

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending August 16 (No. 33) 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 ..	17	2	6	0	3	31	3	8	1	0
Dysentery ..	125	31	93	4	2	153	37	68	1	
Encephalitis, acute ..	11	4	1	0		9	0	0	0	
Enteric fever:										
Typhoid ..	4	1	0	0	3	10	0	0	1	1
Paratyphoid ..	40	2	2	0	1(B)	52	2	5(B)	3	2(B)
Food-poisoning ..	146	15		1		118	18		3	
Infective enteritis or diarrhoea under 2 years ..					22				22	52
Measles*	6,099	751	37	55	81	3,252	58	62	126	107
Meningococcal infection ..	35	1	7	0	3	25	2	12	0	
Ophthalmia neonatorum ..	34	1	8	0		34	1	10	0	1
Pneumonia†	247	11	136	5		233	7	84	3	
Poliomyelitis, acute:										
Paralytic ..	170	16	8	7	4	57	3	14	3	
Non-paralytic ..	88	6				63	5			
Puerperal fever‡	242	30	12	3		249	29	17		2
Scarlet fever ..	643	55	137	11	47	477	47	92	12	17
Tuberculosis:										
Respiratory ..			101	30				114	28	
Non-respiratory ..			19	6				24	12	
Whooping-cough ..	1,872	100	66	50	151	3,159	154	273	55	60

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
Dysentery ..	0	0		0			0			
Encephalitis, acute ..		0					0			0
Enteric fever ..	0	0		0		0	0	0		
Infective enteritis or diarrhoea under 2 years ..	3	0	2	2		11		1		1
Influenza ..	6	0		0		3	0	0		1
Measles ..		0		0			0	0		1
Meningococcal infection ..		0					0	0		
Pneumonia ..	113	14		4		119	16			3
Poliomyelitis, acute ..	8	1				5	0			0
Scarlet fever ..		0		0			0	0		0
Tuberculosis:										
Respiratory ..	85	{ 10	13	1	0	104	{ 14	22	6	5
Non-respiratory ..										
Whooping-cough ..	1	0		0		2	0	0		1
Deaths 0-1 year ..	185	20	25	4		192	23	26		12
Deaths (excluding stillbirths) ..	4,030	567	501	90		3,918	592	487		135
LIVE BIRTHS ..	7,683	1174	838	215		6,921	1093	833		490
STILLBIRTHS ..	191	22	21			177	15	27		

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

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

Vital Statistics

Poliomyelitis

Poliomyelitis notifications (uncorrected) in the week ending August 23 (34th week of the year) were as follows: paralytic 152 (170), non-paralytic 68 (88); total 220 (258). This is a decrease of 38 compared with the previous week, the figures for which are in parentheses. Up to and including the week ending August 23 the overall uncorrected notification rate for England and Wales was 5.45 per 100,000.

Infectious Diseases

The largest fluctuations in the trends of infectious diseases during the week ending August 16 in England and Wales were decreases in the number of notifications of measles 911 and scarlet fever 77 and an increase of 106 for whooping-cough.

Only small variations occurred in the local trends of scarlet fever. The largest declines in the incidence of measles were London 175, Glamorganshire 142, Yorkshire West Riding 110, Lancashire 75, and Derbyshire 69. The largest fluctuations in the returns of whooping-cough were an increase of 42 in Lancashire and a decrease of 34 in Southampton county. The number of notifications of diphtheria was 2 less than in the preceding week, being only 1 above the previous lowest number ever recorded.

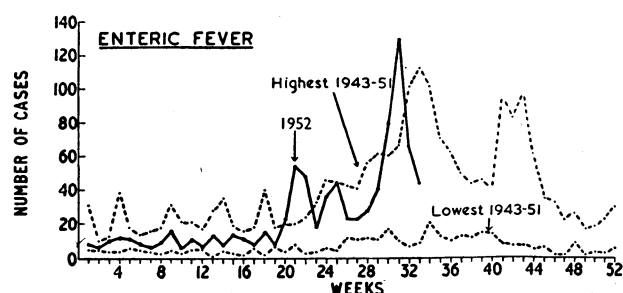
The number of notifications of paratyphoid fever was 22 less than in the preceding week. The largest falls in the week were Brecknockshire 9, Lancashire 8, and Northumberland 8. Of the 40 cases, 24 were notified in Wales; the chief centres of infection were Glamorganshire 9 and Brecknockshire 8.

