

who lived as far even as Purley and Putney. By day and night he never refused to answer a call even during the worst period of the blitz. Taken suddenly ill with coronary thrombosis nearly six months ago, he was then admitted into Guy's, and three months later, feeling better, in spite of all admonitions, he returned to his work. But after two months a second attack supervened and he died with agonizing dyspnoea which lasted 11 days. Dr. Basil was an Armenian, and though he came to this country at the age of 23 to join his brother, who was a clergyman of a Protestant church, and to avoid the persecution of the Turks, he had already served as professor of Turkish at Marash, Syria. Having studied medicine at St. Thomas's, King's, and Charing Cross Hospitals he qualified in 1918. I well remember him, a few weeks before then, coming one morning after a sleepless night to show me a letter from the War Office informing him with regret that all his relations in Turkey, together with many other Armenians, were burned alive in a forest. Under such trying circumstances he had to concentrate his mind on his final examination. With the makings of a Christian missionary in him he then settled in Bermondsey convinced that the proudest mission of man was to serve humanity. Simple yet dignified, kind and patient, he soon gained the confidence and gratitude of all who came near him.—J. P.

ERNEST CHITTENDEN BRIDGES, who died recently in South Kensington in the neighbourhood where he had practised for a lifetime, was born in 1868 at Ipswich, the fifth son of John H. Bridges. He studied medicine at St. Bartholomew's Hospital, whence he qualified as M.R.C.S., L.R.C.P. in 1891, and later became M.D. Durham. He served St. Bartholomew's as house-physician, and was also house-surgeon at the Royal Northern Hospital and house-physician at the Brompton Hospital for Consumption. Settling in practice in Kensington in conjunction with the late Sir Robert Fox-Symons, he had the misfortune early in his professional career to contract pulmonary tuberculosis; from this he made a good recovery, but his energies thenceforth had to be carefully conserved. He was medical officer to St. Dunstan's Hospital for over 30 years, and served for a similar period on the staff of the Margaret Street Hospital for Diseases of the Chest, where he became ultimately consulting physician. But it will be less for these distinctions than for his personal qualities that he will be best remembered by his patients and his professional colleagues. Bridges—often affectionately known as "Briggs" by his friends—was a man of handsome features and manly frame who knew his job as a general practitioner "inside out"; always reliable, always kind, always honest and honourable, and with it all both human and humorous. Very definitely a personality and a credit to his profession, he will not soon be forgotten in South Kensington. He married twice; there was no issue of either marriage. For the last three or four years Bridges had been missing from the committee meetings of the Royal Medical Benevolent Fund, to which he had rendered long service, and from his club; a long series of illnesses and accidents had made him a chronic invalid, but his cheerful and indomitable courage sustained him to the end.—H. R.

The death last April of ERNEST CLARKSON BOURDAS deprives the Balham and Streatham districts of South London of a very senior practitioner, for he settled there immediately after filling his resident appointments soon after qualification. He was born in 1874, the son of the late Mr. I. Bourdas, and was educated at St. Paul's School and the Medical School of St. Thomas's Hospital. Qualifying as M.R.C.S., L.R.C.P. in 1899, he took the Brussels M.D. in 1900 and the Edinburgh F.R.C.S. in 1901, having meanwhile been house-surgeon at his own hospital. In the 1914-18 war he was a temporary captain in the R.A.M.C. and was employed as surgical specialist at the hospital at Frensham Hill. He remained in practice up to very shortly before his death, refusing to retire when normally he could have done, owing to his patriotic desire to do all he could for the Allied cause. This resulted in much overwork and definite overstrain, and probably brought about his breakdown in health, for although of impressive physique he was not overstrong constitutionally. Dr. Bourdas is survived by his widow with one son and one daughter; his brother is a retired surgeon captain in the Royal Navy.

The untimely death of ARTHUR WESSON, M.D., F.R.C.P., F.R.C.S., has removed a personality of great charm, ability, and enthusiasm, and it has dealt a bitter blow to the young specialty—physical medicine—which owes him so much. He came to University College Hospital from Merchant Taylors' in 1921, and after the usual resident appointment went to the Queen's Hospital, Birmingham, as R.M.O., later returning to U.C.H. in the same capacity. A travelling scholarship took him to America and Sweden. By now his interest was in arthritis and the then neglected specialty of physical medicine.

