyelitis, acute	3	0			0	1	0			0
Scarlet fever		1	0	0	0		· 0	0	0	0
Tuberculosis: Respiratory Non-respiratory	} 55	{ 5 3	60	2 1	5 2	} 65	{ <sup>11</sup> 0	16 3	3 0	7
Whooping-cough	0	0	0	0	1	2	0	1	1	0
Deaths 0-1 year	215	32	28	,	18	220	33	28	9	10
Deaths (excluding stillbirths)	4,960	710	506	125	153	4,910	669	575	107	149
LIVE BIRTHS	8,629	1311	1016	229	423	7,173	1104	1025	209	424
STILLBIRTHS	222	25	25			215	28	31		

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

# **Medical News**

Westminster Hospital.-The "Old Students' Dinner" of the hospital was held at the Royal College of Surgeons on June 15, when Professor F. C. ORMEROD was in the chair. Dr. F. DUDLEY HART, in proposing the toast "Westminster Hospital and Westminster Medical School," gave a comprehensive summary of their activities during the past year. Competition for places in the Medical School was keener than ever. They had a better lot of students than they used to have. A successful venture had been a joint clinical meeting with the students of St. Mary's Hospital; it was hoped to arrange similar meetings with other hospitals. Mr. A. BRIANT EVANS proposed the health of the guests, and the Very Reverend W. R. MATTHEWS, in reply, referring to a statement last year that medical students were illiterate, observed that many medical men, with success, had changed the stethoscope for the pen. In a speech of much charm and wit, Professor R. J. V. PULVERTAFT proposed the health of the Chairman, and Professor ORMEROD responded.

Poliomyelitis Vaccination in Britain .--- On June 18 the Ministry of Health issued this statement: "The first phase of the anti-polio vaccination programme due to end by June 30 will now be confined to the 200,000 children in Great Britain who were first selected for injections. This is because the safety tests successfully passed by all previous batches cannot be completed on the further batch in time to enable local health authorities to arrange for the inoculation of more children by that date. In a letter to local health authorities explaining the position the Ministry of Health has stated that priority will be given to children now registered when vaccination is resumed in the autumn." Nearly two million children in Great Britain born in the years 1947 to 1954 were registered for vaccination, and it was hoped to vaccinate 300,000 of them during the first phase of the vaccination programme (see Journal, May 5, p. 1040).

Poliomyelitis Vaccine in France.-At the beginning of this month poliomvelitis vaccine from the Pasteur Institute, Paris, became available on prescription from chemists' shops in France. A pack containing three doses for subcutaneous injection-the recommended course-costs 2,400 francs (about £2 10s.). Thus any general practitioner who considers his patients need vaccinating against poliomyelitis can get them the vaccine. The French Ministry of Health and Population plans to open about twelve vaccination centres in the autumn where the vaccine will be available free on condition that those vaccinated permit themselves to be bled twice, once at the time of the first injection, and again a week after the last. This is to allow the estimation of serum antibodies. The Pasteur vaccine, according to the explanatory leaflet with it, is a triple-type preparation, the viruses being grown in an "entirely synthetic medium' and inactivated by the combined action of formalin and heat. It contains small quantities of penicillin and streptomycin and an antifungal preservative. The Institute states that protection begins about eight days after the second injection.

Biochemical Journal."—The Biochemical Journal is celebrating its fiftieth anniversary this year. The first issue of volume 63, which appeared last month, contains a short history of the journal and portraits of four of its editors. The first was Benjamin Moore (1906-12), who with Edward Whitley founded the journal as a private venture in 1906. Six years later the journal was acquired by the then newly established Biochemical Society. The present chairman of the editorial board, a body of 17 members, is Dr. A. G. OGSTON, F.R.S., reader in biochemistry at Oxford.

World Health Organization.—Next year's World Health Assembly, the tenth, will be held in Geneva at the beginning of May. The technical discussion will be on " ' The