governor of Manchester University and a member of the management committee of St. Mary's Hospital, Manchester. He is a former president of the Association of British Chambers of Commerce, and was a member of the Advisory Council of the Department of Scientific and Industrial Research from 1949 to 1954. The other members are:

Dr. William Brockbank, honorary physician, Manchester Royal Infirmary; dean of clinical studies and lecturer in medicine, Manchester University. Dr. K. E. Capper, editor, British Pharmaceutical Codex; joint secretary, National Formulary Committee. Dr. H. C. Faulkner, member of General Medical Services Committee of B.M.A.; assistant M.O.H., London County Council. Dr. F. E. Gould, member of G.M.S. Committee; secretary, Birmingham Local Medical Committee. Dr. D. V. Hubble, physician, Derby Royal Infirmary. Professor C. A. Keele, professor of pharmacology and therapeutics, London University. Professor M. G. Kendall, professor of statistics, London University. Dr. A. M. Maiden, a rural practitioner; member of G.M.S. Committee; honorary secretary, Lincolnshire (Lindsey) Local Medical Committee. Dr. A. D. Stoker, a rural practitioner; member of G.M.S. Committee; secretary, Derby Local Medical Committee. Professor A. P. Thomson, dean of faculty of medicine, professor of therapeutics, Birmingham University. One appointment is outstanding, and will be filled by another general practitioner, probably from Wales.

The Minister of Health, announcing these names on June 7, stated also the terms of reference, which are: "Having regard to the increased cost of prescriptions in the National Health Service, to investigate the factors contributing to this cost, and to make recommendations."

Rehabilitation and Re-employment

The House of Commons, before adjourning for Whitsun, discussed briefly the training and resettlement of disabled persons, and multiple sclerosis.

Sir KEITH JOSEPH (Leeds, North-east, Con.), dealing with the first of these subjects, drew attention to the large gap between the ability of a man to return to work after rehabilitation and the availability of work for him.

Mr. ROBERT CARR, Parliamentary Secretary, Ministry of Labour and National Service (Mitcham, Con.), said the Government welcomed the report of the Piercy Committee on this subject and intended to press on wherever possible with the implementation of their recommendations. The Minister of Health would shortly be sending out advice to the hospital authorities on these matters, and would be asking them to consider the committee's recommendation for a rehabilitation committee to be set up by each hospital board to further the suggestions the report made. Another recommendation that would be taken up would be the setting up in every major hospital of a resettlement clinic to review difficult cases of disablement. The Government proposed to accept a recommendation suggesting that the minimum age for industrial rehabilitation should be reduced from 16 to school-leaving age. The committee's recommendations about district rehabilitation officers had :also been accepted, and plans were being worked out for a longer initial training period, which it was hoped would be a substantial increase over the present period. The Government regarded the Piercy Committee's report as an important and valuable one, and, subject to the needs of economy, they intended to maintain the progress already made in the six months since its publication.

Multiple Scleroses

Mr. D. KEENAN (Nottingham, South, Con.) raised the subject of multiple sclerosis. Mr. J. K. VAUGHAN-MORGAN, Parliamentary Secretary, Ministry of Health, who replied on this, said there were about 1,500 deaths a year due to either multiple sclerosis or its complications, but so far the cause of the disease was entirely unknown. Much was being done under the auspices of the Medical Research Council and otherwise to try to find the cause. Social and geographical studies had suggested there was a variance in the incidence of the disease, but the reason was not known. Fortunately

there was no change in the incidence in recent years; it was not increasing, but it was not diminishing. The main effort was being concentrated on fundamental work in shedding more light on the nature and causes of the form of degeneration of the nervous system which led to the appearance of symptoms in this disease. The need for further research was fully realized, but the intractable nature of the problem rather than the lack of funds hampered progress at present; it was lack of bright ideas, and not cash, which was holding back progress.

Health Records.—The statistical branch of the Ministry of Health has been increased, and is carrying out an extensive review and reorganization of records and returns with a view to providing a speedier and fuller service.

Electricity Accidents.—There were 39 fatal electrical accidents in 1955, and 55 in 1956.

Ionizing Radiations.—A Code of Practice for the protection of all hospital workers exposed to ionizing radiations has been prepared by the Radioactive Substances Advisory Committee and will be published shortly.

Vital Statistics

Week Ending June 1

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 691, whooping-cough 1,807, diphtheria 1, measles 21,613, acute pneumonia 320, acute poliomyelitis 67, dysentery 740, paratyphoid fever 9, and typhoid fever 6.

Infectious Diseases

The largest variations in the notifications of infectious diseases in England and Wales during the week ending May 25 were increases of 2,848 for measles, from 16,665 to 19,513, and 23 for dysentery, from 750 to 773, and decreases of 239 for whooping-cough, from 2.258 to 2,019, 63 for food-poisoning, from 226 to 163, and 46 for scarlet fever, from 664 to 618.

