

recreational, he gave a full measure of his abundant energy. I saw this mainly in his medical work, where his conscientious attention to every facet of the life of his patients not only paid handsome clinical dividends but earned him the respect and deep affection of patients and colleagues. His devotion to duty did not result in a dreary rigidity, but was clothed in a vivid, flexible human approach; the patients' own attitude and susceptibilities would extract from Brock the formal courtesy of which he was a master, or, through the whole gamut, to a friendly raciness of language which on occasion enlivened his reports as well. The memorial which he would appreciate most is the affectionate smile which comes to every face in Broadmoor at the mention of his name.

FELLOW TERRITORIAL writes: It was with sad surprise that I read of the death of John Brock Bishop, followed by a feeling of pride and gratitude at having had the privilege of his friendship. He had been medical officer to the 51st Heavy Anti-Aircraft Regiment, R.A., T.A. (London), and it was on his promotion to senior medical officer of his brigade in 1939 that we first met. His constant good humour and ready but subtle wit enabled him to fill this post with efficiency and popularity. I later met him during the invasion of Sicily, when he held another staff appointment, and again later during the campaign in Italy, when he held a similar post. At this period we spent together a never-to-be-forgotten leave in Rome, when he was the jolliest of companions. I later called on him at Broadmoor, where he was obviously happy and had found his niche where he could help his less fortunate fellows. "Brock" was a man who walked humbly but nevertheless held firm convictions quietly. He was a gentle man by whose passing the world is poorer.

Vital Statistics

Week Ending August 16

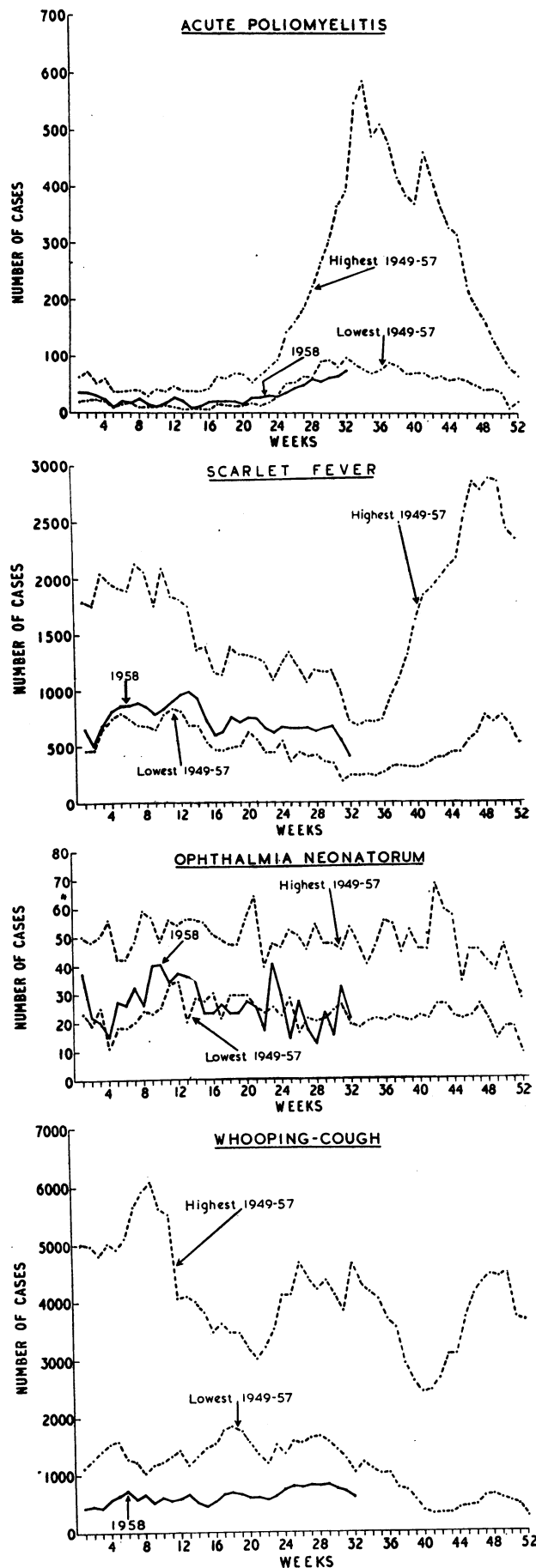
Despite the unseasonable summer weather, infectious diseases in England and Wales remained generally at a low level in the week ending August 16. Increases in the numbers of notifications were recorded for whooping-cough 106, from 607 to 713, acute poliomyelitis 13, from 73 to 86, acute pneumonia 33, from 150 to 183, and food-poisoning 116, from 171 to 287. Notifications of the following diseases fell: scarlet fever 37, from 410 to 373, measles 476, from 5,578 to 5,102, and dysentery 29, from 367 to 338. Cases of paratyphoid fever numbered 5 and typhoid 4, for each the same as the previous week.

The 86 cases of acute poliomyelitis comprised 57 paralytic and 29 non-paralytic; these were 6 and 7 respectively more than in the previous week. The main centres of infection continued to be Yorkshire West Riding 26 (Leeds C.B. 7, Morley M.B. 2), and Lancashire 13 (Manchester C.B. 6, Stretford M.B. 2). In Devon 7 cases were notified, all from Plymouth C.B.

An outbreak of 70 cases of food-poisoning was reported from Hampshire (Basingstoke R.D.).

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 years 1949-57 are shown thus - - - - -, the figures for 1958 thus ————. Except for the curves showing notifications in 1958, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending August 9 (No. 32) and corresponding week 1957.

