

rose in 1951 to nearly 49,000,000. In 1938 the number of vehicles licensed was 3,052,000, which rose to 4,296,000 in 1951. During the same period the quantity of motor fuel consumed rose by 27%. The toll of the road was indeed heavy. All road users should be grateful for the efforts to secure their safety.

Lord LUCAS OF CHILWORTH said that until the Government treated this matter seriously and until the public conscience demanded action from the Government the House should go on debating it. The death roll in the railway tragedy at Harrow only equalled one week's toll on the roads. The loss of life at Lynmouth only equalled two days' toll on the roads. Last year 5,250 people were killed on the roads and 52,369 were seriously injured. Yet he believed that the question of road accidents had never been thought of sufficient importance to appear on a Cabinet agenda. Over 80% of the accidents happened in built-up areas. Congestion, not speed, was the greatest factor in accidents in such areas.

Lord LLEWELLIN said he did not think the Government could solve the problem. In the last 50 years there have been 7,000,000 road casualties in accidents involving injury or death. The deaths per million of the population in 1935 were 143, in 1938 were 144, and last year went down to 107. The number of children killed per million of population were 27 in 1935, 24 in 1938, and 19 in 1951. The main danger area was from the age of 5 or 6 up to 15. When he got above 55 the citizen passed into another vulnerable area. The percentage of population over that age was now 21% compared with 17% 20 years ago. Because of additional births just after the war there were at present 1,000,000 extra children under 15 years of age and a large number in the vital 5 to 6 years age group where the most accidents occurred.

Menace of Alcohol

Lord STRABOLGI said that drinking by many motorists was a fruitful cause of accidents. The Saturday night period was the most dangerous of all. A special study of motor vehicle accidents in the United States during 1942 showed that in one out of every five deaths the driver or the pedestrian had been drinking and that one out of every nine drivers and one out of every six pedestrians involved in fatal accidents had been drinking. When new legislation to control road traffic is introduced he hoped it would be made an offence to drink at all during or before a motor-car journey. The number of fatal accidents in Sweden had declined sharply since a law was introduced making it a criminal offence for the driver of a motor vehicle to take any alcohol at all.

Lord LEATHERS, replying for the Government, said the debate had been most helpful. Altogether £3,000,000 would be spent this year and next in improving the black spots on the roads. A wide range of propaganda and publicity was being continued to bring home to all their individual responsibility on the roads. Whereas in 1938 deaths on the roads numbered 6,648 the number last year was down to 5,250, a reduction of over 20%, although the population had risen by over 3,000,000 and the number of road vehicles had increased by 50%. He would study the remarks which had been made about drink as it affected safety on the roads. Some people showed the effects of a small amount of drink quickly and acutely. There was no easy footrule by which to measure the effect of alcohol in this connexion.

Lord HAMPTON, in an addendum to his own speech, said that road casualties in 1951 were reduced by 7% as compared with 1938, while deaths were down by 21%.

Criminal Responsibility.—The Home Secretary will not recommend the appointment of a Royal Commission to consider changes in the law relating to the criminal responsibility of persons of unsound mind. The Royal Commission on Capital Punishment, appointed in 1949, had been examining these problems and would doubtless include observations on them in its report, which should be available within the next few months.

Shortage of Dentists.—Asked how far the number of dentists at present available falls short of requirements to provide a satis-

factory dental service, Mr. MACLEOD replied that on the estimates made by the Teviot Committee the shortage may be of the order of 9,000.

Attended Cattle.—Of the cattle in Great Britain 37% are attended. *Experiments on Animals.*—The total number of experiments performed in 1951 on living animals was 1,919,424. Of these, 1,665,120 experiments not involving any procedure more severe than simple inoculation or superficial venesection were performed without anaesthetics. Cats, dogs, horses, asses, or mules were used in 10,262 experiments.

Atomic Burns.—No paste is available to protect the face and eyes from flash burns from atomic explosion, but simple methods of screening the faces and hands of those who may have to be out of doors are under investigation.

The Services

The name of Acting Interim Surgeon Lieutenant-Commander J. S. Ritchie, R.N., H.M.S. *Morecambe Bay*, appears in a list of those mentioned in dispatches for distinguished service in operations in Korean waters.

The name of Colonel G. Anderton, O.B.E., late R.A.M.C., appears in a list of those who have been mentioned in dispatches in recognition of gallant and distinguished services in Korea during the period January 1 to June 30, 1952.

Captain R. Barnes, R.A.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in Korea.

