

following comparative table illustrates the growth of canteens during 1942.

	December, 1941	December, 1942
(a) Factories employing over 250 persons and subject to the Factories (Canteens) Order, 1940	2814	4026
(b) Factories employing over 250 persons and not subject to the Factories (Canteens) Order, 1940	351	314
(c) Factories employing under 250 persons	2530	4141
	5695	8481
(d) Docks	110	160
(e) Building site canteens	787	868

In addition, at the end of 1942, 411 places were known to have canteens in preparation. As in earlier years, there was little need to use legal powers of direction under the Factories (Canteens) Order, 1940, and only 69 directions were issued in 1942.

The Report states that there has been a noticeable awakening of public interest in the problem of the right use of available foodstuffs, and this is reflected by the appreciation, both of workers and managements, of the value of good cooking and sensible menu planning in relation to health and efficiency.

D. S.

HEALTH AND INDUSTRIAL EFFICIENCY. SCOTTISH EXPERIMENT IN SOCIAL MEDICINE (H.M. Stationery Office, London. 1943. Pp. 56. 1s.)

This Report covers four different subjects and is produced by the Department of Health for Scotland. The story of these experiments is the collective work of a team of workers under the leadership of Dr. Andrew Davidson, Chief Medical Officer to the Department.

1. *An Investigation into Long-term Incapacity for Work*

In Scotland, sickness experience of the insured population has been analysed in detail since 1930. During the year July, 1937, to June, 1938, the recorded incapacity for work was 14.08 days per person in an estimated insured population of 1,838,000, or about 37 per cent. of the population. The figure for the previous year was 14.92.

Incapacity which continued throughout the whole of the statistical year was responsible for 43.8 per cent. of the total, compared with 42.1 per cent. in 1936-7, 31,044 insured persons being continuously unfit for work of any description.

Male sickness rates varied as follows: age group 20-24, 6.21 days; age group 50-54, 20.39 days; age group 55-59, 26.45 days; age group 60-64, 37.30 days. This was roughly paralleled in the case of single women. Amongst married women the rates were dominated by conditions associated with child bearing.

The chief causes of this mass of long-term incapacity were mental and nervous diseases, rheumatism and diseases of the respiratory and circulatory systems. Many of these cases were long past any hope of reabsorption into industry.

An attempt has been made in Scotland to tackle this serious problem by reviewing the illnesses of insured persons as they came to be of three months' duration to see whether anything could be done to help the patient and to preserve his capacity for work.

2. *'The Clyde Basin Experiment'*

With war came increasing recognition of the importance of preventing the breakdown of workers, especially of young workers. With this in view the 'Clyde Basin experiment' was launched at the beginning of 1942.

General practitioners and industrial medical officers were invited to refer for further investigation young workers about whose health they were concerned. In its early stages the experiment was confined to workers under 25 years of age and to the densely populated Clydeside area. Patients so referred were examined by consultants and admitted to E.M.S. hospitals for further investigation where necessary. Patients requiring convalescence to prevent breakdown were sent to one of the country houses being used as auxiliary hospitals in the Emergency Hospital Scheme.

Many cases were found to be suffering from conditions of debility and vague ill-health that so severely prejudice well-being and working efficiency without necessarily causing complete breakdown and absence from work.

The experiment has been a great success. In a year it had dealt with some 1400 young people, and then was extended to cover workers of all ages in the entire Scottish industrial belt. By the end of June, 1943, 4126 cases had been dealt with.

The following considerations emerge from a review of the scheme: (1) The need for such facilities. (2) Too many workers with fatigue carry on until unfit for work and the period of incapacity is therefore prolonged. (3) Much of the vague ill-health was due to long hours of work, travelling difficulties and inappropriate diet. (4) The vast majority of patients sent for convalescence benefited by the rest and change provided. (5) Removal of fear of disease by complete medical overhaul expedited recovery. (6) Hospital reports must be of value to general practitioners. (7) The number of cases with early organic diseases was small. (8) It was not easy to arouse enthusiasm for a scheme so essentially preventive in its approach.

3. *Socio-Industrial Problems following Discharge from the Services*

A preliminary survey in 1941 of 300 men and women invalided out of the Services had shown that, left to themselves, these people fared badly socially, medically and in relation to work. The majority required medical care, and six months after discharge 27 per cent. were still unemployed. Of those in employment only one-third had gone back to their old work.

In 1942 a more extensive follow-up of 1000 consecutive cases was carried out, based on the Interim Scheme of the Ministry of Labour for the training of the disabled. Some facts elicited were as follows: 637 of the men (and women) required care from their own doctors and 153 required hospital treatment; 161 were unemployed; 389 had gone back to their own work; 382 had taken up new work without training; and 43 with training; 257 returned to their old employer, some to do lighter work; 256 made false starts at work at which they were unable to continue; 360 reported 'difficulties' at work; and in 188 cases it was found necessary to take serious exception to the nature of the work done, for medical reasons.

4. *The Gleneagles Fitness Centre for Miners*

This is an experiment in rehabilitation. At the request of the Ministry of Fuel and Power and the Miners' Welfare Commission, part of Gleneagles Hospital (previously Gleneagles Hotel, converted to an E.M.S. hospital since 1939) was made available at the beginning of 1943 for use as a Fitness Centre for miners. The aim of this centre is to get sick and injured miners back to their work in the pits at the earliest possible moment. It provides physio-therapy, occupational therapy, remedial exercises, and physical training in a residential centre with good recreational facilities.