He returned to the L.C.C. at Mile End Hospital and in due course became deputy medical superintendent. When his own hospital decided to raise the charge of the physical medicine department to the status of an honorary staff post Wesson was appointed. At U.C.H. Wesson had just time before the war to organize a department which was unexcelled by any other hospital. But his main contribution was to the R.A.M.C., where in the early days of the war he took medical charge of the first physical development centre and later of rehabilitation in B.N.A.F. It was on his return from Italy that he contracted the illness which killed him, but his report on his work in that theatre of war will remain as a blue-print for any future campaigns. Wesson was essentially a team-worker. He effaced himself to a remarkable degree in securing the co-operation and co-ordination of all his colleagues, both medical and auxiliary, for he realized most clearly that therein lay the key to successful rehabilitation. His cheerfulness and unfailingly happy approach sometimes obscured his considerable width of knowledge—for he was a Fellow of both Colleges—but it secured the devotion of the physiotherapists and physical training instructors whom he delighted to teach, and of his patients who received every ounce of his energy.—F. D. H.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

R. R. A. Coombs, B.Sc.Ed., of Trinity Hall, has been elected into the John Lucas Walker Studentship from Oct. 1, on the nomination of the Professor of Pathology.

At a Congregation held on May 18 the following medical degrees were conferred:

M.D.—E. V. Bevan, S. R. F. Whittaker, J. D. Fergusson, D. Russell-Davis, N. C. Oswald, J. S. Minett, *H. E. W. Robertson, *D. A. Smith.

M.B., B.Chir.—*S. R. Mawson, *A. L. T. Easton, *W. H. Davies, *R. I. Milne, *N. K. Dryden.

* By proxy.

UNIVERSITY OF LONDON

Sir Ernest Graham-Little, M.D., F.R.C.P., M.P., has been re-elected to represent medical graduates of convocation upon the Senate of London University; Sir Archibald Gray, M.D., F.R.C.P., and Mr. John B. Hunter, M.Ch., F.R.C.S., have been appointed to represent the Faculty of Medicine; and Dr. H. E. A. Boldero, F.R.C.P., the general medical schools.

The University has gratefully accepted an offer from the trustees of the estate of the late Sir Henry Wellcome of a capital sum of £74,000, for the endowment of the chair of pharmacology tenable at the College of the Pharmaceutical Society, and henceforth to be entitled the Wellcome Chair of Pharmacology. The income will be used to pay the salary of the holder of the chair, now occupied by Prof. G. H. Buttle, and to contribute to the cost of his research work. The Department of Pharmacology at the College was founded in 1926 and has made important contributions to research and teaching in pharmacology and physiology. It is hoped that, with the funds now provided, the activities of the department will be maintained and expanded.

Prof. A. J. E. Cave, M.D., has been appointed to the university chair of anatomy tenable at St. Bartholomew's Hospital Medical College from May 1, and Dr. J. N. Davidson has been appointed to the chair of biochemistry tenable at St. Thomas's Hospital Medical School from April 1.

The title of Professor of Medical Protozoology in the University of London has been conferred on Dr. H. E. Shortt in respect of the post now held by him at the London School of Hygiene and Tropical Medicine.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on May 17, the following appointments were made: *Part-time Tutors in Surgery*, E. P. Hall-Drake, F.R.C.S., and C. D. P. Jones, F.R.C.S. *Part-time Tutor in Obstetrics*, H. J. Green, F.R.C.S.Ed., M.R.C.O.G. *Part-time Assistant Tutor in Obstetrics*, W. J. McCord, M.D., M.R.C.O.G.

The Council received the resignations of Prof. G. A. Clark from the Chair of Physiology on taking up a post in the Ministry of Health, and of Dr. Ethel M. Spedding from the post of temporary demonstrator in anatomy.

UNIVERSITY OF ABERDEEN

Dr. D. R. MacCalman has been appointed to the newly founded professorship of mental health in the University of Aberdeen. This is the third chair of the kind to be instituted in Great Britain, and it has been done in co-operation with the local authorities and voluntary hospitals. The professor will be physician in charge of psychological cases in the key hospitals of the area, though the administration of the mental hospitals continues as before.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Health Service Bill

