Glasgow, must be studied by research workers who possess a practical working knowledge of the difficulties to be overcome. Here is the opportunity for the industrial medical officer to become part of the team and to initiate research. He knows his industry, and above all he knows his management and his workers. His co-operation with the Board and university departments, with facilities and trained workers for technical research, is essential to their success. Without his co-operation advances in knowledge will be retarded. It is to be regretted that much excellent work already done by certain Government departments will never see the light of day and so be applied to the common good. We thus suffer from living in watertight compartments.

It should be more generally realized by industry and government that research into medical and health problems is no less important than scientific research directly connected with economic production. The importance of the latter to the future wealth of this country is fully appreciated. Is it too much to hope that the health of those who specifically create that wealth will receive similar recognition?

HEALTH OF THE MINER

Industrial medicine includes within its scope industries other than those conducted in factories. And because there is a tendency to forget this, it is well to take a glance at the vast problem which confronts those responsible for the health of the colliemen. The figures for 1938 speak for themselves. During the year some 6 million workers were employed in factories and something over three-quarters of a million in mines. Persons losing three days work or more from industrial diseases in factories numbered 3125, dermatitis accounting for 2420 of these; in mines men absent for the same time numbered 7767, nystagmus accounting for 1020 of these, and broken knee for 4505. Factory workers losing three days or more on account of injury numbered 218,317, including 718 fatal cases; 163,077 miners were similarly off work because of injury, with 983 deaths. In cash payments for compensation factory workers received £2,770,331 and miners £2,738,355—practically the same amount. Here is one index of the problem and of the work to be done—both curative and preventive—in this developing branch of industrial medicine. The field is surveyed by Dr. S.W. Fisher elsewhere in this number of the Journal. He makes the point that medical questions in the mine such as working environment, first-aid treatment, and a study of industrial diseases, must be tackled in their natural setting by observations in the place of work itself—down the mine. Uninformed criticism is never helpful and in many ways has done much harm to this vital British industry. But Fisher, who speaks with authority, does not attempt to deny that in mines there is much wrong to be put right; that accidents are all too frequent; that first-treatment facilities must be improved (for example by a nursing service organized at the pit head); and that we need increased knowledge of miners’ diseases, such as pneumokoniosis and its relation to incapacity, beat hand and beat knee, and nystagmus. And then there is the question of working conditions—the effects of high temperature, humidity, lighting, dust and posture, and the urgent question of ventilation—all of which need further study.

The first medical inspector of mines was appointed in 1927. For many years he worked largely on his own. Only a few medical officers were employed by colliery owners, and, as in the case of factories, they were to be found mainly in the larger and more progressive organizations. Although other doctors have had much to do with miners—for example in examining them for compensation purposes, and in connexion with rehabilitation—their work has been done, for the most part, above ground. Far too few doctors have investigated conditions underground, at the place of work. Within recent months a new mines medical service has been set up, so far only on a regional basis and in skeleton form. It is a beginning, and it is interesting to note that it is a service organized and paid for by the State, where the doctor has an inspector’s statutory right of entry into the mine. The larger employers will no doubt still continue with their own service, and their help and co-operation will be important in this new venture. But for the smaller mines, and for the less enlightened owners, a full service was never more urgently needed. Its post-war development will be watched with the greatest interest.

Meanwhile another medical provision for miners has developed with great rapidity. In January, 1943, the Miners’ Welfare Commission accepted from the Ministry of Fuel and Power the responsibility of developing special rehabilitation services for the injured miners of Great Britain. Residential centres with facilities for gymnastics and for recreational and physical therapy have been established throughout the coal-fields in association with selected fracture A hospitals. In each area a full-time surgeon is appointed jointly to the fracture hospital and the rehabilitation centre; he is assisted by physical training instructors, masseuses, and occupational therapists; he is under an obligation not to engage in medico-legal litigation on behalf of the owner, the insurance company or the miner. Social problems and problems of re-employment and retraining are dealt with by a special member of the staff, closely collaborating with the management committee which is composed equally of miners and owners. Mr. Watson-Jones, who was appointed by the Commission as Honorary Director of Rehabilitation, recently reported progress 1 and said that rehabilitation centres were now in operation for half a million miners; in

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1 Workmen’s Compensation: Statistics of Compensation, etc., during the year 1938. Home Office, May, 1940. Cmnd. 6203. H.M.S.O. Pp. 32. (No more recent figures are available as this issue has ceased for duration of hostilities.)

2 Iron and Coal Trade Review, May 19, 1944.

3 Colliery Guardian, May 19, 1944.
REHABILITATION TO COME

In 1941 the Ministry of Labour started a scheme to help those who had been injured on active service, in air-raids, and in factories or elsewhere, to take up employment suited to their disability and to help those with pre-war disablement to prove their capacity for useful work, so that they could play their part in the war effort. A further pronouncement has now come from the Ministry, consolidating the original scheme. That it is a forecast of things to come—and in particular of a widening of the meaning of rehabilitation—is indicated in the statement that the scheme provides, as an interim measure, facilities of the kind which will eventually be provided under the Disabled Persons (Employment) Act, 1944, recently added to the Statute Book. This Act will always be associated with the name of Tomlinson who piloted the Bill so successfully through the House of Commons. It is the direct outcome of the work of his committee which published its comprehensive report on rehabilitation in 1943. The Minister of Production, Mr. Lyttelton, recently stated that the Home Secretary would be presenting a new Workmen's Compensation Bill to the House. This is of importance to those who are responsible for treatment and rehabilitation, because, again, it is a portent of things to come. Compensation laws are intricate; they have much to do with the economics of rehabilitation and for that reason need careful study. A new and inexpensive publication—price 3d.—provides for this in brief and simple form.

This legislative activity is of special interest to the medical officer in industry, in particular the Disabled Persons (Employment) Act. The movement to help the disabled man and woman of this country is another sign of the growing recognition of medicine as a social service: the Act itself has been described as 'a first instalment towards social security.' But there is still a further implication, one which will materially affect the future of industrial medicine. Many men will be returning from the Services to industry who will be physically and mentally disabled. These men are to be fitted into our industrial structure. The State has set up the machinery for this, but it will fall to the doctor working within industry to set it in motion. He is the one man who knows both the detail of the work to be done and the capacity of the worker to do it: and it will be his personal challenge, when the time comes, to ensure that he is not only fully informed but fully prepared.

PAPER FOR THE JOURNAL

The first number of this Journal was rapidly out of print, but a further allocation of paper enabled a second edition to be published. This has by no means met the increasing demand, and we regret that many individuals are unable to obtain their own copy. It has been suggested by a correspondent that copies of the Journal could be circulated locally between groups of people who are desirous of seeing it. As many medical libraries as possible have been supplied with copies. These arrangements, however, are not satisfactory, and as soon as more paper becomes available more copies will be printed. In the meantime a waiting list is being kept of those who wish to have the Journal, and they will be notified as soon as their wish can be met. Names will be taken in strict rotation.

1 Times, May 23, 1944.
4 7 & 8 Geo. 6. Ch. 10.
6 Times, May 1, 1944.