

# Vital Statistics

## Smallpox at Liverpool

A case of smallpox in a fourth-year medical student aged 21 has been confirmed at Liverpool. We are indebted to Professor A. B. SEMPLE for the following information: The patient fell ill on February 28. When the rash appeared the disease proved to be mild but typical smallpox. The patient was last successfully vaccinated in infancy. The source of the infection was not known at the time of going to press on March 10.

## Influenza and Pneumonia

Numbers of deaths from influenza and pneumonia again rose in England and Wales in the week ending February 28. Influenza deaths numbered 1,571, as compared with 1,121 in the previous week, and pneumonia deaths 2,121, as compared with 1,951. Cases of pneumonia also increased (see graph) from 2,339 to 2,926, the highest weekly total for eight years.

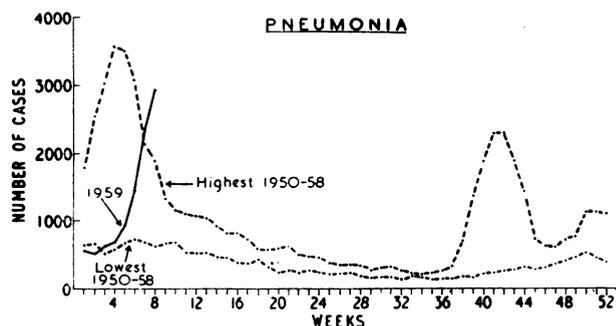
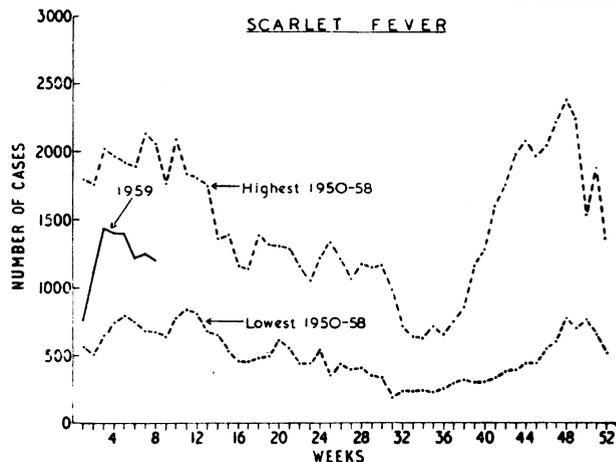
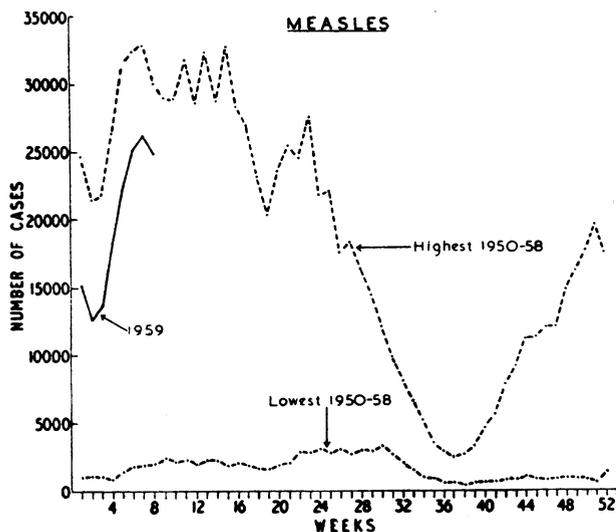
The age distribution of the influenza deaths was as follows: under 15 years, 30 (2%); 15-64 years, 421 (27%); 65 and over, 1,120 (71%). Deaths from influenza numbered 169 in Lancashire, 163 in London, 144 in Surrey, and 100 in Middlesex.

A sharp rise in the number of influenza deaths in the principal towns of Scotland was reported, from 27 to 57 in the week ending February 28. In the principal towns of Northern Ireland 4 influenza deaths were reported, and in those in Eire also 4.

According to the Ministry of Health, influenza remains widespread in many parts of the country, though the distribution is patchy and some areas have largely escaped infection. Pressure on hospital beds has begun to ease in many areas, notably London.

## 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 1950-8 are shown thus -----, the figures for 1959 thus ———. Except for the curves showing notifications in 1959, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



## Week Ending February 28

The chief fluctuations in the numbers of notifications of infectious diseases in England and Wales during the week ending February 28 were decreases of 1,513 for measles, from 26,464 to 24,951, 144 for dysentery, from 1,193 to 1,049, 38 for scarlet fever, from 1,245 to 1,207, and increases of 587 for acute pneumonia, from 2,339 to 2,926, 41 for food-poisoning, from 107 to 148, and 14 for whooping-cough, from 575 to 589.