Vital Statistics

Unusual Outbreak at Bath

For the following account of an outbreak of infectious disease at Bath we are indebted to Dr. H. Campbell, Superintendent of Bath Isolation Hospital, and Dr. L. F. McWilliams, Deputy Medical Officer of Health, Bath County Borough.

Since September 10 there have been admitted from the administrative area of the Bath County Borough to the Isolation Hospital 17 cases in which clinical examination and cerebrospinal-fluid investigation suggested a diagnosis of poliomyelitis (non-paralytic). (Ten additional cases from the Bath Clinical Area during the same period showed the classical symptoms and signs of poliomyelitis; all showed a pleocytosis and increased protein content of the C.S.F. and associated weakness or paresis of one or more groups of muscles.)

The first case in the city outbreak was a man aged 33 years. For two days before admission there had been slight diarrhoea, and then intense frontal headache, severe photophobia, and vomiting occurred. Temperature was 101° F. (38.3° C.) on admission. No abnormal clinical signs were elicited apart from some neck stiffness. Lumbar puncture showed the C.S.F. under raised pressure. Cell count was normal, but the protein was 60 mg. per 100 ml. Headache and photophobia persisted for two days, and thereafter he made a rapid recovery without complications.

His son was admitted two days later with a similar illness, although the headache and photophobia were less severe. The C.S.F. showed slight lymphocytic pleocytosis and raised protein content. Another contact, a man aged 19 years, was admitted three days after the boy, with headache, photophobia, and vomiting. The C.S.F. findings were a definite lymphocytic pleocytosis and raised protein. Further cases with essentially the same clinical picture, the same C.S.F. findings, and the same rapid recovery occurred. Stools and sera have been sent to the Virus Laboratory and results are awaited.

The early cases came from three family groups who had all been in contact with one another and lived in the same area of the city. On investigating the home contacts in these cases, it came to light that most other members of the households involved had recently suffered from headache and vomiting to a lesser degree. Moreover, several other

families in adjacent homes were likewise affected, but their illness had been transitory and had not required calling in their doctor.

Absences of children from four schools during the last three weeks in September in the affected area were checked by home visits. So far as it was possible to ascertain, about ninety children and adults were traced with recent histories of headache, vomiting, and diarrhoea—short in duration but sufficient to incapacitate for a few days. There was no rodent infestation of the area, and in addition the moderate lymphocytic pleocytosis ruled out a choriomeningitis outbreak. Although the hospital admissions have been labelled poliomyelitis (non-paralytic), the extent of the disease in the community and the clinical picture appear to suggest a Coxsackie virus infection.

In a paper delivered at the International Poliomyelitis Conference on September 4, 1951, at Copenhagen, Professor Curnen, of Yale University School of Medicine, described¹ an illness resembling non-paralytic poliomyelitis occurring during 1948 in Connecticut and Rhode Island. Coxsackie virus was recovered from faeces in some cases, and neutralizing antibodies were demonstrated in the serum of affected persons. Cerebrospinal fluid showed a moderate pleocytosis. The course of the illness described by him was relatively brief, uncomplicated, and ended in complete recovery. In individual patients differentiation from non-paralytic poliomyelitis on the basis of clinical findings did not appear to be possible.

Quarterly Returns for Eire

The birth rate during the second quarter of 1952 was 23.8 per 1,000, being 1.3 above the rate for the same quarter of 1951. The infant mortality rate was 35 per 1,000 registered births; this rate was 11 below that of the corresponding quarter of 1951, and was the lowest rate ever recorded for any quarter. The general death rate was 11.8 per 1,000, being 1.8 below the rate for the preceding June quarter. 178 deaths were attributed to the principal epidemic diseases; these included 73 from influenza, 43 from gastro-enteritis under 2 years, 27 from measles, and 24 from whooping-cough. Deaths from respiratory tuberculosis numbered 362 and from other forms of tuberculosis 88; these were 109 and 51 fewer, respectively, than the totals for the second quarter of 1951.

Infectious Diseases

Rises were recorded in the number of notifications of measles 1,424, scarlet fever 120, and dysentery 69 in England and Wales during the week ending October 4, while the only large fall was whooping-cough 132.

An increase in the incidence of measles was reported throughout the country. The largest rises were London 200, Yorkshire West Riding 165, Glamorganshire 156, and Essex 107. A small rise in the incidence of scarlet fever occurred in every region with the exceptions of London and the south-east region. The number of notifications of diphtheria was 10 more than in the preceding week, mainly owing to a rise of 8 in Lancashire. Only small variations were recorded in the local trends of whooping-cough.

Notifications of paratyphoid fever numbered 8 fewer than in the preceding week, mainly because of a decline of 7 in Wales. The largest return was Glamorganshire with 7 cases.

