

Vital Statistics

Poliomyelitis

Poliomyelitis notifications in the week ending September 1 were as follows (figures for the previous week in parentheses): paralytic 35 (60), non-paralytic 54 (56); total 89 (116). Up to and including the week ending September 1 the overall notification rate for England and Wales was 4.23 per 100,000. Although the proportion of non-paralytic cases tends to fall compared with the previous weeks it was still 60% for the week under review, which is higher than the normal.

Infectious Diseases

The chief fluctuations in the trends of infectious diseases in England and Wales during the week ending August 25 were falls in the number of notifications of measles 900, whooping-cough 211, and acute pneumonia 52.

A fall in the incidence of measles was recorded for the thirteenth consecutive week; the largest declines during the week were Durham 94 and Yorkshire West Riding 63. After reaching the highest level ever recorded during the eleventh week of this year, when 31,857 cases were notified, the notifications of measles are now a little below the usual seasonal level. The fall in the incidence of whooping-cough was mainly contributed by the northern counties and Wales, the largest decline being 71 in Lancashire. The notifications of diphtheria were 8 fewer than in the preceding week. The largest returns during the week were Lancashire 6, Staffordshire 4, Yorkshire West Riding 4, and these counties contributed over half the total cases in the country. The incidence of scarlet fever has been at a constant level during the past three weeks, and only small variations were reported in the local returns.

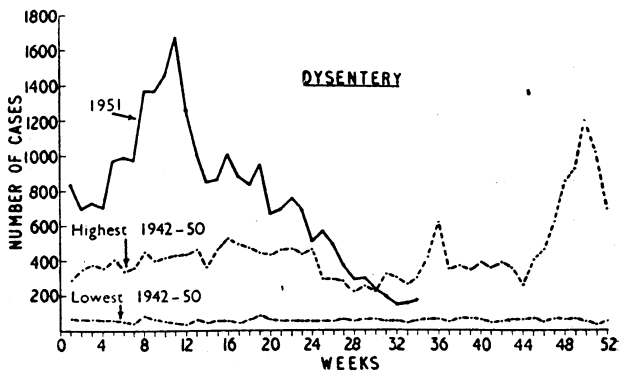
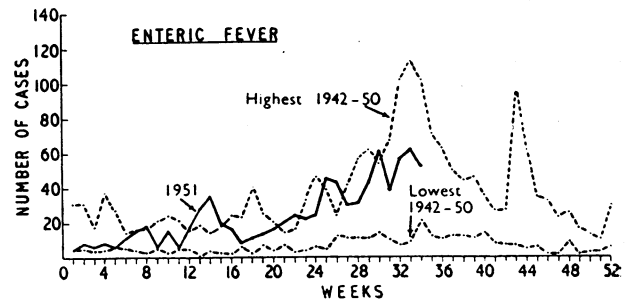
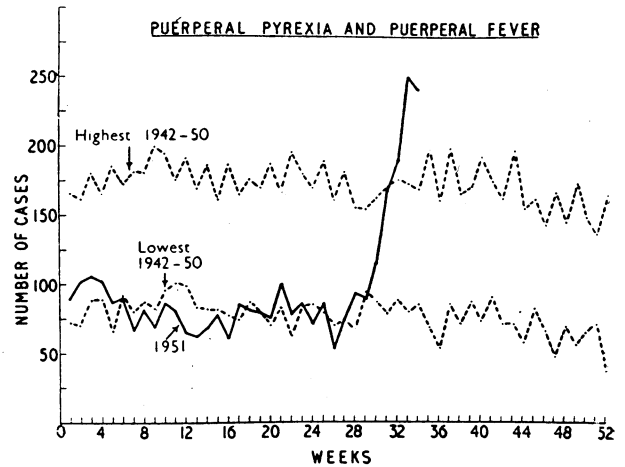
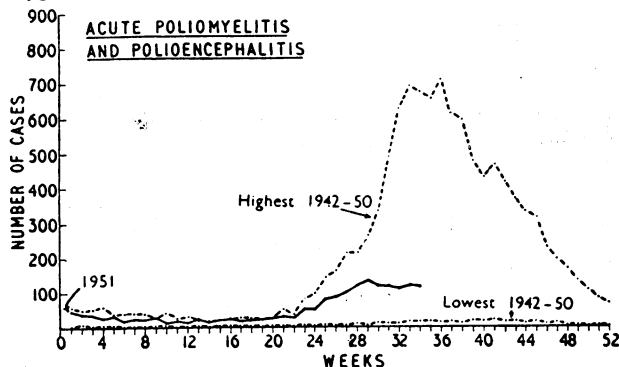
The notifications of paratyphoid fever were six fewer than in the preceding week. A further 14 cases were notified from the outbreak in Birmingham C.B.