The largest falls in the incidence of measles were 324 in Essex, from 2,747 to 2,423, 273 in Cheshire, from 948 to 675, 166 in Yorkshire West Riding, from 2,767 to 2,601, 162 in Northumberland, from 527 to 365, 156 in Middlesex, from 1,575 to 1,419, 142 in London, from 1,561 to 1,419, and the largest rises were 343 in Surrey, from 1,021 to 1,364, 226 in Warwickshire, from 1,305 to 1,531, and 136 in Staffordshire, from 704 to 840. Only small changes in the number of notifications of scarlet fever were recorded in the local returns. The largest increase in the number of notifications of whooping-cough was 34 in Warwickshire, from 12 to 46, and the largest decrease was 35 in Lancashire, from 92 to 57. Five cases of diphtheria were notified, being 3 more than in the preceding week; 3 of the cases were notified in Birmingham C.B.

Only 9 cases of acute poliomyelitis were notified during the week, and this was the lowest number for any week for almost four years. The cases were 3 fewer for paralytic and the same for non-paralytic cases as in the preceding week. Hampshire with 2 notifications was the only county with more than 1.

7 of the 11 cases of paratyphoid fever were notified in Essex, Thurrock, R.D.

The chief centres of dysentery were Lincolnshire 156 (Grimsby C.B. 82, Cleethorpes M.B. 15, Boston M.B. 14, Boston R.D. 11), Yorkshire West Riding 129 (Leeds C.B. 49, Bradford C.B. 34, Dewsbury C.B. 11), Glamorganshire 118 (Cardiff C.B. 59, Barry M.B. 26, Rhondda M.B. 22), Warwickshire 87 (Coventry C.B. 62, Birmingham C.B. 15), London 67, Lancashire 58 (Manchester C.B. 12), Middlesex

55 (Tottenham M.B. 35), Yorkshire East Riding 39 (Kingston upon Hull C.B. 30), Surrey 38 (Croydon C.B. 23), Gloucestershire 36 (Stroud R.D. 26), Northumberland 27 (Newcastle upon Tyne C.B. 10), Essex 26, and Dorsetshire 25 (Portland U.D. 25).

## Medical News

**Air Pollution Research.**—The new Warren Spring Laboratory of the Department of Scientific and Industrial Research, which Lord HAILSHAM will open at Stevenage on June 29, is to include work on the suppression of atmospheric pollution in its initial research programme. Much of the laboratory's work will be of a chemical engineering character and will require basic engineering research to be undertaken also. The Department, in its programme of help "for researches regarded as of exceptional timeliness and promise," has made a grant to Sheffield University of more than £15,000, spread over five years, for the study of the formation and combustion of coal smoke.

**Smoking in Tubes.**—In a paper presented to the Royal Society of Health on March 11, Dr. L. G. NORMAN, chief medical officer of London Transport, said that in his view public opinion would gradually harden against smoking in public places until, as in some other countries, no smoking would be permitted on the Underground. He revealed that the London Transport Executive had set up an operational research team to investigate the desirability of increasing the non-smoking accommodation on tube trains from 30% to 50%.

**Colonial Development Schemes.**—Grants and loans totalling over £1,100,000 were made in January under the Colonial Development and Welfare Acts. Public works and health schemes accounted for nearly two-thirds of this sum. Among the grants for these schemes was £79,963 to British Guiana for the provision of cottage hospitals, health centres, and mortuaries; £62,230 to the University College of the West Indies for various construction works; and £26,000 to Sierra Leone for improvement and extension to the Connaught Hospital.

**Magistrates and the Mental Health Bill.**—The Magistrates' Association welcomes the procedure proposed in the Mental Health Bill for compulsory admission to hospital. It believes that both patients and the public would be better served by the new procedure than by the present system of medical and magisterial certification. This it states in a press notice dated March 6. With regard to the proceedings before the review tribunals, the Magistrates' Association hopes that these will be conducted as informally as possible, and that a patient, or his nearest relative or guardian, will have the right to call expert legal, medical, or social aid.

**Safe Oysters.**—The Ministry of Agriculture and Fisheries Laboratory at Burnham-on-Crouch has designed a plant for cleaning possibly contaminated oysters with the help of ultra-violet irradiation, and one has been installed at West Mersea, Essex. When, in November last year, oysters from this area were suspected of causing cases of typhoid in London (*Journal*, November 22, 1958, p. 1282), the local health authority decided that, after April 1, no oysters from a defined area were to be sold until they had been through cleansing plants approved by the Ministry of Health. Considerable work has already been done on this method of making molluscs safe to eat, both here and in Japan, but it is the first time that ultra-violet irradiation has been incorporated in cleansing tanks which are subject to the approval of the Ministry of Health.

