

with the necessary apparatus and accommodation, rather than writing about "utopian schemes" such as those indicated in the article in question.—I am, etc.,

Tavistock House North,  
London, W.C.1.

H. MANDIWALL,  
Chairman, Medical Group,  
Association for Scientific Photography.

### Medical Supplies for Singapore: An Appeal

SIR,—Singapore has fallen and the aftermath of war must now be fought. The Japanese (or Nipponese as we call them in the Far East) did literally nothing for Allied prisoners of war, internees, and the local population. I spent a week in Singapore while serving in H.M.S. *Sussex*, so my information is first-hand. By the time this letter is published the majority of Allied prisoners and internees will have left, but the local civilians remain and are being looked after by former internees who have volunteered to stay. The chief of these is the Anglican Bishop of Singapore, and he has arranged for the distribution of any medical supplies that may be sent. Malaria, dysentery, beriberi, pellagra, other deficiency diseases are but a few of the many diseases present. As an illustration of how rampant some diseases are: there is among the local population 80% chronic malaria and 1,000 fresh cases a month. Many need urgent attention, which only the necessary medical supplies can ensure. You can make no finer contribution to their welfare than by aiding the work of the Bishop of Singapore. Many are the humane calls made upon the good in heart, so may I appeal to institutions and individuals for any drugs they can spare, especially those used in the treatment of the diseases mentioned above? Please send them direct to the Bishop of Singapore, The Cathedral House, Singapore, who will be more than pleased to receive them.—I am, etc.,

Admiralty, S.W.1.

IAIN M. MACLEAN,  
Surg. Lieut., R.N.V.R.

## The Services

Major (Temp.) R. Stuppel, R.A.M.C. (died of wounds), has been mentioned in dispatches in recognition of gallant and distinguished services in the field.

Capt. A. W. Lipmann-Kessel, R.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in the field, and has been awarded the M.C. in recognition of gallant and distinguished services at Arnhem.

Lieut. E. Gartside, R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in the defence of Calais in May, 1940.

Acting Wing Cmdr. J. P. Huins, O.B.E., A.F.C., A.A.F., has been awarded a Bar to the Air Force Cross, and Acting Wing Cmdr. R. H. Winfield, D.F.C., A.F.C., R.A.F.O., has been commended for valuable service in the air.

The following appointments and awards have been announced in recognition of gallant and distinguished services in Italy:

C.B.E. (Military Division).—Brig. (local) H. C. Edwards and Col. (Temp.) T. D. Inch, O.B.E., M.C., R.A.M.C.

O.B.E. (Military Division).—Col. (Temp.) J. Kinnear, T.D.; Lieut.-Cols. (Temp.) W. N. J. Clarke, R. T. Grant, J. A. MacDougall, F. H. Taylor, A. W. S. Thompson, and E. S. Watson, R.A.M.C.; and Col. (Temp.) Dev Datt, I.A.M.C.

M.B.E. (Military Division).—Majors (Temp.) J. Leiper, K. C. Mallen, E. L. May, E. R. R. Mellon, A. S. Ramsey, and F. E. Wheeler; Capt. I. Camrass and J. McLean; Lieut. J. Hill, R.A.M.C.; and Major (Temp.) L. C. R. Emmett, I.A.M.C.

M.C.—Capt. G. R. Evans and M. S. Howe, R.A.M.C.

The following medical officers have been mentioned in dispatches in recognition of gallant and distinguished services in Burma:

Col. (Temp.) J. P. Macnamara; Lieut.-Cols. (Temp.) H. J. Croot, C. L. Hay-Shunker, J. F. Heslop, R. C. Langford, and J. R. Owen; Lieut.-Col. (Acting) J. M. McIntosh; Major G. W. Greig; Majors (Temp.) G. T. Ashley, J. Brown, J. M. Clow, M.B.E., J. O. Collin, T. E. Henderson, E. L. O. Hood, C. H. Hoskyn, G. J. G. Keys, J. D. MacCallum, W. O'Callaghan, and W. H. Wolstenholme; Major (Acting) T. K. Howat; Capt. G. M. Abraham, N. C. Burnley-Jones, M. Caturani, R. G. Forrest, J. B. Great-Rex, J. K. Hampshire, J. Harris, T. B. Harrison, M. H. Hughes, G. Kilgour, H. A. Kreiser, J. K. H. McCullough, P. H. Nankivell, B. Rado, J. H. Rees, R. W. Tibbetts, W. T. Walker, and G. L. Whitmore; Capt. (Temp.) J. M. McLean and J. A. McPherson, R.A.M.C. Lieut.-Col. T. J. Davidson; Lieut.-Cols. (Temp.) V. D. Gordon, W. McN. Niblock, and A. E. Stevens; Major W. C. Templeton; Majors (Temp.) L. M. Kelly, M.B.E., M. K. Krishnamurti, R. I. Krishnaswamy, and

