

15 to 39." At the end of 1946 there were 7,025 waiting for admission to sanatoria. "During the last two years, in spite of an increase of 2,440 in the number of beds provided, the battle of the waiting list has been a losing one . . . it is tantalising to reflect what could have been done to reduce the waiting list if all the beds provided had been adequately staffed. It is clear that at any period in the last two years there were enough empty but unstaffed beds to enable half the patients on the waiting list to be admitted."

#### Nutritional Surveys.

Discussing nutrition, the report notes that the body weight surveys of the Ministry of Food showed a slight decline of about  $\frac{3}{4}$  lb. in the average weights of adults 25 to 54 years old since the middle of 1945, compared with a fairly steady increase of 2 to 4 lb. from 1943 to 1945. "On the other hand, the data for heights and weights of schoolchildren which are available only up to mid-1946, show that the improvements in height and weight in the later war years were, on the whole, being well maintained."

The continued shortage of nurses and midwives is noted; but the successful launching of a campaign for part-time staff proved an important measure for dealing with the immediate problem.

The *maternal mortality* attained a record low level of 1.43 per thousand total births, as compared with 1.80 in 1945. Excluding deaths due to abortions, the figure was 1.24, compared with 1.47 in 1945. The decline in the rate of maternal deaths from *puerperal infection* continued, and the rate of 0.18 per thousand total live and stillbirths was much lower than the rate of 0.24 for the previous year, the previous lowest recorded.

The *stillbirth rate* of 27 per thousand total births showed a slight decrease on the figure of 28 for 1945. The *infant mortality rate*—deaths under one year per thousand related births—fell sharply to 43, a new low record and a big improvement on the 1945 rate of 46.8. The *neonatal mortality rate* (24.5), which for many years has proved more resistant than the infant mortality rate, is at last declining, and at each stage between one and 12 months mortality rates are well below the lowest previously recorded. The improved care of the premature baby no doubt contributed to the decline in the neonatal and later rates.

Sir Wilson Jameson, reviewing all these new low records, remarks: "Credit should be given to medical and nursing staffs of maternity units who, although working under conditions of constant stress and strain, have played so large a part in the steady reduction in the number of maternal deaths."

#### Infectious Diseases.

*Smallpox*, owing to the heavy return traffic by sea and air from India, was a continued menace during the first six months. Of the 56 patients, of whom 14 died, 15 were infected either abroad or en route home, and of these last 13 travelled by sea and two by air. All 41 of the remaining patients were civilians infected in 13 small outbreaks in this country in the first half year, and all probably derived their infection from the Indian source.

*Diphtheria*. One of the most satisfactory features of the year was the great progress made in the intensive campaign of immunisation against this disease, which up to recent years was the greatest scourge of all children, especially those of school age, and which, during the war, killed far more children than did enemy bombs. The death rate under 15 from diphtheria in 1946, by far the lowest ever recorded in this country, was 40 per million, compared with 67 the previous year, and less than one-seventh of the average of the five years 1936-1940, and about one-eleventh of the years 1916-1920. The number of diphtheria deaths was 472 compared with 2,861 in the last year of peace, 1938.

As was the case for diphtheria, so also the death rates under 15 years for *measles* (22), *scarlet fever* (3), *rheumatic fever* (18), and *heart disease* (26) were all the lowest rates ever recorded. There were 160,402 corrected notifications of *measles* and only 204 deaths. Though scarlet fever was still prevalent (56,730 corrected notifications) there were only 43 deaths—half the previous low record of 1945, and the case fatality rate sank to 0.08 per cent.

A very small number of notifications and deaths from *acute poliomyelitis* gave no warning of the coming storm which broke in May, 1947.

*Influenza*. During 1946, 5,290 deaths were certified as due to *influenza*, mostly in the first quarter. Although there had been a very low incidence of *influenza* in 1945, an epidemic seemed likely early in 1946, for virus B *influenza* was already epidemic in the United States in November, 1945, and in late December the virus had been identified in military cases in Antwerp and Brussels. In England and Wales the *influenza* deaths rose to a peak at the end of January, 1946. A careful watch was maintained for signs of an epidemic. Although several thousand doses of a polyvalent virus A and B vaccines were used in a trial, the incidence of clinical *influenza* among the "vaccinated" and "control" groups was not enough to make an assessment of its value.

*Cerebrospinal fever* declined but slowly, and for the first time in its history had a higher death rate (0.012) than diphtheria (0.011). For treatment, sulphonamides remain the drugs of choice, for in this disease they seem even more effective than penicillin.

There were 493 cases and 38 deaths due to *typhoid fever*, and 736 cases and 16 deaths due to *paratyphoid fever*, larger figures than any year since 1941. The increase in typhoid fever was due to an epidemic at Aberystwyth, which caused 104 cases there and 105 cases elsewhere. The source of infection was an ice-cream maker-vendor. As a result of this epidemic, regulations controlling the manufacture and pasteurisation of ice cream came into force in May, 1947.

The increase in paratyphoid fever was in the main due to two large epidemics, one in Halifax (104 cases, due to Vi-phage type 1) and another in Sheffield (162 cases), Huddersfield (8 cases) and 8 in other places in the West Riding (all due to Vi-phage type 2).

*Dysentery*, unlike enteric fever, showed an unexpected and welcome reduction, corrected notifications falling from 16,278 in 1945 to 7,941, and the deaths from 165 to 121. The sharp rise in 1944 and 1945 and the equally sharp decline in 1946 form parts of a real epidemiological phenomenon.

*Gastro-enteritis of unknown origin*, particularly troublesome in maternity homes, became widespread in 1946, and, together with *epidemic diarrhoea of the new born*, gave rise to some distressing outbreaks with high mortality among the infants. The bacteriological investigations gave no clue to their cause, which may be a virus and possibly responsible for meningo-encephalitis in the new born.

*Rheumatism*. The death rate from *rheumatic fever* under 15 years was 18 per million, equal to the previous lowest in 1942; while the death rate under 15 years for heart disease, 26 per million, was by far the lowest ever recorded. Progress was made in setting up a special unit for research on cardiac rheumatism, eventually to have 200 beds, at the Canadian Red Cross Memorial Hospital at Taplow.

The Nuffield Foundation gave £100,000 to Manchester University for research into and treatment of the various forms of *chronic rheumatism*. Units for these diseases were developed at Bristol, Leeds and Liverpool.

*Scabies and pediculosis* seemed to be declining, and the new methods of treatment with the new insecticides to be successful.

[previous page](#)

[next page](#)