

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending **June 28** (No. 26) and corresponding week 1951.

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 in Countries and London	1952					1951				
	Eng & Wales	London	Scot.	N. Ire	Eire	Eng & Wales	London	Scot.	N. Ire	Eire
Diphtheria	33	4	2	0	1	32	2	7	0	0
Dysentery	135	34	62	13	1	490	100	95	1	
Encephalitis, acute	2	0	0	0		2	0	0	0	
Enteric fever:										
Typhoid	4	0	0	0		1	0	0	3	3
Paratyphoid ..	19	0	(B)	0	1 (B)	42	12 (B)	0	0	
Food-poisoning ..	144	7		3		157	41		4	
Infective enteritis or diarrhoea under 2 years				18	20				9	25
Measles*	6,843	714	183	265	249	10,060	230	246	200	179
Meningococcal infection	30	4	16	0	1	31	4	15	1	1
Ophthalmia neonatorum	36	2	7	0		42	3	10	0	
Pneumonia†	310	10	158	3		355	14	146	11	2
Poliomyelitis, acute:										
Paralytic	58	7	12	0	3	{ 41 46 }	3	0	9	2
Non-paralytic ..	32	3								
Puerperal fever§ ..	233	29	11	1		53	8	12	5	1
Scarlet fever	1,212	102	236	12	40	904	72	133	22	42
Tuberculosis:										
Respiratory			139	35				144	36	13
Non-respiratory ..			22	6				27	13	
Whooping-cough ..	2,444	124	112	75	85	3,533	186	300	57	45

DEATHS in Great Towns	1952					1951				
	Eng & Wales	London	Scot.	N. Ire	Eire	Eng & Wales	London	Scot.	N. Ire	Eire
Diphtheria	0	0		0	0	0	0	0	0	0
Dysentery	0	0		0			0		0	
Encephalitis, acute ..		0			0		0			0
Enteric fever	1	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	5		1	0	2	5		5	1	0
Influenza	2	0		0	1	3	1	0	0	0
Measles		0		0	1		0	0	0	0
Meningococcal infection		1	1				0	0		
Pneumonia	129	13		7	3	126	20		4	5
Poliomyelitis, acute	3	1			0	0	0			0
Scarlet fever		0		0	0		0	0	0	0
Tuberculosis:										
Respiratory	} 93	{ 15 2 }	10 3	1 0	6 1	} 123	{ 15 3 }	12 3	4 0	7 4
Non-respiratory ..										
Whooping-cough ..	1	0		0	0	4	0	0	0	2
Deaths 0-1 year ..	202	30	28	5	11	198	23	29	12	24
Deaths (excluding stillbirths) ..	4,647	688	498	104	154	4,110	633	533	101	156
LIVE BIRTHS	7,437	1122	899	215	440	7,078	1218	877	230	353
STILLBIRTHS	187	30	23			173	27	24		

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

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

The Services

The Queen has approved the reappointment with effect from February 6, 1952, of the following officers who held similar appointments under the late King George VI: *As Honorary Physicians*.—Air Vice-Marshal (Acting Air Marshal) J. MacC. Kilpatrick, C.B., O.B.E., and Air Commodores R. H. Stanbridge, O.B.E., F. E. Lipscomb, and C. A. Rumball, O.B.E. *As Honorary Surgeons*.—Air Vice-Marshals W. E. Barnes, C.B.E., and E. D. D. Dickson, C.B.E., and Air Commodores J. C. Neely, C.B.E., and F. W. P. Dixon, M.B.E.

A Supplement to the *London Gazette* has announced the following awards:

First, Second, Third, and Fourth Clasps to the Territorial Efficiency Decoration.—Honorary Brigadier L. McL. Weeks, M.C., T.D., and Colonel R. Errington, C.B.E., M.C., T.D., R.A.M.C., retired.

Second Clasp to the Territorial Efficiency Decoration.—Majors C. K. D. Edwards, T.D., and T. T. S. Hall, M.B.E., T.D., R.A.M.C.

