

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending April 6 (No. 14) and corresponding week 1956.

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	1957					1956				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	9	1	2	0	2	4	0	8	0	10
Dysentery ..	1,051	36	252	11	4	1,336	204	221	11	2
Encephalitis, acute	4	1		0		0	0		0	
Enteric fever:										
Typhoid ..	2	0	0	0		2	1	3	0	2
Paratyphoid ..	3	0	4 (B)	0	1 (B)	3	0	1 (B)	0	
Food-poisoning ..	204	32	44	0		153	24		0	
Infective enteritis or diarrhoea under 2 years ..					10				9	25
Measles* ..	25,280	2007	308	354	277	3,317	75	263	54	235
Meningococcal infection ..	29	2	13	1		40	3	17	0	
Ophthalmia neonatorum ..	32	1	4	0		39	1	6	0	
Pneumonia † ..	466	25	212	6	2	697	47	218	4	4
Poliomyelitis, acute:										
Paralytic ..	17	2		3	0	8	0		2	0
Non-paralytic ..	20				2	2	0		0	2
Puerperal fever § ..	204	33	15	1		258	53	11	2	
Scarlet fever ..	878	68	84	52	24	681	48	89	25	23
Tuberculosis:										
Respiratory ..	583	76	274	24		561	60	111	3	
Non-respiratory ..	65	8	17	2		77	5	12	1	
Whooping-cough ..	2,768	137	263	7	67	1,346	86	155	89	90

DEATHS in Great Towns	1957					1956				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	0	0	1	0	0	0	0	1
Dysentery ..	0	0		0		1	0		1	
Encephalitis, acute		1			0		0			0
Enteric fever ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	2	0	0	0	0	8	0	1	0	0
Influenza ..	3	1	1	0	1	26	1	3	1	1
Measles ..		1	0	0	0		0	0	0	0
Meningococcal infection ..		0	0				0	0		
Pneumonia ..	261	37	0	21	13	290	54	16	10	3
Poliomyelitis, acute	0	0			0	0	0			0
Scarlet fever ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	41	7	8	2	3	56	7	12	3	6
Non-respiratory ..										
Whooping-cough ..	1	0	0	0	0	1	0	0	0	0
Deaths 0-1 year ..	216	24	29	6	23	224	23	44	9	14
Deaths (excluding stillbirths) ..	5,199	708	603	107	174	5,687	801	627	132	152
LIVE BIRTHS ..	8,842	1264	1086	233	369	8,649	1182	1130	212	428
STILLBIRTHS ..	253	37	30			217	22	27		

* Measles not notifiable in Scotland, whence returns are approximate.
 † Includes primary and influenzal pneumonia.
 § Includes puerperal pyrexia.

Vital Statistics

GLASGOW X-RAY CAMPAIGN

During March 11 to April 12 nearly three-quarters of a million people in Glasgow had chest radiographs taken. Preliminary figures show that 1,600 active cases of tuberculosis were found, or 0.22% of the 710,838 people x-rayed. These figures were given on April 18 by Dr. A. K. BOWMAN, senior administrative medical officer of the Western Regional Hospital Board. A further 5,069 cases (0.7%) were still doubtful, and in 1,405 cases (0.19%) the disease appeared to be healed, but further observation was considered necessary. A total of 8,074 cases of pulmonary tuberculosis have thus so far been found which require further observation or treatment. We are indebted to Dr. W. A. HORNE, Medical Officer of Health of Glasgow, for the following account of the measures which made this campaign such a striking success.

When the Glasgow campaign ended more than 700,000 persons over 14 years of age had been radiographed. Several world records were broken, and on the last day, Friday, April 12, 46,077 persons were examined. The campaign has been most successful and will be the turning-point in the control of tuberculosis in Glasgow. During the five weeks 30 mass miniature x-ray units were open to the public, mainly in the afternoon and evening, but on the last day all the units opened at 10 a.m. and continued in action until the queues were exhausted. Seven additional units were set aside for the examination of members of the public recalled for a large film. Of the 37 units, 10 were Scottish, 21 English, four from the Army, one from the R.A.F., and one from the National Coal Board.