A meeting of Fellows was held on May 8, when the President, Sir Alfred Webb-Johnson, after reporting on College affairs, said the Council desired to ascertain whether its attitude in regard to the National Health Service Bill was such as to have the approval of the Fellows in general. The Council concurred with the observations of the Negotiating Committee and gave the committee full support. The attitude of the Negotiating Committee was well known, and the basis on which objections were made to some features of the Bill was that some of the proposals were regarded as a threat to the freedom of the profession; for example, the prohibition of the sale and purchase of practices. The attitude of the Council was that if there was freedom of choice for the citizen in seeking professional advice, practices were transferred to the practitioner whether the member of the profession was paid directly by the patient or indirectly out of the Insurance Fund or by the State. The goodwill was therefore an original asset of that member of the profession and, if the sale of practices was made illegal or otherwise rendered ineffective, adequate compensation should be paid. The Council regarded with misgiving the setting-up of a tribunal appointed by the Minister which could prevent a man from receiving public patients although he might remain on the *Medical Register*. It objected to the requirement to obtain permission to practise in a district, and saw great dangers in a substantial part of the general practitioner's remuneration being in the form of a salary. With regard to specialist practice, it feared that the Government proposals as a whole amounted to a Government monopoly of all hospitals, which practically implied that it was illegal to set up any independent hospital in the future, and the power which the Minister sought to obtain to acquire by compulsory purchase any institution for the treatment of patients, whether run for private gain or not, gave him the power to prevent a specialist earning his living, because the background of his living was an equipped institution. It was also a great anxiety to the Council that these proposals were only a stepping-stone towards a whole-time salaried service. There would be a disturbance even in the first instance of the doctor-patient relationship if part of the doctor's remuneration came from salary. Other points which had caused the Council grave concern were the interference with voluntary effort, the appointment of bodies with very great powers who would be appointed directly by the Minister and not elected by the people, and the interference with hospital trusts. These considerations had led the Council to pass a number of resolutions which were before the meeting.

After general discussion Mr. T. B. Layton moved a resolution that the meeting should give general support to the Council in the action it was taking, and this was carried unanimously.

Mr. Charles L. Mayer of New York has made a further award for the encouragement of British scientists and surgeons. A few months ago he gave £1,000 to the Royal College of Surgeons as a prize for Mr. Terence Millin for his contribution to the advancement of the surgical treatment of enlargement of the prostate. He has now made a gift to the College of £1,000 as a prize for Prof. E. C. Dodds, F.R.S., in recognition of his work in discovering and studying stilboestrol, and as an encouragement to him to continue his researches in the field of the synthesizing of hormones. The award will be presented to Prof. Dodds on June 13.

The following lectures will be delivered at the College (Lincoln's Inn Fields, W.C.) at 5 p.m. on each day:

Hunterian Lectures.—June 6, Prof. D. S. Poole Wilson, *Missile Injuries of the Urethra*; June 13, Prof. J. D. Fergusson, *Original Observations in Carcinoma of the Prostate Treated with Oestrogens*.

Lectures by the Research Professor in Ophthalmology (Prof. Arnold Sorsby).—June 20, *Pure Penicillin in Ophthalmology*; June 27, *Genetic Aspects of Ophthalmology*.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a meeting of the College held on May 7, with the President, Dr. D. M. Lyon, in the chair, Drs. T. Carlyle Mitchell and O. Olbrich were introduced and took their seats as Fellows of the College. Drs. A. H. Campbell, N. G. Pandalai, N. F. Lilauwala, G. O. Horne, and S. G. Graham were elected Fellows of the College.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on May 16, with Mr. James M. Graham, President, in the chair, the following candidates who had passed the requisite examinations were admitted Fellows:

H. M. Bradmore, A. El-Masri, A. A. Finlayson, A. L. Goodall, R. S. Hunt, R. R. Hunter, W. C. Lawrence, B. Lawson, K. MacK. Leitch, D. M. N. Longridge, W. Magauran, K. S. Maslawala, N. R. K. Mitchell, Mary G. Murphy, I. W. J. McAdam, L. R. Rabson, D. R. Ryder, R. S. Stewart, E. B. Tovee.

The Henry Arthur Dalziel Ferns Bursary was, after a competitive examination in organic chemistry in its application to medicine, awarded to I. S. Trotter.