The Report states that it is too early to assess the value of this work, but the following results were obtained during the first six months: 390 applications for admission were received; 32 were refused as unsuitable and 24 after being accepted did not turn up; 314 cases were admitted, 89 medical and 225 surgical. Of the 184 that were discharged during this period, 111 were

fit for their former employment, 30 fit for light work, 7 unfit for any work, 6 found to be unsuitable for rehabilitation, 20 referred back to hospitals and 5 left before completion of treatment. There seems to be little doubt from the enthusiasm of patients that this centre meets a real need and is in fact a valuable complement to existing health services.

D. S.

THE PRINCIPLES AND PRACTICE OF INDUSTRIAL MEDICINE

Edited by Fred. J. Wampler, M.D.
(The Williams and Wilkins Co., Baltimore. 1943.
Pp. 579. 33s.)

This book covers the field of industrial medicine in the U.S.A. in a series of chapters or monographs written by thirty-three different contributors.

Chapters are devoted to the appraisal and control of industrial health hazards, industrial accidents, the layout of the factory medical department, the effects of temperature and humidity, lighting, fatigue and the commoner occupational diseases including dermatitis. There are sections on physical examinations in industry, venereal disease control, on what industry can do to improve nutrition, the care and prevention of eye injuries, traumatic shock and burns, the industrial back, and the nurse in industry.

In addition vocational and industrial rehabilitation is discussed, and there are chapters on compensation, occupation and tuberculosis, women in industry, and industrial medical services for the smaller plant.

D. S.

OUTLINES OF INDUSTRIAL MEDICINE, LEGISLATION AND HYGIENE

James Burnet, M.D.
(John Wright & Sons, Bristol. 1943. Pp. 87. 7s. 6d.)

The author states that this short book does not presume to be a treatise on the subject with which it deals. He intends it to be solely an introduction to further studies in this branch of medicine.

The book is divided into three parts. Part I deals briefly with industrial diseases, covering the subject in less than fifty short pages. Part II covers industrial legislation such as the Workmen's Compensation Acts and the Factories Act. Part III consists of six pages dealing with industrial hygiene.

D. S.

A STUDY OF ABSENTEEISM AMONG WOMEN

Industrial Health Research Board Emergency Report
No. 4

(H.M. Stationery Office. 1943. Pp. 12. 2d.)

This investigation was undertaken by the Industrial Health Research Board at the request of the Ministry of Supply. It is a short-term inquiry concerned with the amount and distribution of absenteeism amongst women, rather than with its causes. The Board states: 'Despite the restricted scope of the investigation, the results are considered sufficiently interesting to merit publication, and it is hoped that the work may serve as a guide to similar investigations in other war factories.'

The main conclusions are as follows. Absenteeism was not regularly recurrent, for example each week, but was as varied as the individual needs and desires of the women concerned. Married women tended to have more longer and fewer shorter absences than single women. Absenteeism on the morning shift was higher than on the afternoon and night shifts. (The two

factories investigated were on the three-shift system.) It varied on different days of the week, being highest on Saturday and low on pay-day. Women up to 25 years of age lost more time than older age groups. The results suggest that attempts to reduce absenteeism should be directed to single shift and to full week absences, the latter being due mainly to sickness.

D. S.

MANUAL OF INDUSTRIAL HYGIENE

Edited by Wm. M. Gafafer, D.Sc.
W. M. Saunders & Co., Philadelphia and London.
1943. Pp. 508. 18s.)

This book is the combined effort of sixteen authors, all of them experienced in this branch of medicine in the U.S.A. It is divided into three main parts—organization and operation of facilities; prevention and control of disease in industry; and the manpower problem.

The first part consists of chapters devoted to the organization of health services in industry, referring specially to war conditions. It includes sections on nursing and dental services. An interesting part is that devoted to a description of the available services in industrial medicine and hygiene in the U.S.A.

Part II is the longest section of the book and is devoted in the main to occupational diseases, medical control of respiratory diseases and venereal disease, industrial psychiatry, health education, the causes and control of industrial fatigue, and nutrition in industry. Chapters are also devoted to plant sanitation, and the problems of heating, lighting and ventilation are discussed at some length.

Part III is devoted to information on the maximum use of manpower, referring specially to war-time conditions, to the problems of women in industry, and to the causes and prevention of absenteeism.

D. S.

SUMMARY REPORT BY THE DEPARTMENT OF HEALTH FOR SCOTLAND

(H.M. Stationery Office. Cmd. 6462. 1943.
Pp. 20. 4d.)

This is the third war-time summary prepared in place of the usual fuller annual reports of peace-time by the Department of Health for Scotland. It covers the activities and interests of the department for the year ended June 30, 1943.

The standard of health in Scotland remains at a satisfactory level. Reasons given are the efficient health services built up since the last war; the nutritional basis of the food rationing and other schemes of the Ministry of Food; the ready availability of employment; and the increased purchasing power of the working classes. The mild weather of the winter of 1942-3 was also a contributing factor.

The incidence of pulmonary tuberculosis, however, continues to increase. Measures taken to check this disease include the allocation of more hospital beds; arrangements for miniature mass radiography; and the provision of money allowances to encourage patients to undertake treatment at an early stage.

Substantial progress has been made in the development of plans in the spheres of housing, health, social services and town and country planning. Meanwhile such limited opportunities as are available in war-time are being taken to improve housing conditions and to maintain progress in the development of health measures.

D. S.