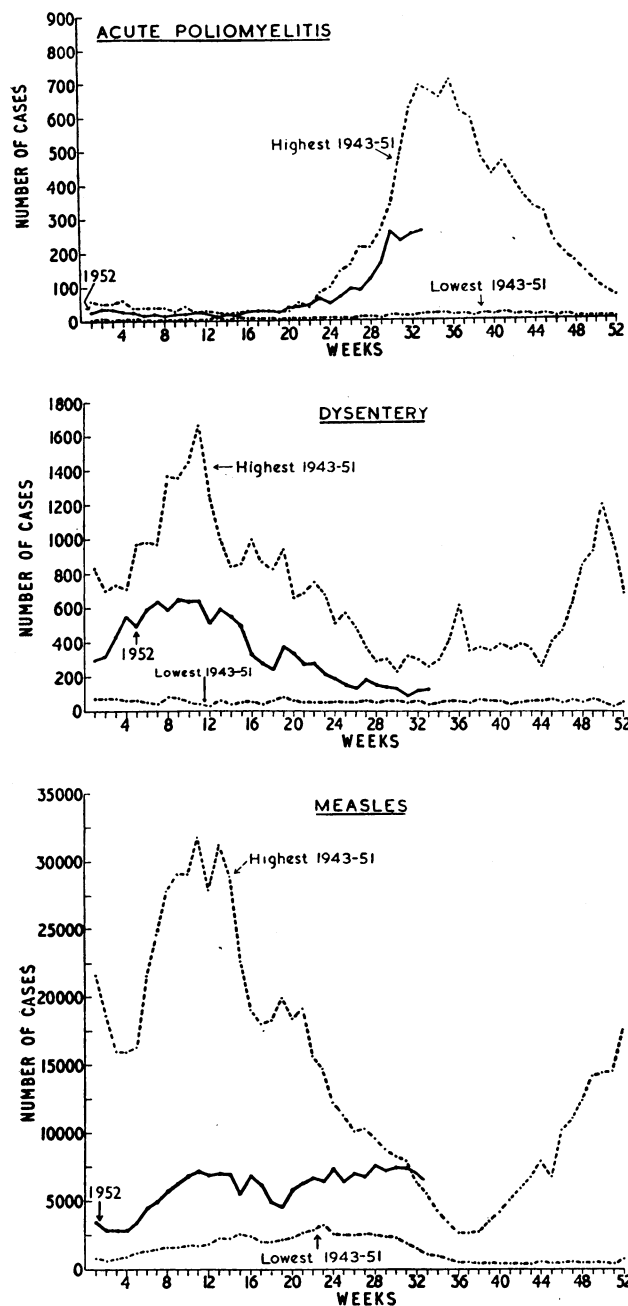
The number of notifications of acute poliomyelitis was 3 more for paralytic and 5 more for non-paralytic than in the preceding week. The largest returns were Yorkshire West Riding 27 (Sheffield C.B. 6, Leeds C.B. 5, Bradford C.B. 4), London 22 (St. Marylebone 5), Surrey 18, Kent 16, Sussex 16 (Hove M.B. 5), Essex 16, Lancashire 14 (Liverpool C.B. 4), Durham 13 (Sunderland C.B. 4), and Middlesex 13.

The notifications of dysentery were 6 more than in the preceding week. The largest returns were London 31 (Chelsea 10), Essex 19 (Southend-on-Sea C.B. 14), and Lancashire 10. In Scotland the outbreak of dysentery in Glasgow persists; the notifications in the past three weeks were 33, 55, and 74.

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 1943-51 are shown thus -----, the figures for 1952 thus ————. Except for the curves showing notifications in 1952, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.