Medical Notes in Parliament

HEALTH SERVICE BILL

When discussion of the National Health Service Bill was resumed in a Standing Committee of the House of Commons on May 21, Mr. Bowles again in the chair, consideration of Clause 4 was begun. In the provision that "the Minister may make certain accommodation in hospitals which is not for the time being needed by any patient on medical grounds available for patients who undertake . . . to pay" Mr. REID moved to substitute "shall" for "may." He said that if accommodation existed which was not needed on medical grounds there should be no question of Ministerial discretion. Something could be said for leaving a discretion with a hospital management committee or board of governors. Mr. BEVAN replied that in practice the decision whether an individual case went here or there would be entirely a matter for the local hospital authorities to determine, but the Minister must have a power of veto for the accommodation as a whole. The Government had gone further in provision of beds available on part-payment than many on his side of the House desired, and he was not prepared to extend the power already given. The amendment was withdrawn.

Mr. MESSER moved to leave out the proviso "on medical grounds," because there were other conditions which made it inadvisable for a patient to be in the same ward as other patients. On Mr. Bevan's assurance that the word "medical" would cover all the situations Mr. Messer had in mind the amendment was withdrawn.

On the motion that Clause 4 stand part of the Bill Mr. SOMERVILLE HASTINGS pointed to the difference between Clauses 4 and 5; in Clause 4 only part of the charge was recoverable, whereas in Clause 5 (1) the whole charge was recoverable. Mr. BEVAN said Clause 4 referred to accommodation which might be made available in a hospital. Clause 5 referred to separate accommodation; in a pay block expenses were greater and the Ministry wanted power to recover them. Dr. STEPHEN TAYLOR asked whether in a case under Clause 4 no medical fees could be recovered from persons who paid for special accommodation. Mr. BEVAN said medical fees could be recovered in certain circumstances because some hospitals might have no pay block. The Clause was approved.

PAY-BED ACCOMMODATION

On Clause 5 (Accommodation for private patients) Mr. REID moved to substitute "If the Minister . . . is so advised by the Regional Hospital Board, he shall" for the words "If the Minister . . . is satisfied that it is reasonable so to do, he may." He said that this was obviously a decision which must be taken on a district or at most on a regional basis, having regard to the accommodation and services available. It could not be determined by the local hospital committee. Mr. BEVAN said it would be a reversal of the whole procedure under the Bill to make the Minister the instrument of the Regional Board. Mr. Reid's words suggested the Minister would be bound to do what the Regional Board advised. The Minister would normally receive the advice of the Regional Board on what accommodation should be set aside; but it must be the Minister who, in the light of the relations between Regional Boards, must ultimately decide on the scheme submitted. The Ministry of Health had proposed pay-bed accommodation not only because there must be diversification of services inside the National Health Service but also because the Government desired the association of specialists with the hospital. Unless there were pay beds they might not come to the hospitals; therefore there was no danger that pay beds would not be provided. The amendment was withdrawn.

Mr. MESSER moved to leave out the word "urgently" from the proviso that nothing in subsection 1 of the Clause about accommodation for private patients should prevent that accommodation from being made available for anyone who urgently needed it on medical grounds and for whom suitable accommodation was not otherwise available. Mr. BEVAN said it would be difficult to administer a hospital if the management committee had not reasonable security for some of the pay beds provided. In the case of the pay blocks it was implicit between the Regional Boards and the specialists using the pay blocks that there should be a firm contract. The specialist would have made available to him a certain amount of accommodation in a separate wing. If that were open to be assailed at any moment on the same grounds as pay beds the specialist would not know where he stood.

Dr. BARNETT STROSS thought the word "urgently" might act partially against the majority of people. The provision was already qualified by the words "on medical grounds" and

The Services

The following have been mentioned in dispatches in recognition of gallant and distinguished services in the Mediterranean Theatre:

