

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending **September 24** (No. 38) and corresponding week 1954.

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	1955					1954				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	6	0	2	0	1	8	0	1	0	
Dysentery	450	71	192	14	1	308	35	133	8	
Encephalitis, acute ..	1	0		0		4	0	0	0	
Enteric fever:										
Typhoid	6	0	1	0	2	2	0	0	0	0
Paratyphoid	69	11	0	0	1(B)	11	1	1(B)	0	6(B)
Food-poisoning	353	33			14	265	22			1
Infective enteritis or diarrhoea under 2 years					29	104				18
Measles*	1,082	24	16	18	30	1,415	80	163	12	24
Meningococcal infection	15	0	14	1	2	21	1	5	0	
Ophthalmia neonatorum	34	2	7	0		37	2	6	0	
Pneumonia†	171	7	87	1	2	251	11	80	5	
Poliomyelitis, acute:										
Paralytic	201	20				49	1			
Non-paralytic	193	44	44	6	3	35	3	22	4	3
Puerperal fever‡	204	20	11	1		212	33	9	0	
Scarlet fever	426	27	82	27	23	526	35	80	25	34
Tuberculosis:										
Respiratory	556	50	116	38		694	68	123	23	0
Non-respiratory	97	5	21	5		92	6	24	2	0
Whooping-cough	1,113	58	45	34	73	1,566	84	104	14	16

DEATHS In Great Towns	1955					1954				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	0	0	0	0	0
Dysentery	0	0		0		1	0		0	
Encephalitis, acute ..		0			0					0
Enteric fever	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	2		2	1	4	4	0	1	1	2
Influenza	6	0	1	0	2	4	0	0	0	0
Measles		0	1	0	0	0	0	0	0	0
Meningococcal infection		0	0				0	3		
Pneumonia	132	22	12	12	6	137	15	15	7	5
Poliomyelitis, acute ..	7	0	4		0	2	0	1		0
Scarlet fever		0	0	0	0	0	0	0	0	0
Tuberculosis:										
Respiratory	56	4	9	2	1	63	8	5	3	5
Non-respiratory										
Whooping-cough	0	0	0	0		1	0	0	0	0
Deaths 0-1 year	185	23	22	8	9	192	24	25	11	15
Deaths (excluding stillbirths)	4,582	677	490	91	146	4,673	680	542	110	178
LIVE BIRTHS	7,145	1088	835	245	419	7,249	1066	861	181	444
STILLBIRTHS	204	25	22			209	23	24		

* Measles not notifiable in Scotland, whence returns are approximate.
 † Includes primary and influenza pneumonia.
 ‡ Includes puerperal pyrexia.

Vital Statistics

Poliomyelitis

The number of paralytic cases notified in England and Wales in the week ending October 1 again rose slightly. The figures, with those for the previous week in parentheses, were: paralytic 207 (201), non-paralytic 180 (193), total 387 (394). Deaths in the great towns numbered 8. Notifications from the beginning of the year up to October 1 numbered 4,638; in 1947 and 1950 they were more numerous—namely, 6,666, and 6,365 respectively.

A slight increase of incidence occurred in the northern, north-western, midland, eastern, and southern regions, and the East and West Ridings of Yorkshire. The incidence decreased in the north midland, London and south-eastern, and south-western regions, and in Wales. The following districts have had particularly high rates to date (figures are for cases notified up to October 1, with rates per 100,000 of the population in parentheses): Barnsley C.B. 77 (102.9); Mexborough U.D. 18 (94.6); Willesden M.B. 154 (86.8); Hoyland Nether U.D. 13 (81.9); Wombwell U.D. 13 (69.2); Cheshunt U.D. 16 (63.1); Dover M.B. 19 (55.8); Stepney M.B. 53 (56.2); Poplar M.B. 39 (54.4); Clacton U.D. 13 (53.9).