G. B. R. Walkey; Major (Acting) J. G. Webb; Capt. B. R. Irani, K. S. Grewal, K. B. R. Rao, L. N. Budhreja, M.B.E., N. N. Narayan, P. Singh, P. C. Nedungadi, S. Ranganathan, and Capt. Nuruddin; Lieuts. D. Barua, P. Gogoi, and R. J. Chandra, I.M.S. Major (Temp.) J. Edwards; Capt. B. G. Kiddle, M.C., M. P. McMurray, M. Imamuzzafar, and R. P. Bhatia; Lieuts. A. Rashid, C. M. Patnaik, and O. P. Trehon, I.A.M.C.

*Freed in the Far East.*—Lieut.-Col. J. Huston, Capt. R. H. Cuthbert, E. J. Emery, R. L. Lancaster, L. D. Stone, and R. G. B. Young, R.A.M.C.; Fl. Lieuts. A. N. H. Peach and A. F. Rutherford, R.A.F.V.R.

## Obituary

ERNEST WARD, M.D., F.R.C.S.

Members of the British Medical Association, especially those engaged in its central work, will learn with regret of the death on Sept. 21 of Dr. Ernest Ward of Paignton, Devon, a familiar figure at its Annual Representative Meetings for fourteen years. For a long time past he had been suffering from a hopeless malady, but he had fought against it with characteristic stubbornness and had continued much of his public work.

Ernest Ward was born in Yorkshire in 1877, the son of Sir John Ward, who was closely associated with the municipal life of Leeds, was twice mayor of that city and one of its earliest lord mayors. He entered Clare College, Cambridge, in 1896, gaining first-class honours in the Natural Sciences Tripos, Parts I and II. He received his clinical training at the London Hospital and qualified in 1903, becoming a Fellow of the Royal College of Surgeons in 1906 and taking the M.D. of his university in the following year. After serving for a time as clinical assistant at the Belgrave Hospital for Children in London and as assistant medical officer, Queen Alexandra Sanatorium, Davos, he settled in general practice in Devonshire. He was proud to be known as a general practitioner, though on some subjects, notably surgical tuberculosis, he was a specialist. For many years he was tuberculosis officer for South Devon. He interested himself in tuberculosis in all its aspects and was president of the Tuberculosis Society of Great Britain and honorary secretary of the Tuberculosis Group of the Society of Medical Officers of Health. His outstanding achievement was the foundation of the Joint Tuberculosis Council in 1924—a body intended to co-ordinate all tuberculosis activities—and he guided its work for 14 years. Many reports of its proceedings issued from his pen, and he was associated particularly with its investigation into the status of nurses engaged in tuberculosis work and in the evidence which it gave before the Royal Commission on Local Government which preceded the Act of 1929. In the Society of Medical Officers of Health, of which he was at one time president, and in the B.M.A., Ward rendered conspicuous service. He was twice chairman of the Torquay Division of the Association, in 1927–8 and in 1940–1, and he served as its representative from 1927 until the early 'forties. He did good work also on some headquarters committees. When the Annual Meeting of the Association was held in his own locality in 1938 he was president of the Section of Tuberculosis. Locally he was held in great esteem by his colleagues, over ninety of whom subscribed to a testimonial presented to him in 1943 on his retirement from the post of tuberculosis officer. He had been president of the Torquay and District Medical Society. In his earlier career he did a good deal of translation; he was responsible for an English edition of Broca's *Ligations and Amputations* and was co-translator of *Urgent Surgery* by Félix Lejars. In 1929 he published *Medical Adventure: Some Experiences of a General Practitioner*, and followed it up the next year with a similar work of professional reminiscences.

