

No. 31

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended August 7.

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	1943					1942 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	34	2	22	—	—	77	—	24	7	11
Deaths	—	—	—	—	—	—	—	1	—	—
Diphtheria	493	28	162	66	18	580	26	164	55	14
Deaths	8	—	2	—	—	11	1	—	1	—
Dysentery	122	13	95	—	—	82	9	85	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	1	—	1	—	—	4	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	36	3	1	—	—	54	6	—
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	—	—	—	82	—	—	—	—	93	—
Deaths	33	6	6	16	10	34	3	12	13	5
Measles	1,903	138	26	18	2	5,619	563	126	26	64
Deaths	2	—	—	—	—	8	—	5	—	—
Ophthalmia neonatorum	75	6	8	—	1	81	5	17	1	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	5	1	—	—	1	15	—	3	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal*	484	24	1	1	3	413	19	3	2	2
Deaths (from influenza)	3	—	1	—	—	10	—	3	—	—
Pneumonia, primary	—	—	126	13	—	—	—	129	16	—
Deaths	—	16	—	3	10	—	9	—	3	16
Polio-encephalitis, acute	—	—	—	—	—	4	1	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	16	2	—	2	—	10	1	4	4	—
Deaths	—	—	—	—	—	—	1	—	—	—
Puerperal fever	—	2	9	—	—	—	2	6	4	—
Deaths	—	—	—	—	—	—	3	—	—	—
Puerperal pyrexia†	170	12	11	1	2	142	10	11	—	4
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,520	138	176	32	42	1,340	86	231	46	28
Deaths	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	2	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	8	1	1	3	1	6	—	7	7	1
Deaths	—	—	—	—	—	1	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough	1,614	109	59	10	25	953	83	14	50	13
Deaths	8	2	2	1	1	2	1	1	3	—
Deaths (0-1 year)	263	34	40	36	34	271	27	48	34	29
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	3,527	509	520	195	126	3,475	483	505	149	129
Annual death rate (per 1,000 persons living)	—	—	11.7	12.8	†	—	—	11.4	9.9	†
Live births	5,745	655	855	435	269	5,626	606	836	400	269
Annual rate per 1,000 persons living	—	—	17.5	28.6	†	—	—	17.3	26.7	†
Stillbirths	191	15	42	—	—	206	14	38	—	—
Rate per 1,000 total births (including stillborn)	—	—	47	—	—	—	—	43	—	—

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

† Includes puerperal fever for England and Wales and Eire.

‡ Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* the incidence of infectious diseases continued to fall—scarlet fever by 459 cases, measles by 359, whooping-cough by 282, diphtheria by 116, and cerebrospinal fever by 13. The figure for acute pneumonia was higher by 52 and that for dysentery by 23.

The biggest drops in the totals of scarlet fever were Yorks West Riding 79, Lancashire 67, London 55, Staffordshire 42; and for measles, Lancashire 60, Monmouthshire 58, Northumberland 46, Essex 34. There were 84 fewer cases of whooping-cough in Yorks West Riding and 35 fewer in Warwickshire, and there were 14 fewer cases of diphtheria in Lancashire.

The rise in acute pneumonia was due to Lancashire and Yorks West Riding, with 21 and 26 cases respectively more than last week; with these exceptions there was no change in the general incidence.

Cerebrospinal fever, with 34 notifications, has fallen in incidence to a pre-war level for the first time since the end of 1939.

The seasonal rise in acute poliomyelitis has begun; 16 cases were recorded—the highest total since last autumn.

No sizable fresh outbreak of dysentery was reported during the week, but there were increases in existing outbreaks. The chief centres of infection were Lancashire 18 (Salford C.B. 10); Gloucestershire, Bristol C.B., 17; Shropshire, Oswestry R.D., 14; London 13; Cumberland, Border R.D., 10.

In *Scotland* there were 34 more notifications of diphtheria. The chief centre of infection was Glasgow, with 60 cases. The number of cases of dysentery fell by 65, but the incidence is still high at 95. The largest totals were Kincardine County 19, West Lothian County 17, and the cities of Aberdeen 14 and Glasgow 12.

Diphtheria

During the week the notifications of diphtheria in England and Wales fell below 500. The lowest weekly totals in the three years 1940-2 were 589, 674, and 572. The incidence of diphtheria during the present year has been lower than in the corresponding period of recent years; the notifications in the first 31 weeks of the six years 1937-42 expressed as a percentage of the number in 1943 were 109, 137, 101, 133, 178, and 145. The experience of the large towns suggests that the case fatality has also decreased. The number of deaths per 100 cases in the large towns during the first 31 weeks of 1940-3 were 5.5, 5.8, 4.2, and 4.0.