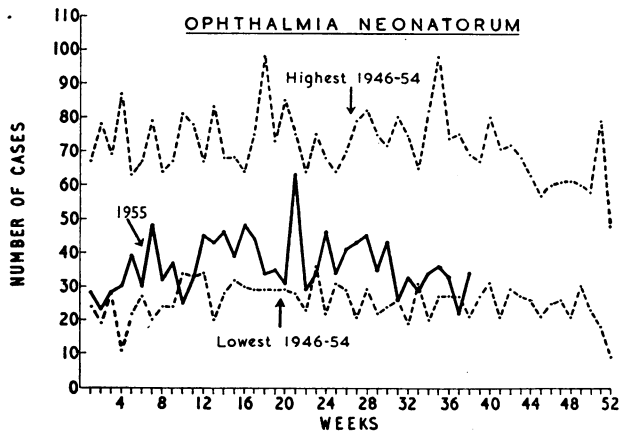
In Scotland 48 cases were notified, 4 more than in the previous week. 30 of them were reported from Glasgow, 3 more than in the previous week.

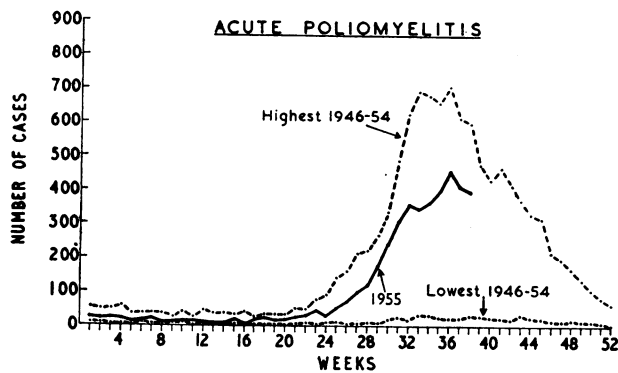
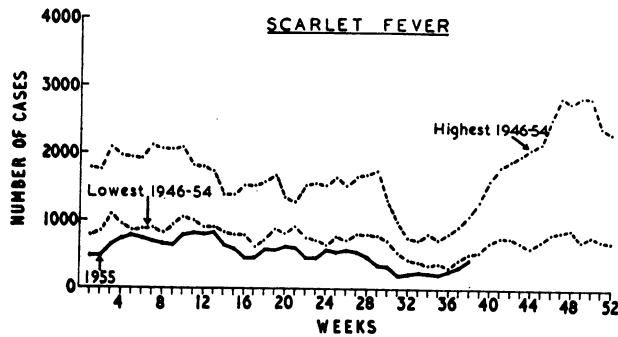
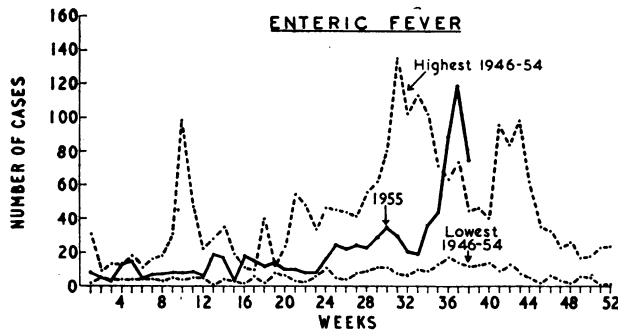
Eire in Second Quarter

The birth rate during the June quarter of 1955 was 22.9 per 1,000 population, and was 0.9 above the rate for the preceding second quarter. The infant mortality was 36 per 1,000 registered births and the neonatal mortality was 23; for the June quarter of 1954 the infant mortality was 36 and the neonatal mortality was 21. The general death rate was 13.3 per 1,000 population, being 1.2 above the rate for the second quarter of 1954. The death rate from respiratory tuberculosis was 27 per 100,000 and for other forms 5; the rates for the second quarter of 1954 were 32 and 8 respectively. The number of deaths attributed to the principal infectious diseases included 252 from influenza, 32 from gastro-enteritis (under 2 years), 7 from whooping-cough, 5 from measles, and 3 from diphtheria.

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 1946-54 are shown thus -----, the figures for 1955 thus ———. Except for the curves showing notifications in 1955, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.





Infectious Diseases

In England and Wales during the week ending September 24 the largest rises in the number of notifications of infectious diseases were 97 for scarlet fever, from 329 to 426, 44 for measles, from 1,038 to 1,082, and 33 for dysentery, from 417 to 450, and the largest falls were 46 for paratyphoid fever, from 115 to 69, and 29 for whooping-cough, from 1,142 to 1,113.