The notifications of acute poliomyelitis were 4 fewer than in the previous week, although the paralytic cases were 3 more. The incidence of this disease has remained almost constant during the past five weeks. The largest returns during the week were Lancashire 17 (Liverpool C.B. 6), Yorkshire West Riding 15, and Kent 7.

An increase of 21 was recorded in the number of notifications of dysentery. The rise was mainly due to an outbreak involving 31 persons in Surrey, Woking U.D. The other large returns of dysentery were 43 cases in London, distributed among 17 boroughs, and 14 in Yorkshire West Riding.

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 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.



Week Ending September 1

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 461, whooping-cough 2,727, diphtheria 35, measles 1,876, acute pneumonia 217, acute poliomyelitis 89, dysentery 152, paratyphoid fever 37, and typhoid fever 2.

Unusually Low Infant Mortality

The infant mortality rate in Hammersmith M.B. in 1950 was 17 per 1,000 live births, which is a record low figure for the borough, and compares with 28 for the previous year. The figure of 17 is derived from 34 infant deaths out of 1,988 live births. Dr. F. M. Day, medical officer of health, gives this information in his *Annual Report for 1950*. In the same year the infant mortality rate for London was 26 and for England and Wales 29.

Public Health in Eire

The infant mortality rate in Eire in 1949 was 53 per 1,000 births, as compared with 50 for the preceding year (*Report of the Department of Health for Eire, 1949-50*). The increase over the rate for the previous year was due mainly to deaths from diarrhoea and enteritis. (In 1949 the infant mortality rate in England and Wales was 32, in Scotland 41.

and in Northern Ireland 45.) The birth rate was 21.5 per 1,000 estimated population. (In England and Wales it was 16.7, in Scotland 18.5, and in Northern Ireland 21.4.)

An unusual feature of the population in Eire is the high proportion of people who never marry. In 1946, the most recent year for which figures are available, the percentages of unmarried men and women over the age of 25 were as follows: in rural areas 46.6% of the men and 29.5% of the women, and in urban areas 33.7% of the men and 34.8% of the women.

As in the United Kingdom, there has been a great decrease in the incidence of diphtheria as the result of immunization. In 1945 there were 4,177 cases, with 236 deaths, while in 1949 there were 174 cases, with 10 deaths. But, as in England and Wales, the fatality rate remained much the same. In 1945 there were 5.6 deaths per 100 cases and in 1949 there were 5.7. These figures are slightly higher than those for England and Wales, where in 1949 the fatality rate was 4.4 deaths per 100 cases.

Medical News

Congress of Anaesthetists

Among the social events of the twenty-sixth annual congress of anaesthetists was a reception in the Great Hall of B.M.A. House by the Acting President, Sir Henry Cohen, on Monday, September 3. On September 4 there was a reception and dinner in the Grand Hall of Lincoln's Inn, under the presidency of Dr. I. W. Magill. At the dinner the health of the congress was proposed by the Dowager Marchioness of Reading, and the president responded. The health of the guests was proposed by Dr. V. F. Hall, and responses were made by Dr. Harold R. Griffith, of Canada, Dr. Torsten Gordh, of Sweden, and Dr. Ralph M. Tovell, of the U.S.A. On the following evening delegates to the congress attended a reception at the Royal College of Physicians, where they were received by Dr. W. Russell Brain and the Censors.