First Clasp to the Territorial Efficiency Decoration.—Majors S. Freeman, T.D., A. H. M. Richards, T.D., and G. W. Thomas, T.D., R.A.M.C.

Territorial Efficiency Decoration and First Clasp.—Majors H. J. Bell, W. T. E. Blackmore, and J. E. Wells, R.A.M.C.

Territorial Efficiency Decoration.—Major (Honorary Lieutenant-Colonel) C. W. Gordon and Captain (Honorary Major) C. H. Davies, R.A.M.C.

Medical News

Annual Report of the Medical Research Council.—The Medical Research Council's report for the year 1950-1 was published this week. As usual, this contains a survey of all the research that is being carried out under the auspices of the Council, in addition to some detailed discussion of subjects of special interest. In particular there is a useful chapter on the training of research workers. A full account of the report will be published in next week's *Journal*.

Changes in Emergency Bed Service.—The south-western branch of the Service at Wimbledon (Tel. WIMbledon 6581) will be permanently closed from 9 p.m. on July 20, and the work previously done by this office will be reallocated to the head office at Old Jewry or the other three branch offices as follows: (a) The boroughs of Wandsworth and Battersea will be covered by the head office at Old Jewry (Tel. MONarch 3000). (b) The county borough of Croydon will be covered by the south-eastern branch office at Woolwich (Tel. Woolwich 3471). (c) The remainder of the area hitherto dealt with by the south-western office will be covered by the western office at Ealing (Tel. Ealing 6671). The regional hospital boards, hospital management committees, and local medical committees concerned have been informed of the above arrangements, and asked to inform general practitioners.

Keep Death off the Roads.—The Council of the Faculty of Ophthalmologists wishes to stress the importance of medical men keeping in mind the danger of visual disabilities in regard to driving motor vehicles. Although the legal restrictions for driving refer only to defects in central vision there are potential dangers in other visual defects—such as night blindness and gross restriction of the visual fields. Patients suffering from such defects should either be warned about the need for care in driving, or (if the defect is serious) they should be emphatically advised not to drive at all.

British Association of Urological Surgeons.—The eighth annual meeting of the association was held in London from June 26 to 29 under the presidency of Mr. E. W. Riches. The following were elected officers for 1952-3: *President*, Mr. E. W. Riches; *Vice-President*, Mr. T. J. Millin; *Hon.*

Secretary, Mr. A. W. Badenoch; *Hon. Treasurer*, Mr. R. H. O. B. Robinson; *Hon. Editorial Secretary*, Dr. J. D. Fergusson. The scientific discussions will be reported in full in the *British Journal of Urology*.

Brain Biochemistry.—A symposium on brain biochemistry and its relation to mental disease was held at the Barrow Hospital, Bristol, on July 8 and 9, by invitation of Dr. R. E. Hemphill, medical superintendent, and Dr. M. Reiss, director of biochemical and endocrinological research of the Bristol mental hospitals. Speakers from Britain, America, and Denmark took part.

Faculty of Radiologists.—The following officers were elected at the annual general meeting on June 20: *President*, Dr. Peter Kerley (London); *Vice-Presidents*, Professor A. S. Johnstone (Leeds), Mr. C. J. L. Thurgar (Newcastle-upon-Tyne); *Hon. Treasurer*, Dr. J. W. McLaren (London); *Hon. Secretary*, Dr. Rohan Williams (London); *Hon. Editor*, Miss Margaret Tod (Manchester).