Cols. (Temp.) G. Anderton, O.B.E., G. T. Garraway, and H. J. R. Thorne, D.S.O.; Lieut.-Cols. (Temp.) F. A. Bevan, T.D., H. Bambridge, T.D., S. M. Cornes, A. L. D'Abreu, O.B.E., J. Fleming, G. M. Frizell, T.D., F. D. Hart, A. G. Johnson, B. R. M. Johnson, J. B. King, A. J. C. Latchmore, M.B.E., W. A. Mill, J. D. W. Pearce, R. W. Raven, L. F. W. Salmon, M.B.E., J. R. St. G. Stead, and A. Watson; Lieut.-Col. (Acting) J. B. Bishop; Majors R. V. Facey, T.D., G. D. Falconer, and R. A. P. Gray; Majors (Temp.) L. C. Beadle, K. Cameron, A. V. Dickie, J. A. P. Evans, D. I. Finer, A. Findlay, R. S. Garden, A. Gourevitch, M.C., J. A. Gordon, F. C. Hyland, D. Jefferiss, H. C. Johnston, C. D. P. Jones, M.B.E., F. Kane, A. B. Kettle, I. Leveson, J. N. Macartney, M.B.E., S. Mackenzie, W. Mackenzie, A. A. MacNair, R. L. Marks, W. E. Mashiter, R. G. Miller, R. Mowbray, P. B. L. Muldoon, A. D. Newsholme, J. G. O'Sullivan, W. A. Owen, E. Pereira, E. H. D. Phillips, H. P. Player, A. H. M. Richards, G. I. M. Ross, M. J. Saunders, J. A. W. Shearer, S. B. Smith, O. H. Theodor, F. L. Turner, W. M. Walsh, W. J. Walter, R. H. Watson, G. A. Wilson, and C. L. Worthington; Majors (Acting) C. W. A. Falconer, B. S. C. Gaster, and R. I. McAlley; Capt. H. Abramovich, M.C., J. H. Adams, P. B. Angus, J. R. Armitage, C. L. F. Beaton, W. H. C. Bell, J. H. Bennett, O. H. Bostock, J. Brod, T. O. Candler, M. A. Chamberlain, R. C. Connolly, J. H. Cule, R. B. Davies, W. A. J. Donald, L. Dornan, J. F. B. Edeson, P. K. D. Edmunds, G. Godfrey, C. L. Grandage, J. Halliday, J. M. Hilditch, J. R. Horn, D. R. Hughes, F. G. Hunter, P. E. Jackson, D. Klein, M. Knowles, R. A. Lambourne, R. W. Lush, H. N. Mansfield, C. R. McClure, R. McNoy, J. M. Munden, H. B. M. Murphy, D. F. Nicholson, D. A. O'Sullivan, R. T. Parkin, G. H. Parkinson, I. M. Sievers, P. S. Steen, W. R. McL. Stevenson, J. H. Stranger, B. S. Tulloch, J. P. Turney, C. P. Wallace, R. Watson, D. Weitzman, M. H. West, T. K. Whaley, P. J. White, and W. W. Willson; Capt. (Temp.) L. H. Moore; Lieuts. H. Baker, R. Frankham, and W. A. Reynolds, R.A.M.C. Lieut.-Col. R. S. Sahi, M.C., Lieut.-Col. (Temp.) A. N. de Quadros, Lieut.-Col. (Acting) S. Mohammad; Capt. M. A. Alvi, G. L. Banerjee, J. K. Chari, M. A. R. Chowdhuri, H. Dubey, G. Singh, N. G. Govind Raj, G. S. Negi, G. S. Grewal, S. M. Kapur, P. V. Krishnamurthi, S. Mitra, and H. P. B. Neku; Capt. (Temp.) S. F. D'Costa and S. C. Guha; Lieuts. N. N. Banerjee, J. S. Bains, and M. K. Basu; Amb.-Sub. A. Mohd; Sub. M. T. Khan; Sub. (Acting) A. Singh; Jems. D. Singh, G. Singh, M. Dad, and S. Mohiuddin, I.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Killed in Burma.—W/Capt. Michael Dean, R.A.M.C.

Killed in action, Singapore, Feb., 1942.—Major Seth Kenneth Squires, R.A.M.C.

Murdered in India.—Capt. Joyce Margaret Hierons, R.A.M.C.

Previously reported missing, now reported missing, presumed killed.—Temp. Surg. Lieut. Geoffrey Suffling Cross, R.N.V.R.

Wounded.—Brig. R. M. B. Mackenna, A.M.S.; Major K. B. Thornton, R.A.M.C.; W/Capt. S. J. T. Merryfield, R.A.M.C.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* there was a decrease in the incidence of acute pneumonia 165, measles 141, and dysentery 75, while an increase was reported for scarlet fever 77 and whooping-cough 33.

A small rise in scarlet fever occurred in most areas, and no large variations from the totals of the preceding week were recorded. The only notable change in the local trends of whooping-cough was an increase of 79 in Lancashire. Notifications of diphtheria increased by 1, the only marked fluctuations being an increase in Lancashire 21 and a decrease in Warwickshire 21. The decline in measles was contributed by London and Lancashire, where 128 and 114 fewer cases were notified than in the preceding week; the only large increase was in Essex 50.

