

third of the report is taken up by the subject of field surveys, another third by fitting the machine to the man, about a fifth by pneumoconiosis, and a sixth by other kinds of toxicology. This balance fairly sets out the distribution of interests in industrial medicine at the present time, and the report is reasonably complete as a description of the activities of the main Medical Research Council units working in this field. Its subtitle might well be "Recent Advances in Industrial Health", but it lacks a section on accidents which represent an enormous wastage of human effort, especially in the heavy industries in general, and in the coal mining industry in particular.

Every research worker in the field under review can read the report, each section of which is written by an expert in his subject, with benefit, and merely dipping into it will tell industrial and Service doctors what original work is being done in their subject. On the other hand, the lay industrialist, the man who has to put into effect all that is prescribed therein, will probably not even read it at all. The problem of the distillation of recent research findings which can be applied to industry and their clear, even popular, presentation to the layman is more pressing than ever, and indeed it was underlined by a number of the speakers themselves in the reported discussions. A factory manager is a conservative man in a powerful executive position, and his first choice for bedside reading is not a government report. For him the pill must be sugar-coated, and presented in an attractive wrapping together with a persuasive list of the benefits which he may expect from swallowing it.

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Report of a Committee of Enquiry on Industrial Health Services. 1951. London: His Majesty's Stationery Office. Pp. 35. Price 1s. 3d.

A committee to examine the relationship between industrial health services and the other health services of the country was set up by the Prime Minister on June 1, 1949. Its terms of reference indicated that the major part of the investigation would be concerned with the distribution of medical manpower (defined as doctors, nurses, and auxiliary medical personnel) employed in all these services, and to what extent overlapping existed.

The Committee's report was presented by Mr. Attlee to the House of Commons on February 26, 1951, in the following terms (*Hansard*, Vol. 484, No. 59):

"The Committee have found that, in general, doctors and nurses are well employed in the industrial health services without overlapping with the general health services; and they do not think that any developments of the industrial health services likely to take place in the immediate future will prejudice the general position in this respect.

"The Report recommends that development of the industrial health services should be encouraged and properly co-ordinated with the general health services, and it makes recommendations for the establishment of co-ordinating machinery to that end. I should like particularly to invite the attention of employers to paragraphs 72 and 73 of the Report, which refer to the need for close collaboration with other organisations providing health services and for consultation with the appropriate Government Departments.

"The Government accept the Report generally, subject to detailed consideration of the co-ordination machinery proposed. Accordingly although the need for the utmost economy in the

use of medical manpower still persists, the suggestion I made on 1st June, 1949, that further development of industrial health services should be postponed for the time being, is to be regarded as no longer operative."

The Report describes the structure and function of the various sections of the national health service, and of the existing industrial health services, with reference to the manpower situation. It then discusses the possibility of overlapping in medical and nursing services generally, using for comparative purposes a summary of the functions of the industrial medical officer and the industrial nurse. The Committee found, for example, that there is overlapping where the industrial medical officer is not the Appointed Factory Doctor for statutory examinations of young persons. They "think" (and by using this word appear to avoid specific recommendation) that the industrial medical officer should, "in general" (whatever this means), be appointed to carry out these statutory examinations. A further section describes how doctors, nurses, and first-aid workers should be deployed in industry. The final part of the Report mentions steps to be taken by the Government and other parties concerned.

In view of the magnitude of its task the Committee can be commended on the relatively early appearance of its report, which in many places is informative to those without experience in industrial health services. The major recommendation is that a standing joint advisory committee should be set up by the Ministry of Health, the Ministry of Labour and National Service, and the Ministry of Fuel and Power to "co-ordinate the development of industrial health services." On this advisory committee would be representatives of employers, workers, doctors, and nurses, and the chairman would not be drawn from any government department. Judge Dale's Committee thus side-steps one vital and basic issue. What individual Ministry, if any, is to sponsor industrial health? There is little doubt that one good reason for the Prime Minister himself setting up the Committee, rather than one Minister or several Ministers jointly, was precisely the difficulty he or his advisers had in answering this question. By contrast, some seven years ago the Royal College of Physicians of London vigorously proposed that an industrial health service should be planned as an integral part of the national health service to come generally under the Ministry of Health. And the British Medical Association has specifically recommended that industrial health should come under that Ministry, using arguments difficult to refute. This Report says that "for the most beneficial development of the National Health Service, public health service, and industrial health services, the three must be co-ordinated". But there is no mention of how this could be done. It is perhaps kindest to think that the Committee felt such matters to be outside their terms of reference. But no doubt the point would eventually appear on the agenda for the proposed standing joint advisory committee.

It is now many months since the Report was published and accepted by the Government. It looks as if it were permanently on the shelf. Those who hoped for constructive proposals and a bold lead may well agree that this is the best place for it. DONALD STEWART



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