mining communities was greater by one-third than the natural average, in spite of high “fertility” figures in earlier decades. The mortality among miners’ infants and wives was about one-third higher than the average.

After 1939 conditions were transformed, and by 1945 miners’ wages were doubled; training and welfare services were provided and unemployment ceased by 1941; yet there have been strikes and absenteeism, Juvenile recruitment fell and man-power was only maintained by the direction of workers. Previously medical, hospital, and occupational health services were inadequate, but recent legislation should bring changes. Research is needed on nutritional needs for full output, on hours, fatigue and absenteeism, and on the claim that a miner is past his best at 35. Pneumoconiosis is now receiving proper attention, but more research needs to be directed to the “beat” diseases, which should not have proved so refractory, to fibrosis, and to dermatitis, which has lately increased sevenfold. Nystagmus and the psychological effects of new mining methods require more investigation. Knowledge of accident-proneness should at once be applied. A State industrial health service for South Wales miners is advocated, to be concerned with “placement,” environmental hygiene, accident prevention, periodic examinations of workers, and follow-up of those disabled. Though rehabilitation is already organized, resettlement lags behind. A school of mining medicine is suggested.

J. N. Agate.

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Annual deaths from cancer of the skin, excluding penis and scrotum, are approximately 1,000 per annum in England and Wales, and the mortality in males is about 70 per cent. higher than in females. The mortality for males and females from cutaneous cancer is greater in Ireland than in England and Wales, whereas the Scottish male experience is more favourable. The face is the principal site involved, the ear next. The mortality has a gradient with social grouping for the wives of workers, but for males it would seem to have both a social and an occupational relationship, the latter seemingly the more important. These findings, and the anatomical character of some of the sites affected, suggest that atmospheric soot or grime (as in scrotal cancer) may be an etiological factor. Ultra-violet radiation from the sun may be responsible for skin cancers in exposed sites. Heat, or heat plus grime, may be operative in such occupations as that of furnace-men. Classification according to site in official returns is needed to increase the value of correlations with occupational or other social factors. Correlation with geography or hours of sunlight should also have value.

From the Author’s summary.

ASSOCIATION OF INDUSTRIAL MEDICAL OFFICERS

NOTTINGHAM GROUP

A Meeting of the Group was held on Thursday, Oct. 16, 1947. Dr. G. Collis was in the chair, and 11 members were present. The Hon. Secretary read a letter from Dr. Pringle regarding the exemption of full-time industrial medical officers from Part I of, and the course for, the D.I.H. He also read a letter from Mr. J. W. Whitfield giving an outline of the proposed course on statistics to be given to members of the group. After considerable discussion a vote was taken and the majority decided not to proceed with the proposed course at present.

After the meeting, a dinner was held at which D. S. A. E. Jessop was a guest. Mr. Jessop opened a discussion on “Thoughts on the function of the I.M.O. in the future,” deploring the present tendency of many medical officers to concentrate on the day-to-day routine work, and pointing out the great scope for research into industrial health that is available in the factory and shop. He also thought that, speaking in the widest sense, the Medical Officer could and should play an important part in the advancing and improving industrial relations. An interesting debate followed at which many different points of view were expressed.