The returns for dysentery were the lowest for the last seventeen months. The largest returns were Lancashire 32, Middlesex 25, London 16, Kent, 12, Warwickshire 10.

The Rock Ferry district of Birkenhead reports 7 cases of smallpox, 2 fatal. The staff of the Health Department and private practitioners have been working at great pressure to deal with the queues of people wishing to be vaccinated; over 10,000 vaccinations were carried out during the first few days.

In *Scotland* the incidence of infectious diseases declined. The chief falls were measles 250, scarlet fever 34, whooping-cough 22, dysentery 13, diphtheria 9.

In *Eire* an increase of 20 in the notifications of measles was the only appreciable change in the trends of infectious diseases. This was due to an outbreak in Dublin, Dun Laoghaire U.D., involving 27 persons.

Cholera in India

An outbreak of cholera in the Province of Bihar caused the deaths of 2,167 people during the week ending May 4.

Week Ending May 18

The notifications of infectious diseases in *England and Wales* during the week included: scarlet fever 1,112, whooping-cough 2,306, diphtheria 369, measles 2,658, acute pneumonia 461, cerebrospinal fever 49, dysentery 120, paratyphoid 2, typhoid 5, smallpox 5.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended May 11.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) *England and Wales* (London included). (b) *London* (administrative county). (c) *Scotland*. (d) *Eire*. (e) *Northern Ireland*.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in *England and Wales* (including *London*). (b) *London* (administrative county). (c) The 16 principal towns in *Scotland*. (d) The 13 principal towns in *Eire*. (e) The 10 principal towns in *Northern Ireland*.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1946					1945 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	61	3	21	1	3	53	2	22	2	5
Deaths ..	—	1	1	—	—	—	3	1	—	—
Diphtheria ..	368	30	82	33	11	413	23	118	69	11
Deaths ..	9	2	—	—	—	7	1	1	1	2
Dysentery ..	137	16	48	1	2	343	25	112	20	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute ..	3	—	1	—	—	1	—	—	—	—
Deaths ..	—	—	—	—	—	—	1	—	—	—
Erysipelas ..	—	—	39	6	3	—	—	30	10	4
Deaths ..	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years ..	—	—	—	31	—	—	—	—	14	—
Deaths ..	48	7	7	17	3	38	3	9	6	2
Measles* ..	2,570	928	809	69	5	12,412	822	203	53	12
Deaths ..	—	—	3	—	—	13	1	2	—	—
Ophthalmia neonatorum ..	73	10	19	—	—	55	3	6	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	1	—	1 (B)	—	—	3	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal ..	445	28	6	3	5	511	25	6	7	3
Deaths (from influenza)† ..	8	—	2	1	—	10	—	1	—	1
Pneumonia, primary ..	—	187	31	—	—	—	210	26	—	—
Deaths ..	28	13	8	—	—	24	13	—	—	13
Polio-encephalitis, acute ..	1	—	—	—	—	1	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	3	—	1	—	—	6	—	—	—	1
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal fever ..	—	2	11	—	1	—	—	16	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia‡ ..	123	12	17	1	—	126	9	13	2	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	1,022	67	127	15	25	1,365	69	214	16	31
Deaths ..	1	—	—	—	—	—	—	—	—	—
Smallpox ..	2	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	9	—	1	1	—	4	—	2	10	2
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhus fever ..	—	—	—	—	—	2	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	2,180	160	115	34	18	799	31	75	35	13
Deaths ..	9	3	—	2	—	6	—	3	—	1
Deaths (0-1 year) ..	353	38	52	53	14	340	35	70	29	24
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths) ..	4,301	676	551	210	135	4,664	662	672	217	140
Annual death rate (per 1,000 persons living) ..	—	—	12.1	13.5	—	—	15.3	14.0	—	—
Live births ..	8,366	1241	1055	468	294	5,833	621	809	468	232
Annual rate per 1,000 persons living ..	—	—	21.2	30.0	—	—	16.2	30.2	—	—
Stillbirths ..	276	38	30	—	—	171	14	34	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	28	—	—	—	40	—	—	—

* Measles and whooping-cough are not notifiable in *Scotland*, and the returns are therefore an approximation only.

† Includes primary form for *England and Wales*, *London* (administrative county), and *Northern Ireland*.

‡ Includes puerperal fever for *England and Wales* and *Eire*.