Initial planning started some eighteen months ago, when consideration was given to exact timing, the number of x-ray units required, the dispersal of the units in sites most suitable and attractive to the public, and important technical and other factors to be taken into account in the organization of the campaign, which was mounted jointly by the Corporation of Glasgow, the Department of Health for Scotland, and the Western Regional Hospital Board.

Publicity was regarded as vital and had to be inspired, sustained, and thorough, with nothing left to chance. Expert advice was essential, and this was found in a publicity committee on which were represented the press, the cinema, and the B.B.C. Valuable assistance was given by the Scottish Information Office, which supplied an expert press officer whose help was continuously available. Excellent support was obtained from the press in the initial stages, both before and during the campaign. Three short films were prepared, two by N.A.P.T., and with the co-operation of the owners and managers these were shown in all the Glasgow cinemas.

Adding spice and forming important publicity material was the scheme of prizes, which were of two types—six large and numerous small prizes. One of the large prizes was presented each week, and the most valuable, an A.35 motor-car donated by the Glasgow Austin agents, at the end of the campaign. The small prizes were distributed by "x-ray men" to members of the public, who wore the distinctive badge showing that they had been radiographed. Various other novel publicity methods were developed and used. Ideas bubbled up and when approved by the publicity committee were immediately developed. Two campaign songs were written and have proved intriguing and popular. The services of the writers, composers, and musicians were given free.

The defects of publicity were revealed by short public surveys carried out by a department of the university, and the material was adjusted to remedy the defects shown. Special attention was paid to the doubts and anxieties that were expressed, and particularly to the need to encourage parents of young children and older people to be radiographed.

The second major factor was community participation. Above all, the campaign was non-denominational and non-

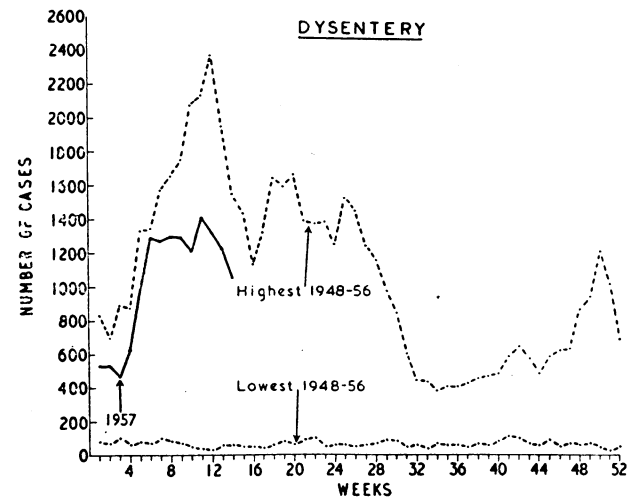
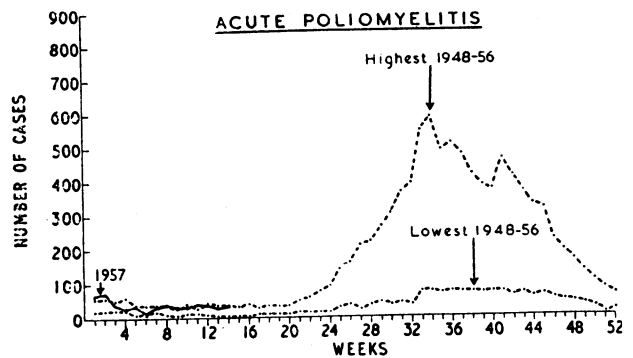
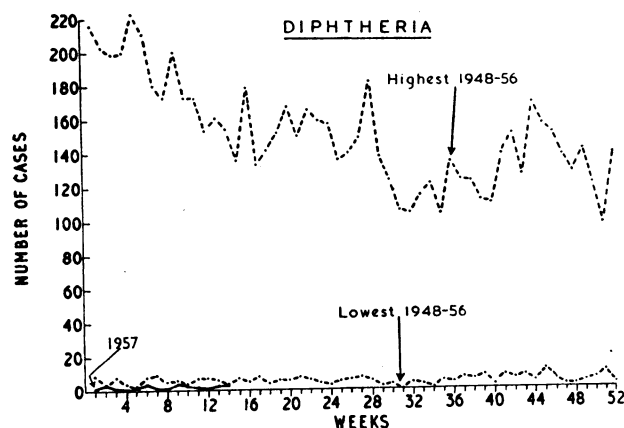
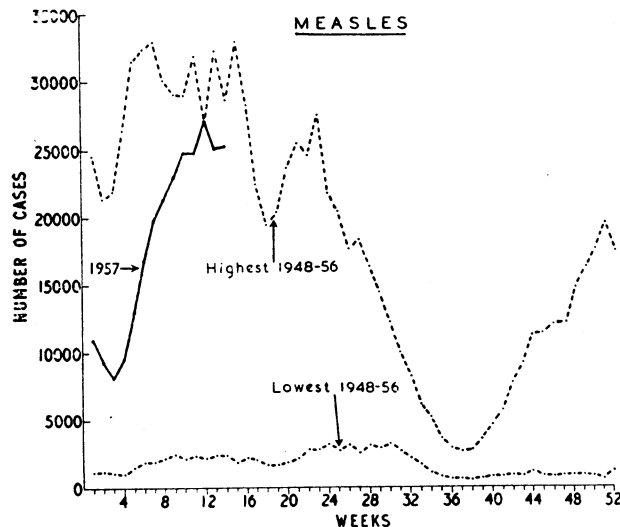
political. Assistance was invited and willingly given by all denominations, and members of the Churches played a very important part. Some 12,000 voluntary workers were enrolled, divided into 49 ward groups, each with ward headquarters, chairman and secretary, and executive committee. These ward groups not only spread information about the campaign but also carried out house-to-house visiting and ascertained the attitude of the householders, and followed up that information by subsequent visits. The ward groups provided hostesses for the x-ray units, and these hostesses have proved to be an important factor in the successful working of the centres.

