

## Vital Statistics

### Infectious Diseases

Only small variations occurred in the trends of infectious diseases in England and Wales during the week ending November 21. The largest were increases in the number of notifications by 213 for scarlet fever, from 1,400 to 1,613, and 100 for whooping-cough, from 2,410 to 2,510.

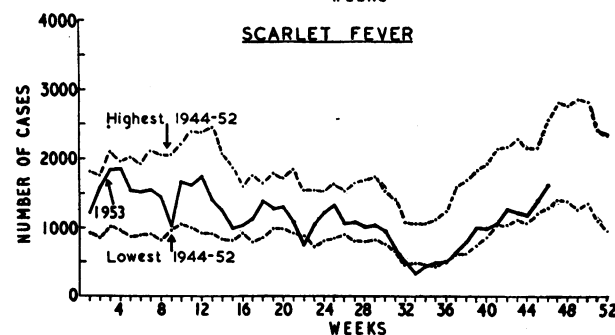
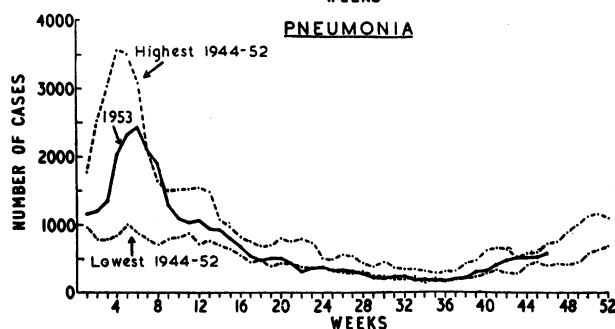
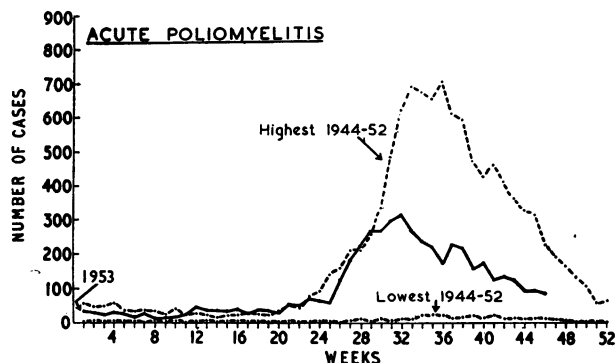
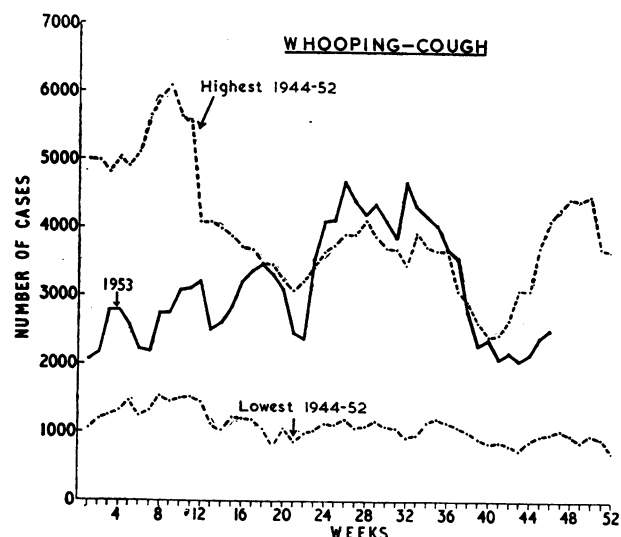
A small rise in the incidence of scarlet fever was recorded in the midland and northern section of the country, while in the area of London, the south-east, and the south-west counties the notifications were 12 fewer than in the preceding week. The largest rise in scarlet fever was 38 in Essex, from 61 to 99. The largest rises in the notifications of whooping-cough were 45 in Staffordshire, from 76 to 121, and 37 in Essex, from 116 to 153, and the largest fall was 33 in Yorkshire West Riding, from 271 to 238. 793 cases of measles were notified, being 23 fewer than in the preceding week. The largest variation in the local trends was a fall of 38 in Staffordshire, from 122 to 84. 28 cases of diphtheria, 2 more than in the previous week, were notified. The chief features of the local returns were a rise in Warwickshire from 0 to 7, all the cases being notified in Birmingham C.B., and a fall in Staffordshire from 13 to 6; 4 of these cases were notified in Coseley U.D. 7 of the 9 cases of paratyphoid fever were notified in Lincolnshire (Louth R.D. 6 and Skegness U.D. 1).