On the platform Ernest Ward appeared a somewhat aggressive personality. Debate when he rose was apt to show an acid edge. But to his friends no man was more lovable, and his friends were many. Incidentally they included the birds of Devonshire, on which he was an acknowledged authority. He was president of the Devon Bird-watching and Preservation Society and of the South-Western Naturalists Union.

H. A. GILKES, M.C., M.D.

The death of Lieut.-Col. Humphrey Arthur Gilkes, R.A.M.C., in an air crash was a great loss to the medical officers who served under him in his capacity as Principal Medical Officer of the British Somaliland Military Administration. In the war of 1914–18 he fought as a serving officer on the Western Front, and was awarded the Military Cross and three bars. After the war he studied medicine at Oxford and St. Bartholomew's

Hospital and qualified in 1922. Subsequently he took his M.A., M.D., D.P.H., and D.T.M.&H. He spent most of his medical career in the Colonial Medical Service. He was for a number of years in Northern Rhodesia, and then went to Trinidad as D.D.M.S. In the recent war, after serving with a field ambulance during the advance into the Somalilands and Ethiopia, he was sent to Somalia (the former Italian Somaliland) as A.D.M.S. There he laid the foundations of the civil medical services during a peculiarly difficult time.

Col. Gilkes (writes T. S. E.) was an outstanding personality and a steadfast believer in the potentialities of the Somali peoples. He was single-mindedly determined throughout the nearly five years he served in Somali countries that the Somalis should have a square deal, and particularly that they should have a good medical service. He was always ready to see even the humblest sweeper in the medical department, and to give him a courteous interview. In administration he had the courage to make it his guiding principle that justice to an employee must never be subordinated to administrative convenience. Col. Gilkes had many other sides to his character than the purely medical one. He was a violinist of distinction and was proud of his "Gilkes violin," which was made by one of his ancestors. He had also had two novels published, and was in the middle of a third at the time of his death.

Rather over two years ago Col. Gilkes came to British Somaliland, first as A.D.M.S. and then as Principal Medical Officer. Here he performed the difficult task of piecing together the medical services after the Italian occupation, and expanding them. He also made a singularly complete plan for the future medical development of the country. It was his personal relation with the Somalis which impressed us, who were new to Colonial conditions, so much. He seemed an example of the highest traditions of the Colonial Service, and it was surprising how many nomadic Somalis whom one talked to in the bush would know the "General daktari," as he was called. It will be a great loss to the country that he has gone while he was still at the beginning of his work here.

Dr. JOHN MATHESON died at Plockton, Ross-shire, on Aug. 30 at the age of 81. He was born at Plockton on Oct. 1, 1863, and attended school there. The present schoolmaster, addressing the pupils after his death, said, "In the passing of Dr. Matheson Plockton School has lost a life-long friend. He was one of Plockton's most distinguished pupils, and it was in keeping with his kindly nature that he should choose for his life work the alleviation of suffering." In 1884 he entered Aberdeen University with the intention of becoming a teacher, and graduated M.A., having won prizes in Greek, Latin, English, and moral philosophy. A year, however, spent in teaching decided him that that was not his *métier*, and he returned to the university to study medicine. He had a brilliant career in medicine, obtaining prizes in botany, junior and senior anatomy, practice of medicine, and medals in chemistry, physiology, operative surgery, surgery, and medical jurisprudence. He qualified M.B., C.M., with highest honours, in 1893. After serving as house-surgeon and house-physician in Aberdeen Infirmary and doing sundry locums, he went in 1894 to Greenwich as assistant to the late Dr. McGavin, later to become partner, and on McGavin's death his successor. For 40 years he carried on practice in Greenwich and Blackheath until he retired in 1934. He joined the B.M.A. in 1910 and was chairman of the Greenwich and Deptford Division, 1931-3. A keen Celt, he was an active member of the Caledonian Medical Society; and president in 1932-3 when the Society met in Windermere; "The Celtic Empire and its Decline" was the subject of his address on that occasion. On giving up practice he retired to his estate, Rudha Mor, Plockton, in the land of his birth. Here, looking over Loch Carron to the mountains of the north and to the Cuillins of Skye and the misty isles in the west, he spent the remainder of his days; happy in looking after his farm, entertaining his friends, and taking a lively interest in local affairs as a member of the district council and active member of the kirk. He was frequently called on, and always willing, to relieve practitioners in the district, and, being well known to the people, was welcomed by the patients. He was a man of decided opinions and dearly loved an argument. Widely read and possessed of a retentive memory, his conversation was always interesting and instructive. Dr. Matheson was predeceased by his wife in 1940, and suffered another grievous loss when his younger son, an officer of the Seaforths, was killed in Madagascar. He is survived by a son, Ian H. Matheson, F.R.C.S., a surgeon with the L.C.C., and three daughters. The funeral was attended by many of the neighbouring lairds and a large number of the people. After the service, partly in Gaelic, which was conducted in the open in front of the house, the coffin was carried through the village, each of the mourners alternately acting as bearers. A most impressive service.—G. W. M.