Every member of the Corporation and every group or association in the city, religious, political, social, industrial, and commercial, were behind the campaign and gave whole-hearted support. Community participation was in fact universal. The campaign, of course, could not have been successful without the enthusiasm of the staffs of the x-ray units coming to Glasgow and their departmental, administrative, and organizing staffs.

The campaign began and ended with a religious service in the Cathedral and in St. Andrew's Church. To the citizens of Glasgow it was in the nature of a crusade, and their response has been a reward and a tribute to the organizers.

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 1948-56 are shown thus -----, the figures for 1957 -----. Except for the curves showing notifications in 1957, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



Infectious Diseases

The largest variations in the notifications of infectious diseases in England and Wales during the week ending April 6 were increases of 95 for measles, from 25,185 to 25,280, 66 for scarlet fever, from 812 to 878, and decreases of 171 for dysentery, from 1,222 to 1,051, 81 for whooping-cough, from 2,849 to 2,768, and 79 for acute pneumonia, from 545 to 466.

37 cases of acute poliomyelitis were notified during the week, and these cases were 1 fewer for paralytic and 10 more for non-paralytic cases than in the preceding week. The largest returns were Essex 12 (Brightlingsea U.D. 10), Sussex 6 (Brighton C.B. 5), London 4.

Generally the incidence of measles continued to decline in the north and rise in the south of the country. In the north-west and northern regions the number of notifications fell by 999, from 6,947 to 5,948, and in London and the south-east region they rose by 483, from 4,787 to 5,270. The London boroughs with the largest increases in the number of notifications of measles were Greenwich 64, from 59 to 123, Hammersmith 45, from 26 to 71, Wandsworth 50, from 159 to 209. Other towns with large increases were Birmingham C.B. 200, from 640 to 840; Cardiff C.B. 169, from 226 to 395; Havant and Waterloo U.D. 102, from 72 to 174, and Chatham M.B. 78, from 147 to 225.

Only small variations were recorded in the returns of scarlet fever. The largest fluctuations in the trends of whooping-cough were decreases of 43 in Shropshire, from 73 to 30; 38 in Norfolk, from 110 to 72; 34 in Kent, from 228 to 194; and increases of 44 in Essex, from 146 to 190; and 37 in Cheshire, from 48 to 85. 9 cases of diphtheria were notified, being 3 more than in the preceding week; 2 of these cases were notified in Birmingham C.B.