88 cases of acute poliomyelitis were notified. These were 12 fewer for paralytic and 5 more for non-paralytic cases than in the preceding week. The largest returns were Lancashire 11 (Blackpool C.B. 3), Yorkshire West Riding 9, and London 7 (Lewisham 4).

362 cases of dysentery were notified, being 8 fewer than in the preceding week. The largest returns were Yorkshire West Riding 88 (Bradford C.B. 39, Huddersfield C.B. 15, Leeds C.B. 12, Shipley U.D. 10), London 61 (Islington 10 and the remainder scattered through 19 boroughs), Lancashire 48 (Bolton C.B. 11), Middlesex 22 (Willesden M.B. 14), Norfolk 17 (Norwich C.B. 17), and Warwickshire 17 (Birmingham C.B. 15).

### 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 nine years 1944-52 are shown thus -----, the figures for 1953 thus ————. Except for the curves showing notifications in 1953, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



### Week Ending November 28

The notifications of infectious diseases in England and Wales during the week included scarlet fever 1,484, whooping-cough 2,608, diphtheria 16, measles 875, dysentery 399, acute poliomyelitis 77, paratyphoid fever 3, and typhoid fever 2.

## The Services

A Supplement to the *London Gazette* has announced the following awards:

**Third Clasp to the Territorial Efficiency Decoration.**—Lieutenant-Colonel W. J. McIntosh, O.B.E., T.D., R.A.M.C., T.A.

**Second Clasp to the Territorial Efficiency Decoration.**—Lieutenant-Colonel W. J. McIntosh, O.B.E., T.D., Major (acting Lieutenant-Colonel) H. B. Lee, T.D., and Major J. L. Swanston, R.A.M.C., T.A.

**First Clasp to the Territorial Efficiency Decoration.**—Lieutenant-Colonels W. J. McIntosh, O.B.E., T.D., and N. Pycroft, M.C., T.D., and Majors J. G. Oliver, T.D., J. L. Swanston, and O. T. Wade, R.A.M.C., T.A.

**Territorial Efficiency Decoration.**—Major (Honorary Lieutenant-Colonel) A. J. Webster (now A.E.R.), Majors S. A. Bower, M. N. S. Duncan, J. L. Swanston, C. H. Tonge, and O. T. Wade, Captain (Honorary Major) I. C. K. Mackenzie, and Captain L. S. Bain, R.A.M.C., T.A.

Colonel G. T. L. Archer, late R.A.M.C., has been appointed Honorary Surgeon to the Queen in succession to Major-General F. K. Escritt, C.B., O.B.E., late R.A.M.C., retired.

Captain P. Cuff, R.A.M.C., T.A., has been awarded the Queen's Commendation for brave conduct at Salthouse Heath, Norfolk, on August 12, 1953.

## SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Applications should be made first to the institution concerned.

## Monday, December 14

MEDICAL SOCIETY OF LONDON.—8.30 p.m., Mr. John Bunyan, L.D.S., F.R.M.S.: Short History of the Application of the Microscope to Medicine, Illustrated by Microscopes in the Society's Collection; Dr. G. D. Lumb: Series of Slides and Photographs Illustrating the Pathology and Spread of Cancer of the Breast; Dr. W. H. McMenemey: Slides and Photographs Illustrating the Degenerative Changes in the Brain Following Stoppage of the Heart During Surgical Operation.  
● POSTGRADUATE MEDICAL SCHOOL OF LONDON.—4 p.m., Dr. B. G. C. Ackner: Emotional Factors in Treatment Response.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Kettle Memorial Lecture by Professor Geoffrey Hadfield: Dormant Cancer Cell.  
ROYAL EYE HOSPITAL.—5.15 p.m., Dr. T. H. Whittington: Accommodation Clinically Considered. Cycloplegics. Retinoscopy.  
UNIVERSITY COLLEGE, LONDON: DEPARTMENT OF BIOCHEMISTRY.—At Physiology Theatre, 4.45 p.m., Public Lecture by Dr. H. Gutfreund: Molecular Forces in Protein Solutions—(II) The Subunit Structure of Crystalline Proteins in Solution.

