

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending February 16 (No. 7) 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	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	48	4	15	0	1	40	8	15	0	1
Dysentery ..	636	83	62	5	1	972	42	266	6	1
Encephalitis, acute	3	0	1	0		10	1	0	0	
Enteric fever:										
Typhoid ..	3	0	0	1	0	4	2	0	0	5
Paratyphoid ..	3	0	0	0	1(B)	11	1	1(B)	0	0
Food-poisoning ..	114	11		1		99	29		1	
Infective enteritis or diarrhoea under 2 years ..				10	17				13	10
Measles*	4,980	103	365	185	107	24,585	3178	219	52	67
Meningococcal infection ..	51	5	18	4	5	50	11	17	3	1
Ophthalmia neonatorum ..	27	5	8	0		24	3	7	0	
Pneumonia†	1,175	40	406	15		2,115	107	305	25	93
Polio-myelitis, acute:										
Paralytic ..	13	1	4	3	1	18	0	3	0	0
Non-paralytic ..	7	0				6	1			
Puerperal fever§	226	32	16	1		67	9	11	4	1
Scarlet fever ..	1,481	142	219	15	44	904	68	159	25	52
Tuberculosis:										
Respiratory ..			136	35				178	37	
Non-respiratory ..			27	3				22	3	
Whooping-cough ..	2,550	101	289	125	98	5,662	404	778	52	97

DEATHS ‡ in Great Towns	1952					1951				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0		0	0	0	0	0	0	0
Dysentery ..	0	0		0			0		0	
Encephalitis, acute		0			0		0			0
Enteric fever ..	0	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	24		1	1	0	21		3	1	4
Influenza ..	40	6	4	1	0	492	52	14	11	50
Measles ..		0		0	0		2	0	0	0
Meningococcal infection ..		0					1	1		
Pneumonia ..	338	48		14	9	535	68		17	18
Polio-myelitis, acute	3	0			0	4	0			0
Scarlet fever ..		0		0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	154	{ 25 1	39 5	7 0	9 0	183	{ 27 3	22 6	6 1	17 6
Non-respiratory ..										
Whooping-cough ..	3	0		1	0	14	3	2	0	1
Deaths 0-1 year ..	300	24	37	11	17	301	39	33	6	18
Deaths (excluding stillbirths) ..	6,790	1031	809	147	203	7,688	1162	765	158	315
LIVE BIRTHS ..	7,440	1100	856	211	356	7,104	1208	905	242	361
STILLBIRTHS ..	202	20	28			179	18	30		

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

† Includes primary and influenza pneumonia.

‡ Includes puerperal pyrexia.

§ See "Census Changes" on previous page.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Senate on February 23 approved an Address to Her Majesty the Queen expressing condolence on the death of His Majesty King George VI and the respectful homage of the University to Her Majesty on her succession to the Throne. An Address of condolence to Her Majesty Queen Elizabeth the Queen Mother was also approved.

The following medical degrees were conferred on February 23:

M.CHIR.—*G. M. Lunn.

M.B., B.CHIR.—*R. F. Pearson, *Katharine C. Paterson, I. H. Kerr, C. McC. Campbell.

The following candidates have been approved at the examination indicated:

M.CHIR.—T. Fenwick, T. W. Rowntree, R. N. Ticehurst, W. Waugh.

*By proxy.

UNIVERSITY OF LONDON

The following have been recognized as teachers of the University in the subjects indicated in parentheses: *St. Bartholomew's Hospital Medical College*, Dr. H. F. Brewer and Dr. H. Lehman (Pathology); Dr. C. S. Nicol (Venereal Diseases); Mr. A. S. Philips (Ophthalmology); Dr. B. F. Russell (Dermatology). *Postgraduate Medical School of London*, Dr. E. G. L. Bywaters and Dr. J. F. Goodwin (Medicine); Mr. M. R. Ewing, Mr. R. H. Franklin, Mr. G. C. Knight, and Mr. R. Shackman (Surgery). *National Institute for Medical Research*, Dr. O. G. Endholm (Physiology). *Charing Cross Hospital Medical School*, Dr. J. A. Gorsky (Forensic Medicine); Dr. S. Shaw (Pathology). *University College Hospital Medical School*, Dr. W. Grossman (Dental Surgery); Miss Doreen Nightingale (Surgery). *St. George's Hospital Medical School*, Mr. J. J. Richmond (Radiology). *St. Mary's Hospital Medical School*, Mr. I. G. Robin (Oto-rhinolaryngology); Dr. K. W. Cross (Physiology). *University College*, Dr. R. D. Harkness (Physiology); Dr. S. E. Dicker (Pharmacology). *School of Pharmacy*, Dr. Eleanor J. Zaimis (Pharmacology). *St. Thomas's Hospital Medical School*, Dr. J. R. Napier (Anatomy).