**Food Research.**—Three D.S.I.R. stations concerned with the preservation, storage, handling, or protection of food-

stuffs will be transferred to the Agricultural Research Council on July 1. They are the Ditton Laboratory at Larkfield, Kent, the Low Temperature Research Station at Cambridge, and the Pest Infestation Laboratory at Slough.

**French Doctors' Children.**—An association in Paris with offices in the "French B.M.A." tries to help the orphans and widows of French doctors by finding suitable homes in England where the children can spend some weeks in order to learn English on an *au pair* basis. These young people, between the ages of 16 and 20, could, if boys, give French lessons in exchange for hospitality, and, if girls, help with the household. British doctors who would like to enter into such an arrangement should communicate with the Association des Femmes et Enfants de Médecins, 60, Boulevard Latour-Maubourg, Paris, VII.

**British Standards Institution.**—A draft British Standard has been issued specifying requirements for thigh corsets and cuff tops for use with orthopaedic callipers. Comments are invited and should be sent to Mr. W. S. HODGES, British Standards House, 2, Park Street, London, W.1.

**Professor G. W. Beadle**, professor of biology and chairman of the division of biology at the California Institute of Technology, is to receive the honorary degree of Doctor of Science from Birmingham University in July. He is the Eastman Visiting Professor for 1958-9 in the University of Oxford, and was Nobel Laureate in Medicine for 1958.

**Liquid Oxygen.**—The Queen Elizabeth Hospital, Birmingham, has installed a liquid oxygen system; it will provide oxygen "on tap" in 23 wards and 9 operating theatres. Four hospitals in London are similarly equipped, one in Oxford and two in Wales.

**Cambridge Science Library.**—The Council of the Senate recommended on March 2 that general approval be given to the establishment of a university science library on or near one of the central laboratory sites.

**Eastman Dental School.**—Professor R. V. BRADLAW, dean of Sutherland Dental School, King's College, University of Durham, will succeed Dr. F. C. WILKINSON as director of studies of the Institute and director of the Hospital when he retires later in the year.

**Royal Photographic Society.**—Dr. W. HEWITT, Department of Anatomy, St. Thomas's Hospital Medical School, and Mr. A. L. WOODING, of the Department of Photography there, have been awarded the *Lancet* award for the best series of prints (or, in default, a single print) presented by a member of the Medical Group of the Royal Photographic Society and published in the medical press during the year 1958.

**Sir Francis Walshe**, F.R.S., will be in the United States during April and May, where he is to act as visiting professor of neurology in the medical schools of St. Louis, Cincinnati, and San Francisco.

**Dr. Howard Nicholson**, physician, University College Hospital and Brompton Hospital, London, has had the title of Fellow of University College conferred upon him by London University.

**Philately.**—The Falkland Islands stamp collection of Dr. D. N. NABARRO was sold on February 26 for £5,034 at Robson-Lowe's Pall Mall sale rooms. Dr. Nabarro, who died last October aged 84, was formerly consultant pathologist at the Hospital for Sick Children, Great Ormond Street. He was an acknowledged expert on the stamps of these Dependencies.

**Dr. Jan Nowicki**, consultant at Otwock Tuberculosis Sanatorium and chief surgical assistant at the Wolski Hospital, Warsaw, is to spend three weeks in Britain at the invitation of the British Council. Since his last visit here in 1956 he has arranged for 15 Polish doctors to receive post-graduate training in British hospitals, and he will discuss the possibility of extending these arrangements.

Establishment? Mr. MACMILLAN said he thought the arrangements for making all these scientific calculations were very complete and gave general satisfaction to the scientists who had to study them. If Mr. Moss had any particular point to raise he would give attention to it.

#### Addiction to Anaesthetics

Sir FRANK MEDLICOTT (Norfolk, Central, Nat. Lib. and Con.) asked the Minister of Health on March 9 if his attention had been drawn to a recent case in which an anaesthetist involved in a fatal operation admitted at his trial that he had been addicted for seven years to inhaling anaesthetic drugs; and if he would hold an inquiry into the circumstances under which such a tendency could have been unnoticed by the hospital staffs with whom the anaesthetist had been working over this long period. He also asked if the Minister's attention had been drawn to the practice of some anaesthetists of testing anaesthetic gases by inhalation; and what inquiries he proposed to make into the extent of this practice and its effects on the capacity of anaesthetists to perform their professional duties.

Mr. D. WALKER-SMITH: I have studied with concern the proceedings in this case and am making further inquiries. I understand that many anaesthetists inhale small quantities of anaesthetic gases before administering them, and that they consider this a desirable precaution in the interests of their patients. I have asked the Committee on Drugs of Addiction, under the chairmanship of Sir Russell Brain, to consider whether any special measures are required in the light of this case.