Road Accidents in June

Casualties on the roads in June totalled 19,360. This number was 389 less than in June, 1951, and the decrease was mainly in the numbers of killed and seriously injured. The killed numbered 382, a decrease of 23, and the seriously injured 4,508, a decrease of 221. Pedestrian casualty figures continued to improve. Altogether 4,460 pedestrians were injured, 137 of them fatally. Compared with June last year, the figures show a reduction of 328 in the total and of 12 in the killed.

Week Ending August 23

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 559, whooping-cough 1,800, diphtheria 23, measles 5,256, acute poliomyelitis 220, dysentery 119, paratyphoid fever 58, and typhoid fever 13.

Medical News

Nuffield Foundation's New Headquarters.—The Nuffield Foundation has acquired the lease of Grove House, a large mansion in Regent's Park, London. The house will be used as the headquarters of the Foundation and of its associated trusts, the Nuffield Provincial Hospitals Trust and the National Corporation for the Care of Old People. Much of the four-acre garden will be made available to University College, London, for botanical research.

New Professors.—Recent appointments to university chairs have included Dr. C. F. Barwell to the Goldsmiths' Company's Chair of Bacteriology at the London Hospital Medical College; Dr. G. W. Harris to the FitzMary Chair of Physiology at the Institute of Psychiatry (Maudsley Hospital); Dr. C. A. Keele at the Middlesex Hospital Medical School as Professor of Pharmacology and Therapeutics; Dr. N. H. Martin at St. George's Hospital Medical School as Professor of Chemical Pathology; and Dr. A. W. Woodruff to the Wellcome Chair of Clinical Tropical Medicine at the London School of Hygiene and Tropical Medicine.

Jewish Medical Congress.—In Jerusalem the Second World Congress of Jewish Physicians has recently been concluded. As well as 1,000 members of the Israeli Medical Association, 300 other Jewish doctors from over 20 countries attended the Congress. The president of the Israeli Medical Association said that the aims of the Congress were to further co-operation between doctors in Israel and Jewish doctors abroad, and to assist in the building of the State of Israel and the integration of the immigrants.

Barclay Prize.—Under the will of the late Dr. A. E. Barclay the British Institute of Radiology received a legacy of £1,000 for the general purposes of the *British Journal of Radiology*. This money is to be used to establish an annual prize for the best essay on original work in diagnostic or experimental radiology. The first award will be made in 1953. The prize is open to anyone working in medical radiology or in related subjects. The essays will be judged by the editors of the *British Journal of Radiology*, helped, if necessary, by outside assessors. The winning essay will be published in the *British Journal of Radiology*. Further details will be found on p. 319 of the June issue of that journal.

Treacher Collins Essay Prize.—The council of the Ophthalmological Society of the United Kingdom is awarding triennially a prize of £100 for the best essay submitted upon a subject selected by the council. The prize is open to qualified medical practitioners of any nationality, but the essay must be written in the English language. The subject for the next award of the prize is "The Eye in General Vascular Disease," and essays must be sent in by December 31, 1953. They should be sent to the honorary secretary, Ophthalmological Society of the United Kingdom, 45, Lincoln's Inn Fields, London, W.C.2, from whom further particulars can be obtained.

War-blinded Physiotherapists.—A conference for war-blinded chartered physiotherapists was held at St. Dunstan's Training Centre near Brighton on August 30 and 31. The principal guests were Brigadier J. G. Smyth, V.C., Parliamentary Secretary to the Ministry of Pensions, and Professor T. Pomfret Kilner, Nuffield Professor of Plastic Surgery at Oxford. Professor Kilner spoke on the place of physiotherapy in plastic surgery. Sir Ian Fraser presided at the luncheon on the first day.

London Ambulance Service.—Last year the 38 ambulances in the Accident Section of the London Ambulance Service dealt with 87,012 emergency calls. This is a record. On average ambulances took just over eight minutes to arrive. Busiest time was in the afternoon between 3 and 4 p.m.;