During the week reviewed the largest county totals were Lancashire 91, Yorks West Riding 55, Durham 42, and Staffordshire 30. These four Northern counties accounted for 44% of the total notifications in the country.

The Week Ending August 14

The notifications of infectious diseases during the week in England and Wales included: scarlet fever 1,558, whooping-cough 1,855, diphtheria 491, measles 1,476, acute pneumonia 346, cerebrospinal fever 46, dysentery 149, paratyphoid 6, typhoid 10.

The Services

Capt. (Temp. Major) R. M. Johnstone, Capt. J. J. Hogan and J. G. S. Holman, R.A.M.C., Capt. N. A. Subramaniam, I.M.S., and Capt. C. Arumainayagam, I.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in the Middle East.

The Efficiency Decoration of the Territorial Army has been conferred upon Lieut.-Col. J. G. Morgan, Majors A. M. Jones, T.A.R.O. (ret.), I. H. Lloyd-Williams, M.C., J. O. Moffat, and H. W. L. Nichols, all R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Prisoners of War.—War Subs. Capt. B. H. M. Aldridge, R.A.M.C., War Subs. Capt. W. T. G. Atkins, R.A.M.C., Acting Major R. C. Burgess, R.A.M.C., War Subs. Capt. C. Rigby, R.A.M.C., War Subs. Capt. L. D. Stone, R.A.M.C., Acting Col. J. Taylor, O.B.E., R.A.M.C.

Yorkshire has three orthopaedic hospitals for children, but there is no provision for treatment after the child reaches school-leaving age unless the condition is tuberculous. It is estimated that the county needs about 800 beds for children and 250 for adults; at present there are fewer than half of this number for children and practically none for adult cripples.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on July 24 the following medical degrees were conferred:

M.Ch.—J. P. Childs, *A. N. Guthkelch.
B.M., B.Ch.—J. M. Rice-Oxley, G. D. Bolsover, G. S. Dawes, A. Roper, G. Gordon, R. D. K. Levy, *P. Shubik, *T. C. Bradshaw, *C. W. Bartley, *J. H. Cumberland.

In a Congregation held on July 31 the following medical degrees were conferred:

D.M.—R. H. Gardiner.
B.M., B.Ch.—J. E. French, M. Weatherall, A. A. C. Dutton, G. J. Fraenkel, Mrs. C. M. Phillips, E. C. Mercer.
*In absentia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND CORRECTION

In the *Journal* of Aug. 14 (p. 218) the Diploma in Ophthalmic Medicine and Surgery was, owing to a printer's error, wrongly described as the Diploma in "Orthopaedic" Medicine and Surgery.

Medical News

The British Medical Students Association has arranged a series of lectures on war surgery, to be given at University College Hospital Medical School at 4.30 p.m. every Wednesday as follows: Sept. 1, Mr. A. Tudor Edwards on "Wounds of the Thorax"; Sept. 8, Major-Gen. C. Max Page on "Surgery in the Field"; Sept. 15, Mr. A. H. McIndoe on "Injuries of the Face"; Sept. 22, Col. Elliott C. Cutler, U.S.A., on "American Views"; Sept. 29, Mr. H. J. B. Atkins on "Burns"; Oct. 6, Surg. Rear-Adm. G. Gordon-Taylor on "Sea Injuries and Problems of Shipwrecked Seamen." Two previous lectures were by Sir James Walton on "Recent Advances in the Treatment of War Wounds" and by Prof. J. Trueta on "The Biological Treatment of War Wounds and Fractures." The series is open to members of the British Medical Students Association only. Tickets, price 1s. for all, or any, of the eight lectures, are available from the B.M.S.A. representative in each school.

A meeting of the Colour Group of the Physical Society will be held at 2.30 p.m. on Thursday, Sept. 9, at the Science Museum, Exhibition Road, London, S.W.7, when a paper on the theory of colour photography will be read by Mr. J. B. Reid.

A meeting of the Royal Eye Hospital Clinical Society will be held at the hospital, St. George's Circus, Southwark, S.E., on Friday, Sept. 24, at 5.30 p.m., when a talk will be given by Mr. V. E. Negus, M.S., F.R.C.S., on the relationship of ophthalmology and rhinology.

On Aug. 23 Mrs. Rebecca Strong, O.B.E., at one time matron of the Glasgow Royal Infirmary, celebrated her hundredth birthday. Mrs. Strong received her early training at St. Thomas's Hospital, London, and from the Dundee Royal Infirmary went to Glasgow, where in 1895 she started a training school for nurses. She retired from active work thirty-five years ago, but in 1929 went to Montreal to address the International Council of Nurses.