West London Medico-chirurgical Society's Dinner.—The 61st annual dinner was held at the Drapers Hall, London, on July 8, with the President, Mr. B. Sangster Simmonds, in the chair. Alderman C. L. Ackroyd, in proposing the health of the President and the Society, mentioned that the President was the Master of the Drapers Company as well as honorary surgeon to the West London Hospital. The President, in replying, said that the Society consisted mainly of general practitioners and consultants of various kinds in the west of London, but on this occasion he thought it very appropriate that the nursing staff of the West London Hospital should also be represented. In humorous vein he acclaimed the advances of modern surgery, saying that a celebrated surgeon once told him that whenever he attended City banquets he always looked round the hall to see how many stomachs he had removed and was always amazed to find how well the people did without them. If surgery progressed at its present rate it seemed as if in the not too distant future surgeons would be able to remove the body entirely from the spirit. Mr. G. B. Woodd-Walker proposed the health of the guests and kindred societies, and Sir Ernest Pooley, chairman of the Arts Council, and Dr. B. T. Parsons-Smith replied.

I.L.O. and Health.—Health questions figured prominently in the discussions at the Conference of the International Labour Organization which met in Geneva during the greater part of June. The Conference revised the Maternity Protection Convention of 1919, which provided that women employed in industry and most non-industrial occupations should be entitled to a minimum of 12 weeks' leave (one half before and the other half after confinement), during which they should receive cash and medical benefits, and should retain their right to reinstatement in their employment. The new Convention brings agricultural and domestic workers under the cover of this protection, stipulates that the cash benefit must be at least two-thirds of the woman's previous earnings, and allows the 12 weeks' leave to be spread unequally over the pre-natal and the post-natal period. The Conference also adopted a recommendation proposing that the total leave period should be extended to 14 weeks; and that the benefits should include, wherever practicable (1) general-practitioner and specialist out-patient and in-patient care, including domiciliary visiting, (2) dental care, (3) care given by qualified midwives and other maternity services at home or in hospital, (4) nursing care at home or in hospital or other medical institution, and (5) maintenance in hospital or other medical institution. The British Government delegates abstained from voting on the new Convention on the ground that adequate safeguards were already provided in Britain by social security and other schemes and by trade practice. Another decision taken by the Conference this year was that in accordance with its normal "double-discussion" procedure it would seek next year to arrive at an international agreement on minimum standards for the protection of the health of workers in

general in their places of employment. A full report of the proceedings will be presented to Parliament in due course by the Minister of Labour and National Service.

Benefits for Patients in Hospital.—After July 24 single patients will receive by way of National Insurance sickness benefit about 4s. more per week, and married patients about 10s. 6d. more than they have been doing hitherto while in hospital. All sickness benefit and some widows' benefits are in any case due for increase from this date, and a deduction is normally made from the hospital in-patient's benefit as a contribution towards his maintenance. Only part of the new increase is to be taken from him to meet the increased costs of maintenance. The weekly pocket money allowed ordinary long-term patients after a year in hospital is also raised, from 5s. to 6s. 6d., and sufferers from respiratory tuberculosis will have 11s. 6d. instead of 10s. Full details are given in a report by the National Insurance Advisory Committee (Cmd. 8600, H.M.S.O., 6d.) published on July 7, the day on which Mr. Osbert Peake, the responsible Minister, announced the changes in the House of Commons.

Sir Harold Gillies has been appointed Emeritus Consultant Plastic Surgeon at Rooksdown House in recognition of his services both to the unit and to plastic surgery in Britain.

Dr. E. R. A. Merewether, senior medical inspector of factories, has been appointed medical adviser to the Ministry of Agriculture on poisonous chemicals in agriculture.

COMING EVENTS

International Congress of Therapeutics.—The third international congress will be held in Madrid from October 16 to 18. Scientific sessions will deal with various aspects of potassium (in biology, paediatrics, etc.), massive hormone therapy, and radioisotopes. The registration fee for the congress will be 500 pesetas, and Thomas Cook and Sons Ltd. are in charge of arrangements for registration, travel, and tourism. The secretariat is at the Instituto de Farmacologia, Ciudad Universitaria, Madrid.

Dinner at Leeds.—The 62nd annual dinner of the past and present students of the Leeds School of Medicine will be held at the Hotel Metropole, Leeds, on November 28. Dr. William Pickles will preside. The guest of honour will be Professor A. P. Thomson, Dean of the School of Medicine, Birmingham. The price of tickets will be one guinea (exclusive of wine).