Figures of *cases* are for the countries shown and London administrative county. Figures of *deaths* and *births* are for the whole of 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	1958					1957				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	3	0	3	0		7	0	1	0	2
Dysentery ..	367	74	118	4		274	19	100	5	1
Encephalitis, acute	1	0		0		2	0		4	
Enteric fever:										
Typhoid ..	4	0	2	0	2	0	0	0	0	1
Paratyphoid ..	5	2	2(B)	0		14	2	2	0	
Food-poisoning ..	171	20	8	2		344	31	16	0	
Infective enteritis or diarrhoea under 2 years ..										6 25
Measles* ..	5,578	318	21	6	43	7,929	162	50	31	33
Meningococcal infection ..	11	1	6	2		20	0	12	2	
Ophthalmia neonatorum ..	21	1	4	0		33	0	5	0	
Pneumonia† ..	150	14	80	3		179	12	98	0	
Poliomyelitis, acute:										
Paralytic ..	51	0				183	8			
Non-paralytic ..	22	0	20	2	7	145	15	4	31	3
Puerperal fever‡ ..	186	17	9	1		208	30	13	0	1
Scarlet fever ..	410	26	31	4	18	297	18	47	10	8
Tuberculosis:										
Respiratory ..	427	46	84	10		412	53	104	16	
Non-respiratory ..	72	9	11	2		69	2	12	3	
Whooping-cough ..	607	33	59	38	14	1,050	43	84	7	15

DEATHS	1958					1957				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	0	0	0		0	0	0	0
Dysentery ..	1	0		0			0		0	0
Encephalitis, acute		0		0			0			1
Enteric fever ..	1	0	0	0			0	0	0	0
Infective enteritis or diarrhoea under 2 years ..	6	0	0	1	1		0	0	0	1
Influenza ..	6	0	0	0	0		0	0	0	0
Measles ..		0	0	0	0		0	0	0	0
Meningococcal infection ..		0	0				1	0		
Pneumonia ..	288	21	11	15	2		30	10	11	1
Poliomyelitis, acute	5	0		0	0		3	0	1	0
Scarlet fever ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	62	7	7	1	0	No comparable figures available.	3	4	1	0
Non-respiratory ..										
Whooping-cough ..	1	0	0	0	0		0	0	0	0
Deaths 0-1 year ..	242	31	23	11	10		29	18	6	6
Deaths (excluding stillbirths) ..	7,673	675	447	101	112		595	468	85	122
LIVE BIRTHS ..	12,465	1032	912	197	328		1071	957	211	351
STILBIRTHS ..	268	20	26				18	19		

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

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

Medical News

Smoking and Lung Cancer Propaganda.—The Minister of Health has circularized local authorities asking them to report on what steps they have taken to bring the risks of smoking to the notice of the public. The inquiry follows a circular in June last year in which the Minister asked that information on the dangers of smoking and its association with lung cancer should be disseminated. Local authorities are now asked to say whether they have accepted the need for a propaganda programme. If so, they are asked to report what publicity methods and material have been used, and whether they have been concentrated on special groups and if any of them have been especially effective. An assessment of the public reaction is also asked for.

Medical Art Exhibition at Edinburgh.—During the Joint Annual Meeting of the British and Canadian Medical Associations at Edinburgh from July 20 to 24, 1959, there is to be an exhibition of paintings by members of the two Associations. By courtesy of the governors and principal of the Edinburgh College of Art this exhibition will be held in the Andrew Grant Gallery of the College throughout the Meeting. Accepted work will be limited to approximately 150 exhibits, and should be either oils or water-colour paintings. A prize has been offered for the most outstanding exhibit. Members who wish to exhibit examples of their work on this occasion are invited, in the first instance, to communicate either with Professor B. G. MAEGRAITH, School of Tropical Medicine, University of Liverpool, Pembroke Place, Liverpool, 3; Dr. A. M. RACKOW, Cleve Cottage, Hawk's Hill, Leatherhead, Surrey; or Professor D. E. C. MCKIE, Royal College of Surgeons, 18, Nicolson Street, Edinburgh, 8.

The Lambeth Conference and Family Planning.—The report of the Lambeth Conference of bishops, published earlier this week by the S.P.C.K., includes a section on "The Family in Contemporary Society." Of the three main purposes of marriage defined by the Conference, the procreation of children is mentioned first. The earlier in marriage children are born the better both for them and for their parents. But, the report states, "family planning, in such ways as are mutually acceptable to husband and wife in Christian conscience, and secure from the corruptions of sensuality and selfishness, is a right and important factor in Christian family life. . . . Scientific studies can rightly help, and do, in assessing the effects and usefulness of any particular means, and Christians have every right to use the gifts of science for proper ends." The Conference welcomed the growth of marriage guidance councils, which made an important contribution to the community and deserved Government support. Clergy should be encouraged to offer themselves for training as counsellors. Referring to countries where the increase of population imperils the survival of young and old, the report urges that it is the duty of the better-developed nations to help them to become self-supporting. "Abortion and infanticide are to be condemned, but methods of control (of population), medically endorsed and morally acceptable, may help people of their lands so to plan family life that children may be born without a likelihood of starvation." Any government policy of compulsory sterilization as a means of population control is unacceptable to the Christian conscience. Where conception is prevented by physical or emotional abnormality, the Christian can rightly accept the help of responsible physicians. But, the report continues, "artificial insemination by anyone other than the husband raises problems of such gravity that the committee cannot see any possibility of its acceptance by Christian people."

Overcrowded Prisons.—The "outstanding feature" of the prisons in 1957 was "the steady rise in the inmate population with the consequent return of accommodation