The largest fluctuations in the incidence of measles were rises of 48 in Caernarvonshire, from 4 to 52, 37 in Monmouthshire, from 35 to 72, and falls of 50 in Yorkshire West Riding, from 81 to 31, and 31 in Devonshire, from 74 to 43. The largest rise in the returns for scarlet fever was 25 in Lancashire, from 70 to 95. The largest decline in whooping-cough was 33 in Lancashire, from 152 to 119. 6 cases of diphtheria, 3 fewer than in the preceding week, were notified. 4 of the 6 cases were notified in Lancashire (Liverpool C.B. 3).

The largest returns of paratyphoid fever were Nottinghamshire 38 (Mansfield M.B. 21, Kirkby-in-Ashfield U.D. 10, Nottingham C.B. 3, Worksop M.B. 3) and London 11 (Hackney 7). During the past four weeks a total of 155 cases have been notified in Nottinghamshire and 57 cases in London.

The largest centres of dysentery were Lancashire 138 (Blackpool C.B. 34, Liverpool C.B. 33, Haslingden M.B. 24, Manchester C.B. 12), London 71 (Chelsea 18, Southwark 13, Islington 9), Yorkshire West Riding 65 (Huddersfield C.B. 21, Leeds C.B. 17), Durham 22, and Leicestershire 18 (Leicester C.B. 15).

In Scotland the number of notifications of dysentery declined by 75, from 267 to 192; in Glasgow the fall was 59, from 169 to 110.

Week Ending October 1

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 550, whooping-cough 993, diphtheria 10, measles 1,227, acute pneumonia 228, acute poliomyelitis 387, dysentery 427, paratyphoid fever 45, and typhoid fever 5.

Medical News

Wellcome Trust.—Announcing plans for the extension of the Wellcome Trust's work, Sir HENRY DALE, O.M., F.R.S., last week explained that in future the Trust would more actively seek openings for its charitable support. He introduced Dr. F. H. K. GREEN, formerly of the Medical Research Council headquarters, and now appointed to the newly created post of scientific secretary to the Trust. In the past the trustees' policy had had a certain "opportunist" character, said Sir Henry, and they had in general responded to appeals made to them rather than initiated a planned policy of spending. A whole-time administrative staff was now needed, and Dr. Green would have the chief executive responsibility of carrying out the Trust's policy. The trustees were contemplating some help for research in anaesthesia, and would continue to pay special attention to the needs of pharmacology and therapeutics (particularly in tropical medicine). They were also considering the establishment of more research fellowships, not for postgraduate students, who were already well catered for, but for senior men. Among the more notable of the Trust's benefactions to date had been the endowment of a chair of tropical medicine and a chair of pharmacology in London University. It had also contributed about £100,000 each to enable the library of the Royal Society of Medicine and the museum of the Royal College of Surgeons to expand. Sir Henry announced that Brigadier J. S. K. BOYD, F.R.S., was relinquishing his post as director of the Wellcome Laboratories of Tropical Medicine to become a trustee on January 1 next.

Lady Tata Memorial Trust.—On assuming the duties of Scientific Secretary of the Wellcome Trust on October 1 Dr. F. H. K. GREEN relinquished the secretaryship of the (European) Scientific Advisory Committee of the Lady Tata Memorial Trust, which he had held since 1934. The trustees have appointed Dr. DAVID GALTON, of the Chester Beatty Research Institute, Fulham Road, London, S.W.3, to succeed him.

Ilford Golden Jubilee.—This year the Ilford Medical Society attained its fiftieth birthday, to be celebrated by a ball on Thursday, October 20. The President is Dr. J. ARTHUR MOODY. Ever since its formation in 1905 the Society has been active in holding clinical and social meetings, and it played a leading part in the foundation of the Ilford Emergency Hospital, now the King George Hospital. It has taken special care to foster good working relations among all sections of the profession, and maintains close and friendly contact with the B.M.A. Division. Latterly the question of continued education for general practitioners at the local hospital has been under review with the local faculty of the College of General Practitioners.

"Public Health."—The journal of the Society of Medical Officers of Health, *Public Health*, appears this month in a new guise. The cover is now light green in colour and bears the minimum of printed matter, with no advertisements. The lay-out has been improved, a better-quality paper used, and a new type-face chosen. All these changes combine to make the journal more attractive and therefore more readable. The purposes of the journal are to express the policies and views of the Society, to give members prompt news of the activities of the Society, and to publish papers on