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

Tuesday, July 22

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—4 p.m., "Anaesthesia in Dental Surgery," 11th International Dental Congress Lecture by Professor R. R. Macintosh.

Wednesday, July 23

INSTITUTE OF PSYCHIATRY, Maudsley Hospital, Denmark Hill, London, S.E.—8.15 p.m., "Headache Mechanisms," public lecture by Professor H. G. Wolff (Cornell University, New York).

Thursday, July 24

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—5 p.m., "General Anaesthesia in the Dental Chair," 11th International Dental Congress Lecture by Dr. W. S. McConnell.

Saturday, July 26

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES.—At St. Mary's Hospital, Paddington, London, W., 2.30 p.m., A.G.M., "Cardiovascular Syphilis," by Dr. H. Beerman (Pennsylvania).

APPOINTMENTS

The Minister of Pensions has appointed Professor Walter Mercer, P.R.C.S.Ed., professor of orthopaedic surgery in the University of Edinburgh, Chairman of the Standing Advisory Committee on Artificial Limbs, in succession to Mr. St. John Dudley Buxton.

ROWLES, AMELIA, B.Sc., M.B., B.Ch., D.P.H., Medical Officer of Health to Borough of Llanidloes, Newtown and Llanllwchaearn Urban District, Machynlleth Urban District, Machynlleth Rural District, Newtown and Llanidloes Rural District, and Assistant County Medical Officer to the County of Montgomery.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—Consultant Anaesthetist, Croydon Group of Hospitals, E. G. Godwin, M.R.C.S., L.R.C.P., D.A. Medical Superintendent and Assistant, Chest Physician (S.H.M.O. Grade), King George's Sanatorium for Sailors, F. Hodgkiss, M.B., Ch.B., Assistant Chest Physician (S.H.M.O. Grade), Kingston and Morlake Area, A. Sakula, M.D., M.R.C.P., Assistant Psychiatrist (S.H.M.O. Grade), Park Prewett Hospital, D. E. R. Kelsey, M.B., B.Chir., M.R.C.P., Assistant Psychiatrist (S.H.M.O. Grade), Netherne Hospital, D. H. Bennett, M.D., D.P.M. Consultant Physician, Croydon Group of Hospitals, G. P. Baker, M.Sc., M.D., M.R.C.P. Consultant Anaesthetist, Plastic and Jaw Unit, Rookdown House, D. A. Sherman, M.R.C.S., L.R.C.P., D.A. Assistant Pathologist (S.H.M.O. Grade), Epsom Group of Hospitals, A. Tay, M.B., Ch.B., D.C.P. Assistant Geriatric Physician (S.H.M.O. Grade), Portsmouth Group of Hospitals, W. R. Duff, M.B., Ch.B., D.T.M.&H. Consultant Pathologist, Isle of Wight Area Pathological Service, P. D. Swinstead, M.B., B.S. Medical Superintendent of Lingfield Sanatorium and Assistant Chest Physician to Bournemouth Area (S.H.M.O. Grade), J. R. Mikhail, M.R.C.S., L.R.C.P., Assistant Chest Physician (S.H.M.O. Grade), Merton and Morden Area, J. M. Hill, M.D., M.R.C.P. Medical Registrar, Epsom and Redhill Groups of Hospitals, G. L. Walker, M.B., Ch.B. Medical Registrar, Southampton Infectious Diseases Hospital, Unity R. Allen, B.M., B.Ch., M.R.C.P., D.C.H. Medical Registrar, Mayday Hospital, Croydon, D. A. Smith, M.B., Ch.B. Surgical