Sir F. MEDLICOTT said there was a feeling in some quarters that medical people were reluctant to testify against each other in matters of error or negligence, and that the careful inquiries which he had instigated would possibly afford some reassurance on this very grave matter. Mr. WALKER-SMITH: I am making inquiries to seek information about the reports that were said to have been made in this particular case. In the light of that information I will consider the position in general further.

Dr. EDITH SUMMERSKILL (Warrington, Lab.): Will the Minister take into account that at the hospital where this tragic case occurred there was no medical administrator; and, although there was a medical committee with a chairman, none of the consultants on it were, of course, prepared to condemn one of their colleagues? Here is an example of the necessity to follow the Bradbeer recommendation, which said that a medical administrator should be in charge who should have overall charge and could take action in such a case as this. Mr. WALKER-SMITH: That is one consideration to be borne in mind, although it goes a good deal wider than the point under reference. The question of transmission of information does raise certain points of medical ethics which I may wish to discuss further with the profession.

Mr. HERBERT MORRISON (Lewisham, South, Lab.): As it would appear from the proceedings of the trial that it was known by some of his medical colleagues that this doctor was addicted to this kind of thing, will the Minister make sure why it was not conveyed, if it was not conveyed, to the hospital board; and, if it was conveyed, why the hospital board did not take action about it? Mr. WALKER-SMITH: I am going further into the question of the extent of the knowledge referred to in the trial, though, as I said in regard to the general position, it may be that certain questions of medical ethics arise which would require further discussion with the profession.

#### Migraine Treatment

Mr. READER HARRIS (Heston and Isleworth, Con.) asked the Minister of Health what proposals he had to set up under the N.H.S. clinics to deal with migraine on the lines of the Eileen Lecky Migraine Clinic at the Putney Health Centre; and what investigations had been made since July, 1954, into the work of the clinic's out-patient department. Mr. WALKER-SMITH said he was advised that the treatment available at this clinic had no advantages over that already available in the Health Service.

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending February 21 (No. 7) and corresponding week 1958.

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	1959					1958				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	2	0	3	0	1	3	0	2	0	
Dysentery ..	1,193	78	110	19	9	1,327	203	232	18	1
Encephalitis, acute	3	0		0		5	2		0	
Enteric fever:										
Typhoid ..	4	1	0	0	1	4	0	0	0	2
Paratyphoid ..	6	1	2 (B)	0		2	1	2 (B)	0	21 (B)
Food-poisoning ..	107	22	3	0		158	19	22	0	
Infective enteritis or diarrhoea under 2 years ..				7	31				9	18
Measles* ..	26,464	1561	918	648	1073	4,497	89	92	56	15
Meningococcal infection ..	27	2	13	1	3	42	3	10	1	4
Ophthalmia neonatorum ..	19	1	3	0		32	1	5	0	
Pneumonia† ..	2,339	265	764	10	9	882	62	336	24	7
Poliomyelitis, acute:										
Paralytic ..	10	0	1			13	1		4	1
Non-paralytic ..	2	0	3	1		5	0			3
Puerperal fever § ..	265	53	12	1		264	42	10	3	
Scarlet fever ..	1,245	62	87	39	20	888	58	95	17	23
Tuberculosis:										
Respiratory ..	462	43	96	22		578	55	86	18	
Non-respiratory ..	47	6	5	3		82	5	12	4	
Whooping-cough	575	25	92	70	168	576	30	48	6	7

DEATHS	1959					1958				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	0	0	0	2	0	0	0	0
Dysentery ..	1	0		0		3	0		0	
Encephalitis, acute		0			0		1			0
Enteric fever ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	8	0	1	0	2	13	0	3	0	1
Influenza ..	1,121	147	27	0	3	128	5	1	1	4
Measles ..		1	0	0			0	0	0	0
Meningococcal infection ..		1	0				0	0		
Pneumonia ..	1,951	259	99	25	10	944	72	41	18	8
Poliomyelitis, acute	4	0		0	0	2	0		0	0
Scarlet fever ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	134	8	11	3	3	131	10	9	0	11
Non-respiratory ..										
Whooping-cough	0	0	0	0	0	0	0	0	0	0
Deaths 0-1 year ..	392	35	36	8	8	417	42	31	9	12
Deaths (excluding stillbirths) ..	17,143	1815	1023	153	200	13,122	929	765	151	242
LIVE BIRTHS ..	14,809	1235	1012	250	288	15,054	1261	1042	225	377
STILLBIRTHS ..	346	26	25			314	24	22		

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

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.