## PROMOTION OF DENTAL TEACHING AND RESEARCH

To promote dental teaching and research the Nuffield Foundation has decided to make grants totalling £9,000 a year for 10 years to the Sutherland Dental School, the University of Durham; the University of Leeds Dental School; the Turner Dental School of the University of Manchester; and Guy's Hospital Dental School. In addition the Foundation is instituting Nuffield Dental Fellowships to an annual value of between £400 and £800, "to improve the supply of dental research workers and teachers." The fellowships will be awarded for one or more years, as a rule not longer than three years. Finally, the Foundation will make scholarships available to provide tuition fees and a subsistence allowance of not more than £200 a year. The scholarship will normally be tenable for only one year, but may be renewed for a second. Forms of application may be obtained from the Secretary of the Nuffield Foundation, 12-13, Mecklenburgh Square, London, W.C.1.

## Universities and Colleges

### UNIVERSITY OF LONDON

Mr. J. Z. Young, M.A., F.R.S., has been appointed to the University Chair of Anatomy tenable at University College as from Oct. 1. He is a Fellow of Magdalen College, Oxford, and university demonstrator in zoology, and since 1940 has been a member of the Nerve Injuries Committee of the Medical Research Council.

Prof. F. G. Young, D.Sc., Ph.D., has been appointed to the University Chair of Biochemistry tenable at University College as from Oct. 1. Since 1942 he has held the Chair of Biochemistry at St. Thomas's Hospital Medical School.

### UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—E. K. Blackburn, J. W. L. Crosfill (with distinction), J. R. Edge, M. Gordon, C. E. Stuart.  
FINAL M.B., CH.B.—Part II: \*J. M. Benjamin, \*R. Goldberg, \*Henriette Lackner, Katharine M. D. Bailey, J. G. Benstead, C. R. Berkin, N. H. Birch, Annette M. Brooks, A. S. Carey, D. E. Fletcher, R. L. Gibson, J. R. Groves, D. G. Hardy, Nancy Heron, Lilian Hodgson, C. T. Hough, Patricia Hudson, S. Z. Hulman, J. M. Inglis, B. G. Isaacs, F. D. Lumb, Mary M. Matheson, J. Price, A. I. S. Share, Mary R. Sykes.

\* With second-class honours.

### UNIVERSITY OF LIVERPOOL

Mr. Charles Alexander Wells, M.B., F.R.C.S., has been appointed to the Chair of Surgery and Mr. Thomas Norman Arthur Jeffcoate, M.D., F.R.C.O.G., F.R.C.S.Ed., to the Chair of Obstetrics and Gynaecology in the University of Liverpool. Prof. Wells was lecturer in practical surgery and clinical lecturer and Prof. Jeffcoate gynaecological tutor in the university.

These appointments, the *Manchester Guardian* says, mark a new departure in the history of the Liverpool University Medical School. Hitherto the professors of clinical subjects in that school have been consultants whose time has been divided between the claims of professional practice, both public and private, and the duties of the chair. The responsibilities, however, falling upon the clinical professors in the Medical School have grown considerably in recent years, and it has been thought desirable in the interests of both medical teaching and research to modify the conditions of appointment in the case of the two chairs now filled, and to require their occupants to give whole-time service to the duties of the chairs. Arrangements have been made with the Liverpool Maternity Hospital and the Women's Hospital for the professor of obstetrics and gynaecology to have beds at his disposal in those hospitals, and it is expected that the professor of surgery will have beds in the Royal Liverpool United Hospital.

### UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—Parts II and III: J. Edwards, with second-class honours, Aileen K. Adams, H. Debovitch, C. Gething, A. P. Hayhurst, R. Horn, J. F. Hudson, G. M. King, J. Mackinnon, J. B. Maxfield, Cora H. M. Middleton, Monica H. Roper, Margaret M. P. Ryan, Joan Simon.

### SOCIETY OF APOTHECARIES OF LONDON

#### Diploma in Industrial Health

In view of the importance attached to the study of the health of the worker in relation to both occupation and working environment in their widest sense, and the development of this study as a special branch of medicine, the Society has decided to institute a Diploma in Industrial Health. The examination for this diploma will be open to all registered medical practitioners who have (a) been engaged in the practice of industrial medicine in a whole-time capacity for a period of not less than two years, or (b) been engaged in the practice

of industrial medicine in a part-time capacity for a period of not less than four years.

The Society understands that courses in the subject are to be held in the future, and, subject to their fulfilling the requirements laid down in the Society's regulations, these will be recognized as qualifying for admission to the examination. Candidates who produce evidence of having completed the course, and who have the requisite experience in the practice of industrial medicine, will be eligible. The syllabus and regulations covering the examination will shortly be obtainable from the Registrar, Society of Apothecaries, Black Friars Lane, Queen Victoria Street, E.C.4.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr. W. Russell Brain, F.R.C.P., will deliver the Bradshaw Lecture at the College (Pall Mall East, S.W.) on Thursday, Nov. 8, at 5 p.m. His subject is "Speech and Handedness."

## EPIDEMIOLOGICAL NOTES

### Discussion of Table

In *England and Wales* notifications of scarlet fever rose during the week by 230, those of diphtheria by 72, and of acute pneumonia by 58.

The greatest increases over last week's figures in scarlet fever notifications were 47 in Lancashire, and 39 in Yorks West Riding. The largest local outbreak of diphtheria was that of Worcestershire, Martley R.D. 12, and the other large local rises were 18 in Northumberland (due to a general rise throughout the county), and 53 in Yorks West Riding (mainly contributed by the county boroughs). Although the total notifications of whooping-cough fell by only 18, there were several fairly large variations in the trends for the counties, the largest being decreases of 47 in Lancashire and 36 in Essex, and a rise of 25 in Staffordshire. Lancashire reported 34 more cases of pneumonia than last week.

The largest returns for dysentery were London 57 (St. Pancras 14), Surrey 47 (Banstead U.D. 13, Coudon and Purley U.D. 10), Lancashire 40 (Liverpool C.B. 18, Manchester C.B. 11), Warwickshire 38 (Birmingham C.B. 16, Warwick R.D. 17), Glamorganshire 21 (Cardiff C.B. 18), Essex 14.

In *Scotland* scarlet fever notifications were 33 higher than last week, and those for acute pneumonia were 32 higher; notifications of dysentery and diphtheria rose by 9 and 6 respectively. The largest local increase in diphtheria was one of 10 in the city of Dundee. The chief centres of dysentery were Glasgow 50, and Edinburgh 22.

In *Eire* notifications of diphtheria were 35 higher, and of diarrhoea and enteritis 50 higher, than last week. Cases of the latter disease rose from 80 to 114 in Dublin C.B.

In *Northern Ireland* scarlet fever notifications rose by 7, while those for diphtheria fell by 8.

### Quarterly Returns for Eire

During the June quarter the birth rate was 24.0 per 1,000, and was 0.4 above that for the corresponding quarter of the previous year. Infant mortality was only 59 per 1,000 births, being 11 and 18 below the rates for the two preceding second quarters. Deaths under the age of 2 attributed to diarrhoea and enteritis were 204, including 97 in the city of Dublin. The general death rate was 14.4 per 1,000, being 0.7 below the June quarter of 1944. The death rate per 1,000 from pulmonary tuberculosis was 1.1, and for other forms 0.4; the rates for the corresponding quarter of last year were 1.2 and 0.4. Diphtheria was the cause of 55 deaths, and whooping-cough of 48.