Registrar, Croydon General Hospital, G. Hadfield, M.R.C.S., L.R.C.P. Anaesthetic Registrars, St. James' Hospital, Balham, T. Thomson, M.B., Ch.B., Annie T. Whelan, M.B., B.Ch. Obstetric and Gynaecological Registrar, Portwey Hospital, R. D. Johnstone, M.B., Ch.B., D.Obst.R.C.O.G. Obstetric and Gynaecological Registrar, South London Hospital for Women and Children, Vivienne A. Croxford, M.B., Ch.B., D.Obst.R.C.O.G. Thoracic Surgery Registrar, Royal Victoria Hospital, Boscombe, A. R. Attia, M.B., Ch.B. Medical Registrar, Redhill County Hospital, C. E. D. Hearn, M.B., B.S. Anaesthetic Registrar, Kingston Hospital, R. S. Gillinson, M.B., Ch.B. Surgical Registrar, Southampton General Hospital, H. D. Rawson, M.B., Ch.B., F.R.C.S.Ed. Surgical Registrar, St. James' Hospital, Balham, D. A. Macfarlane, M.B., B.Ch., F.R.C.S. Psychiatric Registrars, St. Ebba's Hospital, G. A. Dransfield, M.B., B.S., D.P.M., J. G. Garai, M.R.C.S., L.R.C.P. Psychiatric Registrars, Belmont Hospital, K. S. Jones, M.B., B.S., D.P.M., J. S. B. Lindsay, M.B., Ch.B., D.P.M. Psychiatric Registrar, Graylingwell Hospital, Emily M. Frazer, M.B., B.S., D.C.H. Psychiatric Registrar, Brookwood Hospital, I. E. J. McLauchlan, M.B., Ch.B. Psychiatric Registrar, West Park Hospital, D. Margaret J. Emslie, M.B., Ch.B. Medical Registrar, Royal Hampshire County Hospital, A. T. T. Forrester, M.B., B.S. Medical Registrar, St. Helier Hospital, G. F. M. Carnegie, B.M., B.Ch. Medical Registrar, St. Peter's Hospital, R. G. Gibbs, M.B., B.Chir. Medical Registrar, St. Stephen's Hospital, S. Benaim, M.B., B.S., M.R.C.P. Surgical Registrar, Princess Beatrix Hospital, H. H. E. Batten, M.B., B.Ch., F.R.C.S. Surgical Registrar, St. Stephen's Hospital, A. S. Dawson, M.B., Ch.B. Ophthalmological Registrar, Portsmouth Eye and Ear Hospital, R. L. N. Stewart, M.B., Ch.B., D.O. Pathological Registrar, Croydon Group of Hospitals, J. C. Mitchell, M.B., Ch.B. Medical Registrar, Kingston Hospital, R. G. Shorter, M.B., B.S. Medical Registrar, Weymouth Hospital, R. M. Powell, M.R.C.S., L.R.C.P. Medical Registrar, Queen Mary's Hospital, Carshalton, Anne D. MacDonald, M.B., Ch.B., D.C.H.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Alderson.—On June 14, 1952, at 18, Wilson Street, Camperdown, Victoria, Australia, to Sybil, wife of Dr. B. S. Alderson, late of Lanchester, Co. Durham, a son.

Anderson.—On June 28, 1952, at Cleethorpes Maternity Home, Lincs. to Elizabeth, wife of Dr. Robert Anderson, of "Holmleigh," George Street, Mablethorpe, Lincs, a son—Duncan Ross.

Smith.—On July 8, 1952, at Leeds, to Dr. Kathleen (formerly Turner), wife of Irvine Smith, F.R.C.S., a son—Robin Goulty.

MARRIAGES

Woodmansey—Junor.—On June 30, 1952, at Benenden Church, Kent, Arnold Colin Woodmansey, M.D., D.P.M., to Faith Junor, M.A.O.T.

DEATHS

Aitken.—On June 22, 1952, at Adelaide, South Australia, Gilbert Elliot Aitken, L.R.C.P.&S.Ed., L.R.F.P.S.

Atkins.—On July 7, 1952, John Francis Atkins, M.B., B.Ch., of Hove, Sussex.