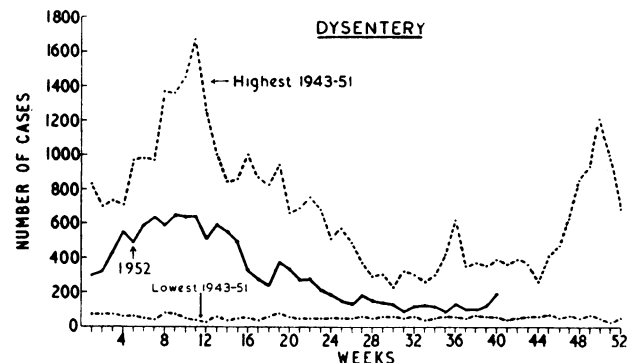
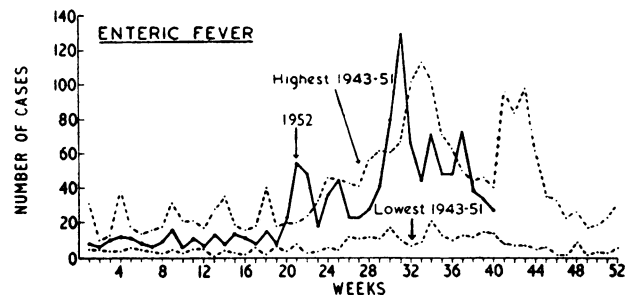
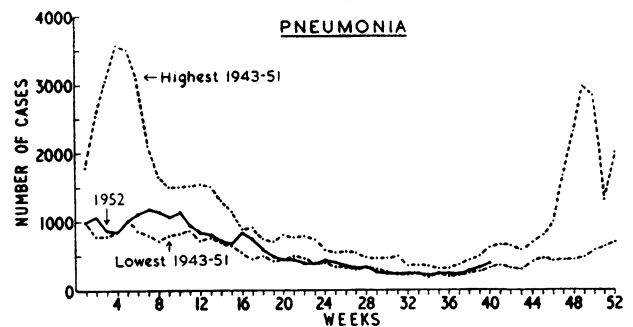
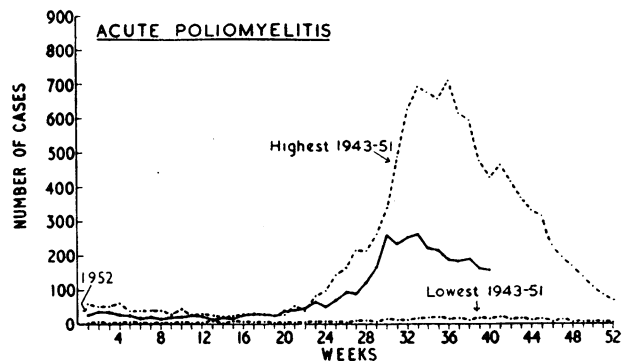
The number of notifications of acute poliomyelitis was 3 less than in the preceding week for both paralytic and non-paralytic cases. The largest returns were London 22 (Hampstead 4), an increase of 13 on the preceding week; Essex 17 (Southend-on-Sea C.B. 11); and Yorkshire West Riding 14.

The largest returns of dysentery were Lancashire 35 (Blackburn R.D. 20), London 28 (Finsbury 11), Wiltshire 24 (Calne and Chippenham R.D. 24), Durham 20 (Stockton-on-Tees M.B. 10), Yorkshire West Riding 17, and Middlesex 10. In Scotland the notifications in Glasgow rose from 48 to 90.

¹British Medical Journal, September 22, 1951, p. 732.

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 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.



Week Ending October 11

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,617, whooping-cough 1,078, diphtheria 24, measles 5,716, acute poliomyelitis 109, dysentery 160, paratyphoid fever 25, and typhoid fever 2.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending **October 4** (No. 40) 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	25	1	13	2	1	30	1	16	0	2
Dysentery	192	28	117	1	1	124	33	62	1	
Encephalitis, acute	1	0	0	0		15	0	0	0	
Enteric fever: Typhoid	4	0	3	2	1	9	0	0	0	0
Paratyphoid ..	23	2	0	0		31	0	2(B)	0	2
Food-poisoning ..	117	15		23		125	16		2	
Infective enteritis or diarrhoea under 2 years				15	29				10	55
Measles*	4,696	554	74	32	33	1,466	22	82	137	114
Meningococcal infection	29	4	9	0		27	4	13	1	1
Ophthalmia neonatorum	32	2	13	0		45	1	9	0	
Pneumonia † ..	371	22	213	6		310	18	135	1	1
Poliomyelitis, acute: Paralytic	101	15	3	9	7	56	1	15	2	4
Non-paralytic ..	54	7				40	4			
Puerperal fever‡ ..	219	33	15	0	1	241	31	18	0	
Scarlet fever ..	1,284	118	275	13	58	869	66	214	30	33
Tuberculosis: Respiratory			120	33				136	43	
Non-respiratory ..			17	4				26	5	
Whooping-cough ..	1,126	86	69	17	35	1,589	62	315	25	82