## Tuesday, December 15

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. F. R. Bettley: Atopy.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3.45 p.m., Imperial Cancer Research Fund Lecture by Dr. C. le Q. Darcel: Comparative Pathology of Leukotic Conditions in Man and Fowl. 5 p.m., Hunterian Lecture by Professor D. Innes Williams: Chronically Dilated Ureter.  
SOUTH-WEST LONDON MEDICAL SOCIETY.—At Bolingbroke Hospital, 8.30 p.m., Mr. W. Bentley Purchase: My Experiences as Coroner and Barrister.  
WEST END HOSPITAL FOR NERVOUS DISEASES.—5.30 p.m., Dr. T. Rowland Hill: Neurological demonstration.

## Wednesday, December 16

EUGENICS SOCIETY.—At Royal Society, 5.30 p.m., Dr. H. Lehmann: Distribution of the Sickle Cell Trait in Africans and Indian Aborigines.  
INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. J. O. Oliver: Laboratory Diagnosis of Syphilis.  
INSTITUTE OF UROLOGY.—4.30 for 5 p.m., Mr. A. H. Harkness: Non-gonococcal Urethritis.  
ROYAL EYE HOSPITAL.—5.30 p.m., Mr. H. B. Jacobs: Relation of Nasal and Ocular Diseases.  
ROYAL MICROSCOPICAL SOCIETY.—5.30 p.m., Dr. R. W. G. Wyckoff: Electron Microscopy of Viruses.

## Thursday, December 17

EDINBURGH CLINICAL CLUB.—At 7, Drumsheugh Gardens, 8 p.m., Dr. A. G. McGregor: Diagnosis and Treatment of Thyrotoxicosis, with Special Reference to the Use of Radioactive Iodine.  
HARVEIAN SOCIETY OF LONDON.—8.15 p.m., Professor Alan Moncrieff: Marasmus; Dr. R. E. Bonham-Carter: Congenital Heart Disease; Dr. B. E. Schlesinger: Infantile Diarrhoea.  
INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—5 p.m., Professor P. C. Ormerod: Anatomy of the Paranasal Sinuses.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3.45 p.m., Erasmus Wilson Demonstration by Dr. J. Stretton Young: Benign Mammary Epithelial Hyperplasia.

## Friday, December 18

INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. F. R. Bettley.  
KENT AND CANTERBURY HOSPITAL, Canterbury.—8 p.m., clinical meeting.  
ROYAL EYE HOSPITAL.—5.30 p.m., Professor C. A. Keele: Local Anaesthetics in Ophthalmology.  
● SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.—At King's College, Strand, W.C., 7 p.m., Professor D. H. R. Barton: Steroidal Alkaloids.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

Kustow.—On November 13, 1953, at Nuffield House, Guy's Hospital, London, S.E., to Ann, wife of Bernard Kustow, M.B., B.S., a daughter—Miriam.  
Smith.—On November 18, 1953, at Manchester, to Medora (formerly Storkey), M.B., Ch.B., wife of John Anthony McCredie Smith, M.D., M.R.C.O.G., a daughter.  
Stafford.—On November 12, 1953, to Eve (formerly Gorringer), wife of William E. Stafford, M.B., B.Ch., of Sion Mills, Co. Tyrone, Northern Ireland, a daughter.