### Week Ending September 22

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,361, whooping-cough 1,903, diphtheria 496, measles 397, acute pneumonia 347, cerebrospinal fever 39, acute poliomyelitis 45, dysentery 270, paratyphoid 8, typhoid 11.

### Quarantine for Scarlet Fever in New York

The Board of Health of the City of New York decided in December, 1944, to include scarlet fever in the larger classification of "streptococcal sore throat, including scarlet fever," and recommended isolation of such cases to the duration of the acute stage, the *minimum* period being seven days. The application of restrictive measures to scarlet fever and not to other streptococcal throat infections has always been a weakness of public health regulations which called for revision. Considerable argument can be advanced, too, for a short isolation period. Scarlet fever patients are usually clinically recovered within 10 to 14 days. Does isolation beyond that point decrease the risk of infectivity? Most fever hospital clinicians would agree that it does not. Indeed, under open scarlet fever ward conditions the reverse is probably true.

No. 37

## INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Sept. 15.

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	1945					1944 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	39	6	20	3	1	37	2	15	4	1
Deaths ..	—	—	1	—	—	—	—	—	—	—
Diphtheria ..	495	28	141	86	15	541	13	183	100	15
Deaths ..	7	2	—	—	—	12	3	3	—	—
Dysentery ..	292	57	102	6	1	351	24	104	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Encephalitis ..	—	—	—	—	—	—	—	—	—	—
lethargica, ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	3	1	1	1	—	—	—	—	—	—
Erysipelas ..	—	—	58	11	—	—	—	53	10	2
Deaths ..	—	—	—	—	—	—	—	—	—	—
Infective enteritis or ..	—	—	—	—	—	—	—	—	—	—
diarrhoea under 2 ..	—	—	—	147	—	—	—	—	185	—
Deaths ..	77	4	16	19	5	91	7	39	31	9
Measles* ..	551	46	66	17	6	1,155	29	128	18	24
Deaths ..	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum ..	80	5	8	—	—	71	3	21	—	1
Deaths ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	15	1	3(B)	2(B)	—	8	—	—	1(A)	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal† ..	326	14	6	1	1	291	7	2	1	—
Deaths (from influ- ..	11	2	1	—	—	11	—	—	—	—
enza) ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, primary ..	—	—	158	5	—	—	—	168	12	—
Deaths ..	17	—	3	7	—	14	—	8	5	—
Polio-encephalitis, acute ..	2	—	—	—	—	2	1	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	31	2	1	9	1	14	—	4	2	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal fever ..	—	2	16	—	—	—	1	16	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia‡ ..	140	4	13	1	2	130	3	9	5	2
Deaths ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	1,381	92	293	22	33	1,591	28	253	31	59
Deaths ..	1	—	—	—	—	—	—	—	—	—
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	17	—	1	12	1	5	—	6	14	3
Deaths ..	1	—	—	—	—	—	—	1	—	—
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	1,159	76	57	21	7	1,083	55	91	61	7
Deaths ..	5	1	1	1	—	10	4	2	—	—
Deaths (0-1 year) ..	337	35	43	42	12	355	30	94	46	28
Infant mortality rate ..	—	—	—	—	—	—	—	—	—	—
(per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still- ..	—	—	—	—	—	—	—	—	—	—
births) ..	4,021	595	540	157	119	3,931	435	650	181	131
Annual death rate (per ..	—	—	12.3	10.1	§	—	—	14.9	11.7	§
1,000 persons living) ..	—	—	—	—	—	—	—	—	—	—
Live births ..	6,494	903	779	456	230	6,271	413	822	373	304
Annual rate per 1,000 ..	—	—	15.6	29.4	§	—	—	16.7	24.2	§
persons living) ..	—	—	—	—	—	—	—	—	—	—
Stillbirths ..	203	21	28	—	—	191	15	40	—	—
Rate per 1,000 total ..	—	—	—	—	—	—	—	—	—	—
births (including ..	—	—	35	—	—	—	—	46	—	—
stillborn) ..	—	—	—	—	—	—	—	—	—	—

\* 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.

§ Owing to movements of population, birth and death rates for Northern Ireland are still not available.