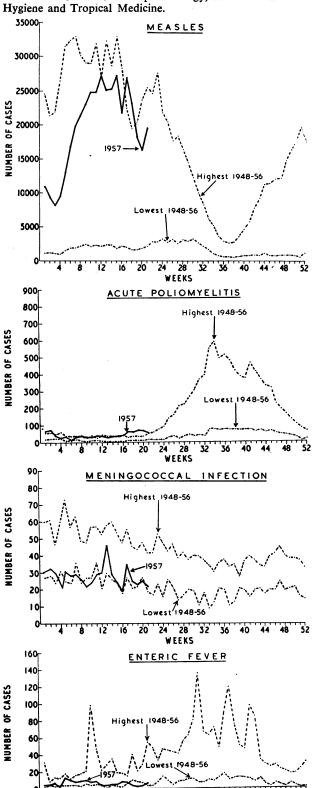
52 cases of acute poliomyelitis were notified during the week, and these were 18 fewer for paralytic and 4 more for non-paralytic cases than in the preceding week. The largest returns were Essex 10 (Lexden and Winstree R.D. 4, Colchester M.B. 3), London 9 (Wandsworth 3), and Gloucestershire 7 (Bristol C.B. 7).

Increases in the number of notifications of measles of 100 or more were reported from 17 counties; the largest rise was 371 in Warwickshire, from 1,352 to 1,723. Towns with large rises in the notifications of measles included 267 in Birmingham C.B., from 694 to 961, 116 in Swindon M.B., from 69 to 185, 114 in Bristol C.B., from 263 to 377, 114 in Sheffield C.B., from 324 to 438, and 92 in Woolwich, from 51 to 143; the largest falls in the towns were 135 in Leeds C.B., from 328 to 193, and 81 in Birkenhead C.B., from 111 to 30. Only small variations were recorded in the local trends of scarlet fever. The largest falls in the incidence of whooping-cough were 42 in Glamorganshire, from 71 to 29, 33 in Hertfordshire, from 90 to 57, and 33 in Lancashire, from 213 to 180. 3 cases of diphtheria were notified, 1 fewer than in the preceding week, and 2 of these cases were notified in Liverpool C.B.

The chief centres of dysentery were Lancashire 153 (Fylde R.D. 49, Manchester C.B. 21, Blackburn C.B. 13, Blackpool C.B. 13, Liverpool C.B. 10), Yorkshire West Riding 141 (Bradford C.B. 25, Leeds C.B. 23, Sheffield C.B. 21, York C.B. 16), London 77 (Bethnal Green 42), Yorkshire East Riding 47 (Kingston upon Hull C.B. 33), Cheshire 41 (Dukinfield M.B. 13), Northumberland 36 (Newcastle upon Tyne C.B. 17), Durham 33 (South Shields C.B. 13, Warwickshire 29 (Birmingham C.B. 17), Nottinghamshire 25 (Nottingham C.B. 18), Bedfordshire 22 (Bedford M.B. 17), and Shropshire 20 (Oswestry R.D. 14).

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 Except for the curves showing notifications in 1957, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of



WEEKS

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending May 25 (No. 21) 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		1	957			1956					
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	
Diphtheria	3	1	0	0		8	1	9	0	5	
Dysentery	773	77	211	9	6	1,146	180	265	5	1	
Encephalitis, acute	9	2		0		1	1		0		
Enteric fever: Typhoid Paratyphoid	4 2	0	1 1 (B)	0	1	3 9	1 3	0 1 (B)	0		
Food-poisoning	163	23	17	0		269	51		1		
Infective enteritis or diarrhoea under 2 years				14	19				5	23	
Measles*	19,513	1071	118	213	224	3,234	249	272	111	243	
Meningococcal in- fection	22	3	8	1	1	32	2	7	1	2	
Ophthalmia neona- torum	33	1	11	0	1	25	2	3	.0	k	
Pneumonia †	349	25	129	11	5	339	10	167	14	3	
Poliomyelitis, acute: Paralytic Non-paralytic	30 22	2 7	} 6	1		{ 16 9	0	} 8	0		
Puerperal fever §	210	34	11	0		170	26	6	0		
Scarlet fever	618	64	78	34	14	553	41	63	24	18	
Tuberculosis: Respiratory Non-respiratory	692 84	82 7	302 11	24 4		559 81	62 1	125 17	33 4		
Whooping-cough.	2,019	95	232	9	45	1,351	68	217	73	128	

DEATHS in Great Towns		1	957			1956					
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	
Diphtheria	0	0	e		0	0	0	0	0	0	
Dysentery	0	0				1	1		0		
Encephalitis, acute		0			0		0			0	
Enteric fever	0	0	. 0			0	0	. 0	0		
Infective enteritis or diarrhoea under 2 years	4	0	0		0	6	0	2	0		
Influenza	5	0	0		1	3	0	0	0	0	
Measles		0	0		0		0	0	0	0	
Meningococcal in- fection		0	0				0	0			
Pneumonia	195	32	13		8	205	30	13	12	8	
Poliomyelitis, acute	0	0			0	2	0			0	
Scarlet fever		0	0		0		0	0	0	0	
Tuberculosis: Respiratory Non-respiratory	} 51	$\left\{ egin{array}{l} 6 \\ 0 \end{array} ight.$	5		3 2	} 52	$\begin{cases} 6 \\ 1 \end{cases}$	6 1	 1	3	
Whooping-cough	0	0	0		0	2	0	1	0	- 0	
Deaths 0-1 year	216	30	29		15	202	27	36	6	- 6	
Deaths (excluding stillbirths)	4,881	712	591		160	4,909	668	573	88	145	
LIVE BIRTHS	8,498	1246	976		439	7,321	1087	996	219	415	
STILLBIRTHS	209	31				212	26	21			

Measies not not hable in Scotland, whence r Includes primary and influenzal pneumonia. Includes puerperal pyrexia.