Outbreak of Ergotism

Over 200 inhabitants of the village of Pont St. Esprit (Gard), near Nîmes in the south of France, have recently suffered from ergot poisoning through eating affected bread. Below is a general view of the village, provided by the courtesy of Agence Intercontinentale, Paris.

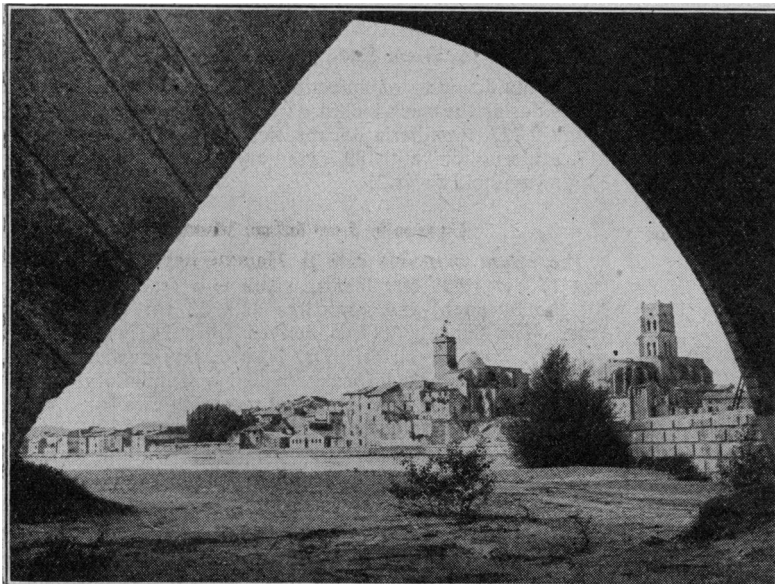


Photo by Agence Intercontinentale, Paris]

Courses in Individual (Adlerian) Psychology

Dr. E. Weissmann writes: To complete the list of training facilities in psychiatry, psychotherapy, and medical psychology as published under "Courses in Psychiatry" (August 25, p. 487) it might be of interest to the medical profession—as a parallel to the Institute of Psycho-Analysis, which trains in psycho-analytic (Freudian) theory and technique—to know of the Institute of Individual Psychology (9, Fellows Road, London, N.W.3) for the training in Adlerian theory and technique. This Institute, under the auspices of the Alfred Adler Medical Society, is to start a part-time training lasting two to three years and including an Adlerian personal and training analysis, lectures and seminars, and clinical work under supervision in the near future. The introductory lecture course, covering the first term of three months, which can be taken as a separate course also, should begin in October.

Emergency Bed Service: Applications and Admissions

During the seven days ending September 10 the number of applications made by doctors to the London Emergency Bed Service for admission of patients was 665, of which 93.38% were admitted. This information will in future be published weekly in these columns. The applications include those from general practitioners and those from hospitals wanting to transfer patients from their casualty or out-patient departments. The gap between the number of applications and the number admitted is not composed entirely of cases that fail to be admitted. Some are cases withdrawn by the doctor or hospital while the E.B.S. is still working on the case, and some cases are of patients who refuse to go to hospital when a bed has been found or who die before admission.

COMING EVENTS

William Meredith Fletcher Shaw Memorial Lecture

Sir Eardley Holland will deliver the William Meredith Fletcher Shaw Memorial Lecture on "The Princess Charlotte of Wales: A Triple Obstetric Tragedy," before the Royal College of Obstetricians and Gynaecologists (58, Queen Anne Street, London, W.) on Friday, September 28, at 2.30 p.m. Admission is by ticket only, obtainable from the secretary of the College. A small collection of pictures, china, manuscripts, and other relics of Princess Charlotte will be on view in the Fellows' writing-room at the College from September 26 to October 6, 1951, inclusive, from 10 a.m. to 5 p.m. (Saturdays, 10 a.m. to 12 noon).

