BOOK REVIEWS

Statistics of Industrial Rehabilitation (1955). *Ministry of Labour Gazette*, 63, 121.

A recent issue of the *Ministry of Labour Gazette* features a review of figures relating to the Ministry's 15 industrial rehabilitation units. The Industrial Rehabilitation Scheme has been in existence since the first unit was set up at Egham in 1943 under the Disabled Persons (Employment) Act of 1944, and was rapidly expanded in 1948 to provide facilities for some 1,600 disabled persons. These courses are open to any person who may benefit, whether registered as disabled or not, on the recommendation of hospitals, family doctors, industrial medical officers, employment exchange officials, and others. The aim of the course is "to restore to the maximum degree of fitness for employment persons who, because of sickness, accident, or long unemployment, are in need of physical or mental toning up, and to give such of these persons as might need it, guidance as to the type of employment most likely to lead to their resettlement". Nearly 60,000 men and women have now passed through the units.

In this review, the Ministry attempts to throw some light on the degree of success achieved in different classes of disability, by an analysis of the last 500 cases terminating courses at each unit before June 30, 1952. Results are judged first on whether the subject was placed in employment or entered on a training course shortly after leaving an industrial rehabilitation unit and secondly on information from a follow-up inquiry.

One person in every six admitted to an industrial rehabilitation unit left before completing the course. These "premature terminations" have been excluded from analysis. Thus of the 7,000 cases under review, 83% completed the course, and of this 83%, 79% were placed in employment or admitted to training centres. Three thousand eight hundred and seventy-two of the original 5,801 persons completing the course replied to the follow-up questionnaire.

The analysis of medical categories shows no great variation in degree of successful resettlement between one medical group and another. The Ministry comments that this is no doubt due to the criterion of admission to the unit, namely, "Is this man (or woman) likely, after a short course of rehabilitation, to be fit for placing in industry or entry to a training centre?" This would appear to exclude the more severe cases of epilepsy or psychoneurosis, but "very few straight medical or orthopaedic cases would be refused admission". "Straight" cases are not defined and one wonders if they include compensation cases.

Premature terminations arise for a number of reasons. Medically, those in the psychosis groups have the highest number and mental defectives and cases of skin disease are low.

Training admissions following industrial rehabilitation courses show variations between medical categories, psychotics, bronchitics, and cardiac patients being among the least likely to be recommended for training, whereas patients with all forms of tuberculosis are judged good training prospects. Twenty per cent. of people completing the rehabilitation course were submitted to training.

Follow-up results six months after completing industrial rehabilitation courses show satisfactory resettlement in 85% of the "arthritis and rheumatism" groups and only 72% in diseases of the respiratory system (excluding tuberculosis). The latter figure is largely influenced by the seriously disabling nature of chronic bronchitis. The epileptic group had an initial placing figure of 70% but six months later this figure had fallen to less than 60% satisfactorily employed. Patients with organic nervous diseases are similarly disappointing even in the initial placing figure of 56%.
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Principles of Medical Statistics, 6th ed. By A. Bradford Hill. (Pp. ix + 314. 10s. 6d.) London: The Lancet Ltd. 1955.

First published in 1937, this book will be known to medical research workers who use statistical methods in planning and interpreting results. This edition has a new chapter in which the special problems of clinical trials are clearly explained. There are also 16 pages of random sampling numbers with illustrations of how to use them. On comparing it with my 10-year-old third edition, dog-eared and dirty not, I hope, from abuse or neglect, there are important additions, such as a series of statistical exercises and, happily, the answers.

Professor Bradford Hill's book can best be introduced to those who do not know it by emphasizing that it is not written for the professional statistician but "for those who have to apply numerical methods of analysis to their records obtained in clinical and other branches of medicine". It is very suitable for industrial medical officers who have such excellent opportunities for keeping group records which can be used so profitably in the practice of preventive medicine.

This is a classic in medical literature probably because the author explains principles, encourages clear thinking with numbers, and gives some elementary lessons in "statistical tact" which is by no means always associated with the highest intelligence.
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