The largest centres of dysentery were Yorkshire West Riding 245 (Bradford C.B. 54, Leeds C.B. 46, Rotherham R.D. 38, Sheffield C.B. 18, Rotherham C.B. 17, Huddersfield C.B. 15), Lancashire 123 (Blackburn C.B. 26, Stretford M.B. 18, Liverpool C.B. 14), Cheshire 58 (Hyde M.B. 25,

Salybridge M.B. 22), Durham 56 (Whickham U.D. 23, Gateshead C.B. 12, Blaydon U.D. 10), Warwickshire 49 (Birmingham C.B. 34, Coventry C.B. 11), Nottinghamshire 43 (Nottingham C.B. 14, Carlton U.D. 11), Middlesex 41 (Hayes and Harlington U.D. 11, Ealing M.B. 10), Northumberland 38 (Longbenton U.D. 22), London 36 (scattered through 14 boroughs), Southampton County 35 (Southampton C.B. 13, Basingstoke M.B. 10), Essex 34 (East Ham C.B. 18), Bedfordshire 30 (Luton M.B. 22), Norfolk 22, Surrey 21, and Oxfordshire 21 (Bullington R.D. 14).

Medical News

Benefactions by the Wellcome Trust.—The Wellcome Trustees announce the following benefactions: (1) £95,000 to Birmingham University as a contribution to the cost of building an extension to the clinical research block at the Queen Elizabeth Hospital. The extension will substantially increase the research accommodation for the university departments of medicine and surgery. (2) Up to £11,000 to the Middlesex Hospital Medical School for the cost of providing an extension to the Institute of Clinical Research in Hanson Street. (3) £10,000 to the Christian Medical College Hospital, Vellore, South India, for the cost of setting up a metabolic research unit and maintaining it for five years. The unit is to be used in the first instance for a study of fat metabolism in relation to tropical sprue. The Trustees have also agreed to purchase the following items of special equipment for indefinite loan to research centres: a nuclear magnetic resonance spectrometer (costing approximately £17,000), for the department of chemistry, University College, London; and a photo-electric spectropolarimeter (costing approximately £3,600), for the department of biochemistry, Postgraduate Medical School of London.

Association of British Pharmaceutical Industry.—The scheme for regulating prices of proprietary drugs was referred to by speakers at the annual dinner of the Association of the British Pharmaceutical Industry, held last week at the Savoy Hotel. Mr. C. M. HILL, president of the association, said that the industry would do its best to ensure that the scheme worked satisfactorily, and he hoped that the agreement reached between the Ministry and the association would put an end to the exaggerated stories about the excessive cost of proprietary drugs. The industry had been built up on the good will of the medical and pharmaceutical profession. "Reputable firms," Mr. Hill continued, "do not overstate claims for their products." Finally Mr. Hill paid tribute to the work of Mr. W. K. FITCH, who would shortly be retiring from the editorship of the *Pharmaceutical Journal*. Mr. DENNIS VOSPER, Minister of Health, speaking in reply, congratulated the industry on voluntarily putting forward a scheme for price control and for the co-operation which had been shown during the discussions with the Ministry. Referring to criticisms of some of the publicity methods of which he had heard rumours, Mr. Vosper said that the consumers' point of view should be borne in mind, and he hoped that the industry would keep this sort of practices within reasonable control.

U.N. Committee on Atomic Radiation.—Starting on April 8, the General Assembly's committee on atomic radiation began a private 10-day session in Geneva. One of the items on the committee's agenda was the measurement of radioactive fall-out, especially strontium-90. Among the delegates to the 15-member committee were Dr. E. A. WATKINSON (Canada), who was elected vice-chairman; Dr. E. E. POCHIN, director of the M.R.C. department of clinical research at U.C.H. Medical School, London (United Kingdom); Mr. D. J. STEVENS (Australia); Mr. V. R. KHANOLKAR (India); and Dr. SHIELDS WARREN (United States). The committee also includes delegates from the U.S.S.R. and Japan.