John Shields Fairbairn Memorial Lecture

The John Shields Fairbairn Memorial Lecture will be delivered by Dr. Nicholson J. Eastman, of Johns Hopkins Hospital, Baltimore, U.S.A., before the Royal College of Obstetricians and Gynaecologists (58, Queen Anne Street, London, W.) on Thursday, October 11, 1951, at 5 p.m. His subject is "The Causes and Management of Premature Birth." Admission is by ticket only, obtainable from the secretary of the College.

Medicine in Russia

Dr. Horace Joules, Dr. Ian Gilliland, and Dr. Mary Barber, who visited the U.S.S.R. this summer, will speak on their impressions of the Soviet medical services to a medical audience on Thursday, September 27, at 8 p.m., at the Society for Cultural Relations with the U.S.S.R., 14, Kensington Square, London, W.8. Medical guests are welcomed.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles for the week ending August 25 (No. 34).

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 August 25					1950 Corresponding Week					1942-50 England & Wales Corresponding Week		
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)	Highest	Median	Lowest
Diphtheria	23	2	8			41	3	21	2	2	706	285	41
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	174	43	54	4		137	7	86			299	91	52
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis, acute	5	2	1	—	—	3	2	—	—	—	3	2	—
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas			17	1	5			20	4	4			
Food-poisoning	128	17		2		263	8		—				
Infective enteritis or diarrhoea under 2 years				9	79				8	23			
Deaths	7		1	1	—	11		3	—	2			
Measles*	2,352	51	62	106	64	4,277	316	79	26	64	4,277	2,140	987
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection	31	2	9	1	3	18	3	16	1		66	39	18
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	40	1	4	—	1	34	2	6	—		130	74	34
Pneumonia, influenzal	181	12	1	2		177	10	—	2	2	353	299	177
Deaths (from influenza)†	2	—	—	—	—	1	1	—	—	1	—	—	—
Pneumonia, primary	117	13	87	8	1	121	24	98	7	2			
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute:													
Paralytic	60	3											
Non-paralytic	56	1											
Deaths§	2	—											
Puerperal fever			7		1			6					
Puerperal pyrexia 	240	32	1	1	1	85	10	7	—	1	168	126	85
Scarlet fever	436	29	120	5	27	635	50	137	37	27	1,894	812	489
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—
(1) Tuberculosis, respiratory			140	21				129	48				
(2) Tuberculosis, non-respiratory			22	5				37	8				
(1) Deaths			12	3	9			11	5	4			
(2) Deaths	133	13	3	1	3	132	15	3	—	—			
Typhoid fever	6	—	1	—	1	11	3	3	1	—			
Deaths¶	—	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	46	4	1 (B)	9		10	1	3 (B)	—		102	29	21
Whooping-cough	2,948	134	307	45	132	3,725	354	238	31	80	3,725	1,818	1,152
Deaths	1	—	—	—	—	6	2	—	—	—	—	—	—
Deaths (0-1 year)	208	33	29	7	10	165	24	29	3	13	335	297	165
Deaths (excluding stillbirths)	3,992	632	496	96	136	3,968	615	484	99	134	4,054	3,780	3,537
Annual death rate (per 1,000 persons living)			10.2					9.7					
Live births	6,571	1,119	858	195	419	6,681	1,090	844	200	433	8,394	6,684	5,909
Annual rate per 1,000 persons living			17.6					17.0					
Stillbirths	170	26	20			180	22	24			242	207	181
Rate per 1,000 total births (including stillborn)			23					28					

* 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.