Dr. B. A. D. Stocker has been granted probationary recognition as a Teacher of Pathology at the London School of Hygiene and Tropical Medicine for two years from December, 1951.

The following, who are already recognized teachers at undergraduate medical schools, have been recognized also as teachers at the postgraduate institutes and in the subjects indicated: *Institute of Obstetrics and Gynaecology*, Mr. I. M. Jackson (Obstetrics and Gynaecology). *Postgraduate Medical School of London*, Mr. C. H. Gray (Surgery).

The William Julius Mickle Fellowship for 1951-2 has been awarded to Rosalind Venetia Pitt Rivers, M.Sc., Ph.D., in respect of the investigations into biochemical and physiological problems connected with thyroxine and kindred substances which she has carried out during the past five years.

In Convocation on January 19 it was announced that Drs. C. A. H. Franklyn and W. J. O'Donovan had been re-elected as representatives of the Faculty of Medicine on the Standing Committee of Convocation for a period of three years.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on February 18 it was decided to send a Loyal Address to Her Majesty Queen Elizabeth II.

The Council has appointed S. R. Elsdon, Ph.D., Senior Lecturer in Microbiology, to be in charge of a separate Department of Microbiology, the arrangements to take effect from October 1.

The Council received the resignations of Dr. L. G. Cook, Honorary Lecturer in Bacteriology, on his return to New Zealand, and Dr. B. A. E. Johns, Lecturer in Anatomy, who is returning to clinical work, and thanked them for their services to the University.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the college, held on February 5, with the President, Dr. W. A. Alexander, in the chair, the following were elected Fellows of the College: C. M. Fleming, W. Henderson, H. E. Seiler, I. H. L. Gillies, W. H. Galloway.

The following were elected Members of the College: W. Boyd, Irene P. Rowlands, S. Stein, R. Orton, J. N. Armour, G. W. Reid, V. D. Bayliss, S. Prakash, H. McD. Forde, N. Gordon, R. Prasad, B. M. Kher, L. Albert, J. Gant, M. P. Mehrotra, Jean C. Taylor, H. Black, A. C. Douglas, P. C. MacGillivray, M. A. Botawala, S. D. Store, R. S. M. D. Inch.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—*Whole-time Deputy Physician-Superintendent and Consultant Psychiatrist, St. Lawrence's Hospital, Caterham, J. J. Ryan, M.B., B.Ch., D.P.H., D.P.M. Part-time Assistant Ophthalmologists (S.H.M.O.), Portsmouth Group of Hospitals, T. G. S. Murray, M.R.C.S., L.R.C.P., D.O.M.S., A. E. Barrett, M.R.C.S., L.R.C.P., D.O.M.S. Whole-time Assistant Radiotherapist (S.H.M.O.), Lambeth Hospital, R. Parfitt, M.R.C.S., L.R.C.P., D.M.R.T. Part-time Consultant Orthopaedic Surgeon, St. Helier Group of Hospitals, H. H. Kennedy, F.R.C.S.Ed. Part-time Consultant Surgeon, Portsmouth Group of Hospitals, W. W. Wiggins-Davies, M.Chir., F.R.C.S. Part-time Consultant Dermatologist, Portsmouth and Isle of Wight Groups of Hospitals, A. A. C. Ross, M.B., Ch.B., M.R.C.P.Ed. Registrar to Medical Department, Royal Victoria and Christchurch Hospitals, Bournemouth, C. C. Downie, M.B., Ch.B. Registrar to Surgical Department, St. Luke's Hospital, Guildford, J. F. Shaw, M.B., B.S. Senior Registrar to Orthopaedic Surgery Department, Southampton and Isle of Wight Groups of Hospitals, E. H. J. Smyth, M.B., B.S., F.A.C.S. Registrar to Surgical Department, St. Stephen's Hospital, J. L. Swann, M.B., B.S., F.R.C.S. Registrar to Obstetric and Gynaecological Department, Redhill County Hospital, M. G. Pearson, M.B., Ch.B., M.R.C.O.G. Registrar to Pathological Department, Royal Victoria Hospital, Bournemouth, Eileen A. Hunter, M.B., Ch.B. Registrar to Orthopaedic Surgery Department, Lord Mayor Treloar Orthopaedic Hospital, Alton, I. G. MacKenzie, M.D., F.R.C.S.Ed. Senior Registrar to Thoracic Surgery Department, Southampton Infectious Diseases Hospital, G. Katz, M.B., B.Ch., F.R.C.S. Registrar to Anaesthetic Department, Queen Mary's Hospital, Carshalton, M. Flynn, M.B., B.Ch.*