Scope of Mass Radiography.—The Joint Tuberculosis Council has issued the following statement on the use of mass radiography in industry and general practice:

"The council, at its meeting on March 1, considered a report by its radiological committee and strongly supported the views expressed in this report—namely, that much more extensive use should be made of mass radiography; and that in industry both employers and employees should—in their own interest—arrange for pre-employment x-rays; and that, for the protection of the public, annual x-rays should be required of staff employed on public transport and in the catering trades. It also recommends that the present mass x-ray service should be improved by providing miniature x-ray units in all chest clinics for the examination of persons referred by general practitioners, and by others who wish to have a chest x-ray. The extension of the miniature x-ray service in this way would make chest x-ray easily available to everyone, and pre-employment x-rays could be provided either by the chest clinic service or by private arrangement with industry."

The Joint Tuberculosis Council comprises representatives of the British Tuberculosis Association, the Society of Medical Officers of Health, the B.M.A., N.A.P.T., the Society of Thoracic Surgeons, the Faculty of Radiologists, and other bodies and individuals interested in the prevention and treatment of tuberculosis.

Royal College of Surgeons.—Two benefactors of the College were honoured at the council meeting on April 11. Sir ARTHUR SIMS, the New Zealand industrialist, was admitted to the honorary fellowship, and, with Mr. EDWARD LUMLEY, to the Court of Patrons. Jacksonian prizes for 1956 were awarded to Mr. A. H. HUNT (St. Bartholomew's Hospital, London) and Mr. J. A. MACCREIDIE (Belfast) for their essays on portal hypertension; Mr. R. E. HORTON (Bristol) received a certificate of honourable mention. The subject for the 1958 Jacksonian prize will be an essay on "Factors Which Influence the Genesis and Progression of Cancer, and Their Bearing on the Surgical Treatment of the Disease." The Hallet prize was presented to Dr. S. K. NAIR (Agra University). The title of Bland-Sutton lecturer was bestowed on Dr. FRANK STANSFIELD, senior lecturer in anatomy at the College. The following were elected fellows without examination, being practitioners of at least 20 years' standing: Mr. G. F. Burnell (Truro), Professor P. K. Chamugam (Colombo), Mr. R. F. Guymer (London School of Hygiene and Tropical Medicine), Mr. G. G. Lyttle (Belfast), Surgeon Vice-Admiral R. C. May (medical director-general, Royal Navy), and Colonel J. M. Shah (Karachi).

Alan Newton Prize.—The council of the Royal Australasian College of Surgeons has awarded the 1956 Alan Newton prize to Mr. L. I. PARTON, F.R.C.S., a urologist at Auckland, New Zealand. Mr. G. R. DAVIDSON, F.R.C.S.Ed., of Ballarat, Victoria, *proxime accessit*. The subject for the next prize will be an essay, not exceeding 75,000 words, on "The Surgery of Malformations of the Heart and Great Vessels." Candidates must hold one of the following qualifications: F.R.A.C.S., F.R.C.S.(Eng.), F.R.C.S.I., F.R.C.S.Ed., or F.R.F.P.S. (in surgery). The prize is biennial, and entries must be in the hands of the secretary of the Royal Australasian College of Surgeons (Spring Street, Melbourne, C.1) by December 1, 1958. Further details about the prize may be obtained from the College.

Russia and W.H.O.—The Russian government has informed the World Health Organization that it will resume active membership as from the current year. The U.S.S.R. became a member State in March, 1948, but discontinued active participation in February, 1949.

Glasgow University.—Among those on whom the Senatus Academicus has decided to bestow honorary degrees on Commemoration Day (June 19) are: Brigadier J. S. K. BOYD, F.R.S., formerly director of the Wellcome Laboratories of Tropical Medicine, and Sir JAMES PATERSON ROSS, professor of surgery in the University of London. Both are to receive the honorary degree of Doctor of Laws.

University College of the West Indies.—Dr. ROBERT MITCHELL, an assistant pathologist in Glasgow, has been