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			1		0	
Encephalitis, acute ..		0			0	0				0
Enteric fever	0	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	9	0	1	0	2	9		3	1	0
Influenza	7	0		0	0	6	1	0	0	0
Measles		0		0	0		0	0	0	0
Meningococcal infection		0					1	0		
Pneumonia	142	17		4	2	109	16		5	6
Poliomyelitis, acute	7	2			0	7	0			0
Scarlet fever		0		0	0		0	0	0	0
Tuberculosis: Respiratory	92	{13 0	9 1	3 0	2 0	113	{15 2	21 6	4 1	8 2
Non-respiratory ..										
Whooping-cough ..	3	1		0	0	1	0	0	0	0
Deaths 0-1 year ..	211	22	25	8	20	163	22	31	7	11
Deaths (excluding stillbirths) ..	4,673	660	508	97	136	3,996	650	550	87	140
LIVE BIRTHS ..	7,816	1142	915	232	429	7,038	1151	797	201	413
STILLBIRTHS ..	176	27	25			184	24	34		

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

† Includes primary and influenza pneumonia.

‡ Includes puerperal pyrexia.

Medical News

First Steps to a National Science Centre.—At its meeting on October 7 the London County Council decided to reserve a five-acre site on South Bank immediately east of Waterloo Bridge for the erection of a science centre by the Government. It is intended that the centre should become the home of learned societies, the Patent Office, and the Department for Scientific and Industrial Research. The site is part of the Princes Meadows Estate, formerly an outlying property of the Manor of Kennington which once belonged to the Black Prince.

European Health Community.—The French Government has decided to invite the member-nations of the O.E.E.C. (Organization for European Economic Co-operation) to meet in Paris in December to discuss proposals for the establishment of a European Health Community. The French Minister of Health, M. Ribeyre, asked at a recent Press luncheon how he justified the new Health Community when there was already a World Health Organization, is reported as having pointed to the advantages of co-operation between nations with similar medical problems.

Belgian Prize for Sleeping Sickness Cure.—The Belgian Government is offering a prize of 1,000,000 francs (over £7,000) for the discovery of a cure for sleeping sickness, the late stage of African trypanosomiasis. The prize is open to workers of any nationality. A special jury of three distinguished Belgian doctors, presided over by the President of the Institut pour la Recherche Scientifique en Afrique Centrale, has been appointed to report to the Belgian Minister for Colonial Affairs on any cures submitted to it.

Medical Representation on King George VI Fund.—Among the members of the Philanthropic Scheme Subcommittee of the George VI Memorial Fund, whose composition was announced recently, are several representatives of the medical profession. They are the Presidents of the three Royal Colleges and Dr. Frank Howitt, physician with charge of physical medicine at the Middlesex Hospital. Dr. Howitt is honorary adviser in rehabilitation to the Minister of Labour and a Director of Remploy, Ltd.

Archbishop of York on Spiritual Healing.—In his presidential address to the Convocation of York on October 15, the Archbishop of York, the Most Rev. C. F. Garbett, D.D., spoke on "The Ministry of Healing." In the course of his address he drew attention to the "grave objection to public missions of healing, where preparation of individuals is impossible and where hands are laid indiscriminately upon all who come to them. . . . Without prayer and preparation the laying on of hands and anointing may come dangerously near magic." The Archbishop ended by welcoming the increasing co-operation between the clergy and doctors.

New Safety Precautions at Broadmoor.—The Minister of Health told the House of Commons last week what measures have been taken at Broadmoor to prevent a repetition of the Straffen episode. The measures include the installation of an alarm siren and direct telephone communication with Wokingham police station. New locks have been fitted on the outer doors, and work on re-locking the inner doors is well advanced. A distinctive cloth is to be used for working overalls. In addition emergency plans have been agreed with the police, and discussions are in progress with school authorities and the B.B.C. The security rules are being tightened up, and better pay has been offered to the staff.

Magistrates on Whipping.—At the annual meeting of the Magistrates' Association last week a resolution in favour of the reintroduction of whipping was defeated by 219 to 166 votes. An amendment to the resolution drew attention to the decrease, since the abolition of corporal punishment, in the crimes for which previously it could be ordered.