TRYHALL, D. A. H., M.D., M.R.C.P., D.C.H., Assistant Medical Registrar, Hospital for Sick Children, Great Ormond Street, London, W.C.

WILSON-SHARP, CECIL DEREK, M.B., B.S., D.M.R.D., Senior Registrar, Department of Radiodiagnosis, The London Hospital, E.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Alexander.—On February 22, 1952, to Nancy (formerly Walmsley), wife of Francis G. Alexander, M.B., Ch.B., of Small Heath, Birmingham, a sister for David and Alison.

Orford Smith.—On February 15, 1952, at the Queen Elizabeth Hospital, to Mary, wife of Dr. E. S. Orford Smith, of 59, Hagley Road West, Harborne, Birmingham, a sister for John David and Margaret.

DEATHS

Ainsworth.—On February 13, 1952, at the Royal West Sussex Hospital, Hugh Ainsworth, M.B., F.R.C.S., Colonel, I.M.S., retired.

Armstrong.—On February 19, 1952, at Braintree, Essex, John Thomas Armstrong, L.R.C.P.&S.Ed., L.R.F.P.S., of the Constitutional Club, London, W.C.

Brown.—On February 16, 1952, William Brown, L.R.C.P.&S.Ed., L.R.F.P.S., of Burbage Road, London, S.E.

Campbell.—On February 16, 1952, John Alexander Langford Campbell, O.B.E., M.D., Surgeon Captain, R.N., retired, of 24, Norfolk Road, London, N.W.

Cuthbert.—On February 20, 1952, at Edinburgh, James Mackie Cuthbert, M.B., Ch.B., Major, R.A.M.C., retired.

Davies.—On February 20, 1952, at Morannedd, Towyn, Merioneth, John Alban Davies, L.M.S.S.A.

Devlin.—On February 17, 1952, at Old Chapel House, Richmond Hill, Leeds, James Francis Patrick Devlin, M.B., B.Ch., aged 59.

Douglas.—On February 2, 1952, at Hamilton, New Zealand, Mary Douglas, M.B., Ch.B., D.R.C.O.G.

Dowler.—On February 19, 1952, at The Limes Nursing Home, Burgess Hill, Sussex, Herbert Matthew Dowler, M.R.C.S., L.R.C.P., of Mussoorie, United Provinces, India, aged 83.

Eames.—On February 15, 1952, at Shrewsbury, John Ward Eames, M.B., Ch.B., Colonel, A.M.S.

Graves.—On February 11, 1952, at Worthing, Sussex, Charles Frederick Graves, L.R.C.P.&S.Ed., L.R.F.P.S., formerly of Paddington, London, W.

Hall.—On February 15, 1952, at 9, Dellfield Close, Watford, Herts, Charles Herbert Hall, M.D., aged 84.

Hartley.—On February 18, 1952, at 29, Lower Oxford Street, Castleford, Yorks, Walter Dixon Hartley, M.B., B.S., aged 74.

Hicks.—On February 12, 1952, Charles Edward Hicks, M.R.C.S., L.R.C.P., of St. Ives, Huntingdon, aged 77.

Hobbs.—On February 21, 1952, at Trundle Nursing Home, Caterham, John Hobbs, L.R.C.P.&S.I. & L.M., Major R.A.M.C., retired, of 22, Timber Hill, Caterham, Surrey, aged 89.

Leckie.—On February 18, 1952, at Perth, Joseph Primrose Leckie, M.B., F.R.C.P.Ed., of the Hydropathic, Crieff, Perthshire.

McCalden.—On February 13, 1952, Joseph Crawford Alfred McCalden, M.B., B.Ch., of 60, Kingston Crescent, Portsmouth.

Matheson.—On February 3, 1952, Ian Henry Matheson, M.B., Ch.B., of Coombe House, Halberton, Tiverton, Devon, aged 44.