## DEATHS

Cheesman.—On November 9, 1953, Herbert Hilton Cheesman, M.R.C.S., L.R.C.P., of Clevedon, Papakura, New Zealand, aged 79.  
Cooper.—On November 24, 1953, at Budleigh Salterton, Devon, George Cooper, M.D., D.M.R.E.  
Finlay.—On November 28, 1953, at the Royal Infirmary, Edinburgh, Thomas Yule Finlay, M.D., F.R.C.P.Ed., of 9, Hermitage Gardens, Edinburgh.  
Hosford.—On September 22, 1953, John Percival Hosford, M.B., B.Ch., of Poole Farm, Bridford, Exeter, Devon, formerly of Bath, Somerset.  
Johnston.—On November 24, 1953, in a nursing-home, Birkenhead, Donald John Gair Johnston, M.B., Ch.B., D.P.H., of 2, Devonshire Place, Birkenhead, Cheshire.  
Mayer.—On November 26, 1953, at Bexhill-on-Sea, Sussex, Thomas Frederick Gisborne Mayer, M.R.C.S., L.R.C.P.  
Sainmont.—On November 14, 1953, Georges Emile Sainmont, M.D., of Ivy Cottage, Leigh Hill, Leigh-on-Sea, Essex, late of 76, Wimpole Street, London, W.  
Scott.—On November 15, 1953, at 15, Blandford Street, London, W., John Barron Scott, M.B., C.M., formerly of 5, Upper Harley Street, London, W., aged 86.  
Stanley.—On November 26, 1953, at Sidmouth, Devon, Gilbert Llewellyn Stanley, L.R.C.P.&S.Ed., L.R.F.P.S., aged 64.  
Walker.—On November 26, 1953, at 50, St. John's Road, Clifton, Bristol, Theodosia Caroline Walker, M.D., aged 81.  
Weston.—On November 21, 1953, at Singapore, Jean Maryon Weston (formerly Smith), M.B., B.Chir.

## 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.

## Quarantine for Rubella

**Q.**—I was taught that the quarantine period for rubella should be 21 days, and that patients might remain infective for 7 days after the temperature had fallen. What is the modern view, particularly in regard to pregnant women, examination candidates, and others for whom infection might be a serious matter?

**A.**—The present-day attitude about rubella must surely be to encourage exposure to infection in childhood and adolescence so that as high a proportion as possible of young women have been infected before marriageable age. The old quarantine of 21 days is therefore not recommended, and the isolation period of 7 days from the onset of rash is not commonly observed. Unfortunately patients are almost certainly infectious during the prodromal period of approximately 24 hours before the rash appears (and for a few days afterwards) so that prompt diagnosis and isolation will not protect the susceptible contact. The only specific protective measure would be to inject the exposed individual with gamma globulin prepared from convalescent cases of rubella, but there is no such material available in this country. As rubella is a mild infection, there would be no point in trying to protect examination candidates, for whom, presumably, arrangements can be made to take a separate examination a few days later. In Australia artificial infection of women students and others gathered together in camps has been recommended.

## Staining of the Teeth by Iron

**Q.**—A woman who has been taking iron-containing tablets has developed intense staining of her teeth and dentures. What causes this, and how can it be removed?

**A.**—The patient has been sucking the sugar-coated iron tablets. She should be instructed in future to swallow them whole. Simple brushing does not clean the iron-stained teeth satisfactorily, and this should be done by a dentist using pumice paste. Artificial teeth, if made of acrylic resin, can be soaked in a bleaching solution and carefully rinsed before use; vulcanite dentures, however, are damaged by bleaching and should be cleaned by a dentist.

## Medical Examinations at School

**Q.**—Does the headteacher or any other member of the teaching staff have any authority to insist on being present with the school medical officer during routine medical examinations at school?

**A.**—The presence of teachers at medical inspection is discussed fully on pp. 75 and 76 of the *Report of the Chief Medical Officer of the Ministry of Education for the Years 1946 and 1947*.

School medical officers are agreed on the value of a full consultation with both the parent and the teacher. Indeed, one branch of the Society of Medical Officers of Health passed a resolution to the effect that "the medical inspection of schoolchildren should take place in school hours, on school premises, in the presence of parent and teacher." In the report referred to above there is the following comment on this suggestion. "Judging by information reaching the Ministry from time to time, it is evident that this practice does not commend itself to all school medical officers. It has been asked, for example, whether a headteacher, in the face of the examining medical officer's objection, has the right to insist on a member of his or her staff