Benson.—On July 7, 1952, at Venn, Morchard-Bishop, Crediton, Devon, John Robinson Benson, F.R.C.S., aged 83.

Biggart.—On June 22, 1952, Arnold Samuel Longbotham, M.B., Ch.B., of Cleveland, Powerscourt Road, Barton-on-Sea, Hants, formerly of West Hartlepool, Co. Durham, aged 72.

Falkener.—On July 5, 1952, Lyon Falkener, M.D., D.P.H., of La Marquetteau, Guernsey, C.I., aged 85.

Hulbert.—On July 4, 1952, at a nursing-home, Ealing, London, S.W., Ernest Beddoe Hulbert, M.L.

Kenny.—On July 13, 1952, at his home, 25, Chestnut Road, West Norwood, London, S.E., James Kenny, L.R.C.P.&S.I., M.C.P.S. Alta, late of Oxford.

Kirkpatrick-Picard.—On July 10, 1952, at Seaton, Silverdale Road, Burgess Hill, Sussex, Arthur William Kirkpatrick-Picard, M.D., aged 83.

Pyrath.—On July 9, 1952, in hospital, Reginald Smith Pyrath, M.B., Ch.B., of Farnley, Leeds.

Robertson.—On July 11, 1952, at Edinburgh, Charles George Robertson, M.B., M.R.C.P.Ed., of 12, Milton Drive, Portobello, Edinburgh.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Coeliac Disease and Cereals

Q.—Workers at Birmingham have shown recently that the removal of wheat flour (and in particular wheat gluten) from the diet results in rapid improvement in cases of coeliac disease. What cereals may be given to such children with safety? Are there any other foods beside cereals which should be forbidden?

A.—The children may be given corn-flour, rice-flour, or potato-flour. Gluten-free cereals consist essentially of starch, which can, of course, be purchased, but it has lost its bread-making characteristics. The cereals that appear to be most deleterious are wheat, rye, and oats. Children with coeliac disease will tolerate most other foods reasonably well, but fat may have to be restricted, especially in more severely ill children.

Pseudo-constipation in Infants

Q.—An infant of 18 weeks has a bowel movement of about 4 oz. (113 g.) once every eight days. The infant is breast-fed, and the motion is unformed, soft, and mustard coloured. Although only 5½ lb. (2.5 kg.) at birth, the infant has thriven well. There appears to be no anal stenosis or fissure and no undue abdominal distension. Blood has never been passed per rectum. On rectal examination the bowel wall is felt to come down against the finger on defaecation, and soft faeces are present on the examining finger. What treatment, if any, is necessary, and what is the cause of the delayed motions?

A.—Many breast-fed babies present a condition which has been termed "pseudo-constipation." Presumably the breast milk leaves little residue to stimulate a bowel action. Also, after the relatively frequent and almost reflex opening of the bowels several times a day in the newborn period there comes a time when the baby appears to be acquiring some natural control. However, it is seldom that this phase lasts so long as in the case cited, and certainly an eight-day rhythm is unusual. Mixed feeding should be started soon with bone and vegetable broth and one feed of cereal introduced. Orange juice, if not already started, should be given liberally. If more frequent stools do not then begin to appear expert advice should be sought just in case, as a very long shot, the child is suffering from thyroid deficiency or mental defect. It seems unlikely from the description, especially as the faeces are described as soft, that there is any organic disease of the bowel. Laxatives or purgatives should not be given.

Prematurely Grey Hair

Q.—Are physostigmine or A.C.T.H. of any use in treating premature greying of the hair? If not, are hair dyes a safe and effective treatment?

A.—I know of no substance which, taken internally, causes the hair to darken in the human subject. I have never heard that physostigmine has this effect, and in patients I have treated for other diseases with A.C.T.H. I have certainly seen no change in the colour of the hair. It seems, indeed, that greying of the hair does not depend upon the same factors as influence the pigmentation of the skin in general.