Morecom.—On February 12, 1952, at 41, South Eaton Place, London, S.W., Alfred Farr Morecom, M.B., B.Ch.

Nash.—On February 8, 1952, at Strawberry Cottage, Sandhurst, Camberley, Berks, Charles Henry Nash, L.R.C.P.&S.Ed., L.R.F.P.S.

Orr.—On February 15, 1952, at Edinburgh, William Basil Orr, M.D., of 2, South Learmonth Avenue, Edinburgh.

Patton.—On February 20, 1952, William Patton, M.B., Ch.B., of Dunarnon, Amersham, Bucks.

Pearson.—On February 18, 1952, at Greystead, Blackwell Scar, Darlington, Henry Carden Pearson, M.B., F.R.C.S.Ed., aged 77.

Scott.—On February 4, 1952, at Ruan High Lanes, Truro, Cornwall, Frank Sholl Scott, M.B., B.S., aged 68.

Spence.—On February 7, 1952, at Bognor Regis, Sussex, Harold Douglas Livingstone Spence, M.D., M.Ch.

Thomas.—On February 6, 1952, at the home of his nephew, 15, Prospect Row, Brompton, Chatham, Kent, John Henry Thomas, M.R.C.S., Fleet Surgeon, R.N., retired, aged 94.

Tripp.—On February 2, 1952, Charles Llewellyn Howard Tripp, M.R.C.S., L.R.C.P., late of the Falcon Hotel, Bude, Cornwall, aged 94.

Waterfield.—On February 6, 1952, at Beach Haven, Hooe, Plymouth, Devon, William Henry Waterfield, L.R.C.P.&S.I. & L.M., late of Stonehouse, Plymouth, aged 89.

Wells.—On February 17, 1952, at Tylers Cross, Roydon, Essex, John Edmund Bishop Wells, M.R.C.S., L.R.C.P., Major, R.A.M.C., T.F., retired.

Willis.—On February 10, 1952, at 96, Evington Drive, Leicester, David Victor Stewart Willis, M.B., B.Ch., late of Walsall, Staffs, aged 65.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Night Nurses' Paralysis

Q.—What is the explanation of night nurses' paralysis?

A.—Night nurses' paralysis is a frightening but banal condition. It usually occurs during the early hours of the morning when the nurse is sitting at her table in the darkened ward; suddenly someone enters the ward or a patient shouts for assistance and the nurse finds herself quite unable to move or even to speak for some seconds, though the period of "paralysis" may seem to be much longer than this. Suddenly power returns and she is able to carry on with her duties. This condition is the same as the "sleep paralysis," which is not uncommon—that inability to move, often accompanied by anxiety, which may occur as a person is just going off to sleep or more commonly on first awakening. The explanation seems to be that the motor and postural centres "fall asleep" before the mind, or during the process of waking the mind "wakens" before the motor and postural centres (*British Medical Journal*, 1939, 2, 51). The problem is of course more involved than this: there is obviously similarity to cataplexy with the transient loss of power and tone in response to a sudden emotional stimulus, and it may also be significant that attacks of familial periodic paralysis which are recognized to be associated with a fall in the blood potassium are nearly always at their maximum intensity on first waking in the morning. More knowledge of the actual physiology of sleep is necessary before a complete answer can be given to this question.

Psychological Effects of Female Castration

Q.—How real is the risk that a bilateral oophorectomy will have serious psychological consequences in a woman of 41?

A.—Bilateral oophorectomy carried out in a woman aged 41 years will almost certainly be followed by some menopausal symptoms. These will mainly take the form of hot flushes, and their severity and duration are variable. Symptoms are severe in about half the cases. In a stable woman there is no need to fear serious nervous reaction, possibly some temporary emotional upset at most. In an unstable woman, however, the risk is much higher and depends on the degree and type of the present instability. If she has been subject to mental disorder in the past the operation might well cause a relapse. Each case needs to be judged on its merits, and the outlook of individual patients on the menopause is important.

Pneumonectomy for Bronchiectasis

Q.—What are the indications for and against lung resection in the treatment of bronchiectasis?

A.—Two factors play important parts in the selection of cases for lung resection: (1) The distribution and extent of the bronchiectasis: the more localized and limited the disease the better for surgery. (2) The age of the patient and the ability to survive on what lung tissue is left behind. The ideal case is that of a child with cough and sputum and with the disease limited to a lobe. Here the results of surgery are excellent. Elderly, emphysematous patients with diffuse bilateral disease are not suitable.