Sir Felix Cassel has endowed a number of bursaries to be held by State-registered nurses desiring to take a short intensive course in modern methods of psychological treatment. The greater part of the course, which altogether will last 16 weeks, will be taken at the Cassel Hospital for Functional Nervous Disorders, but four weeks will be spent in London in visits to child guidance clinics and other centres of psychiatric interest. The bursaries, which will be administered by a committee under the chairmanship of Sir Farquhar Buzzard, will provide £4 10s. a week, out of which students will have to pay their living and training expenses, tuition being free. Inquiries should be sent to the Secretary, The Cassel Bursaries, Ash Hall, Bucknall, Stoke-on-Trent.

The first Wellcome Junior Fellowship for Veterinary Research has been awarded by the joint advisory committee of the Wellcome Foundation and the Veterinary Educational Trust to Mr. John Lochiel McGirr, B.Sc., M.R.C.V.S. The fellowship is tenable for one year at £400 per annum and can be renewed for a further one or two years at the discretion of the advisory committee. Another fellowship of equal value will be awarded in April, 1944.

A new physiotherapy department has just been opened at Malvern Hospital. It is hoped that this will become a centre for the treatment of rheumatism.

Dr. Allan Watt Downie, who since 1940 has been pathologist in charge of the Emergency Public Health Laboratory at Cambridge, has been appointed professor of bacteriology at Liverpool University.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

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ANY QUESTIONS?

Treatment of P.M.A.

Q.—*What is the latest treatment for progressive muscular atrophy? I am working in India, and have a patient, a 15-year-old girl, on whom I have tried vitamins B and E, massage, and sinusoidal and faradic currents without success.*

A.—Reference to the latest literature shows that there is no really convincing evidence that any vitamin therapy benefits wasting disease of muscle, and carefully controlled experiment shows that vitamins E and B are without effect in progressive muscular atrophy. Similarly physiotherapy has at best a palliative effect. Progressive muscular atrophy is very unusual in a girl of 15, but if the diagnosis is certain there is no specific treatment which will in any way modify its course.

"Postural" Headache

Q.—*A patient complains of headache on the top of the cranium during the daytime, but can manage to do his work. On going to bed at night the headache becomes so intense in about a couple of hours that the patient feels "as if the skull was going to burst" and the eyes become bloodshot. There is vertigo when he wants to turn in bed from one side to another, and also when he tries to get up from the bed. What is the cause of this postural headache and vertigo, and what is the line of treatment?*

A.—The question does not give sufficient information as regards physical examination, blood count, blood pressure, x-ray examination of the skull, etc. Hyperaemia from hypertension or polycythaemia would first be suspected. Hypertensive headaches may be relieved by elevation of the head of the bed. The symptoms are also a little suggestive of a type of headache described by Horton (*J. Amer. med. Ass.*, 1941, 116, 377) as occurring in middle-aged or elderly patients, tending to waken the patient shortly after he has fallen asleep and lessened by sitting or standing erect. This type of headache, however, is usually hemispheric in distribution and associated with the presence of swollen temporal vessels on the affected side. It can be relieved by a course of treatment with small doses of histamine diphosphate.

Laryngoscopy

Q.—*What is the technique required in passing the directoscope invented by Haslinger of Vienna? Is it still a useful instrument?*

A.—The directoscope of Haslinger is a self-retaining speculum which exposes the entrance to the larynx. It is a modification of Killian's suspension laryngoscope, but in suspension laryngoscopy a gallow is needed from which the speculum is suspended, whilst the directoscope when opened is self-retaining, the position of the patient being the same in either method. The principal advantage claimed was that it leaves both hands of the operator free as it does not require to be held in the left hand, as does the ordinary endoscopic speculum or tube. It does, however, stretch the cavity of the pharynx rather tightly, and this is probably the reason why the apparatus is no longer fashionable. It is, presumably, as useful now as it ever was, and is capable of giving a good view of the larynx, but, as with suspension laryngoscopy, there are some cases in which the anterior commissure of the larynx is not exposed fully, and for this an endoscopic tube must be used.

The Safe Period

Q.—*What are the limits of the so-called "safe period"? How is such a period calculated, and how safe is it? I am often asked this question by patients who, for religious or other reasons, wish to avoid contraceptives.*

A.—The "safe period" is based on the knowledge that ovulation usually occurs about fifteen days before the onset of a menstrual period—i.e., on the twelfth to fourteenth day of a 26- to 30-day cycle, counting from the first day of the last menstrual period.