SICKNESS RECORDS IN INDUSTRY

Sickness records are essential to determine the effect upon health of environmental conditions at the place of work; and a uniform or standard recording method, common to all industries, is necessary for scientific comparative purposes. A recent report from the Industrial Health Research Board stresses these two points in the following introductory paragraph:

"Before the war, many of the more enlightened organizations in this country adopted their own methods for recording sickness absence. They realized that such records would not only help them to determine the effective labour strength, as opposed to the paper strength, of their staffs, but would also enable them to keep a check on the effects of conditions of work on the health of those employed in the various departments of the factory, shop, or office. The methods adopted were, however, evolved separately in each firm, and could not be used for comparing the sickness rates of different firms. They lacked the uniformity which is essential for valid statistical comparison."

The recording and analysis of sickness absence in industry provides information about the health of the individual which can be used for determining fitness for different forms of work. It yields knowledge of the health of groups of workers and affords a basis of comparison between department and department in the same organization, between firm and firm in the same industry, or between one industry and another. Thus in time we may gain more exact information about morbidity, as apart from mortality—the specific study of the Registrar-General—among the 18 million persons working in British industry. The value of remedial and preventive measures in reducing the incidence of ill-health can be assessed by such systematic and standard recording of sickness absence, and out of this will come, too, valuable data and incentives for research. Records of total absenteeism—including not only absence on account of ill-health and accidents but for other causes, with or without reasonable excuse—have been collected by industry since 1939. This may be because managements need accurate day-to-day knowledge of their man-power position in relation to Government contracts, and because absence from work without reasonable excuse is a direct offence against the law under the Essential Work Order. But the proportion of absenteeism directly accounted for by sickness of different kinds—and for recording purposes the report includes accidents under the same heading—is still largely a matter for conjecture. And so we welcome this attempt by the Board to find a solution of what is undoubtedly a complex problem.

For the practising industrial medical officer the report is one of the most important the Board has issued and is the work of a special sub-committee under the chairmanship of Dr. A. J. Amor. It makes four main points: the keeping of records is essential if absence due to sickness is to be properly estimated and controlled; the method of obtaining initial information depends on the size, distribution, and organization of the industry concerned; the value of records depends on their accuracy, and on the use of a standard recording method; and, finally, certified sickness absence should be classified, as far as possible, into groups of diseases which may be related to the working environment. The size and importance of any industrial health problem must be fully assessed before control is applied: the expenditure of money on health measures in industry must be determined by economic as well as by humanitarian considerations, with industry as it is at present. In the past control of a so-called health hazard has sometimes been attempted before its significance has been completely grasped, and this has been responsible for wasteful effort. For example the term 'industrial rheumatism' is not infrequently used to denote some alleged occupational factors in aetiology. But is the extent to which it occurs in different industries and occupations known? Are those who use the term satisfied they have eliminated the many non-industrial factors that influence its incidence and severity? Has an attempt been made to subdivide rheumatism into its common groups in relation to occupation, age, sex, or duration of employment? Without accurate information on the incidence of rheumatism (or of any other common disease) in the various occupational groups we cannot even attempt to analyse industrial factors in causation.

The second point made in the report—the difficulty of obtaining a daily list of absentees and those returning to work—brings to the fore a practical issue which varies with the size of the organization and its distribution: for example, a firm may be dispersed into small units, or have a number of constituent companies in different parts, of the country. In the case of large firms with a clock-card system unclaimed cards can be removed and others of a different colour substituted; the head of a sizable department can keep his own register of absentees; the foreman of smaller groups can fill a card; or, if necessary, an responsible person can be deputed to compile the daily list. On confronting his management with a scheme such as is proposed the industrial medical officer will certainly be asked the question: 'How much is this going to cost?' The report attempts to answer this in an appendix. In a factory with a population of over 4000 and already keeping records of total absence it is estimated that an additional £400 a year to meet the cost of three additional clerks is necessary. In smaller factories—and these constitute the bulk of industry—the
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cost will be correspondingly less. More information on this point will be of value. The usefulness of records depends, as the report goes on, on their accuracy and on the use of a standard measure. We would emphasize, too, the need for constant analysis so that the reasons for sickness absence and preventive measures may be continually reviewed. Accuracy will depend largely on the skill of the responsible officer. It will be of little use with an intelligent person the extent of error should not be great. There is a risk, however, that in some cases the matter will be handled by a junior clerk insufficiently qualified.

The institution of a standard measure common to all industry is the main thesis of the report. The committee recommends the use of an individual record card (Form 11), or, as an alternative, a register or nominal roll of sickness absence (Form 111). In addition to the usual information such as name, check number and occupation, and the reason for absence, the individual card summarizes absences under two headings: long absence of 4 consecutive working days or more, and short absence of less than 4 consecutive working days but not including absences of under one day. From the original information provided by the department, shop, or other convenient unit, information is filled in daily. The card is designed to deal with the history of a case over two years, a convenient way of seeing the record at a glance. The sickness absence return (Form IV) gives a monthly summary of the position. Quarterly or yearly summaries are similarly compiled. The following measurements are recommended: (1) average number of days lost per worker per month, and from that per quarter or per annum; (2) percentage loss of planned production time; and (3) percentage of workers who have not been absent through sickness. But when we come to the classification of sickness in industry and its relation to working conditions the problem becomes less easy. The report suggests it is safer to classify certified sickness only, and seven classes are proposed (Form V): influenza and colds, respiratory disease, digestive disease, rheumatism, functional nervous disorders, accidents at work, and unclassified conditions. These classes are recommended because they may have some relation to the industrial environment. While this may be admitted there is still the question of accurate diagnosis. For many reasons National Health Insurance certificates are not necessarily accurate, and even the grouping suggested leaves plenty of room for error. But medical officers in industry may feel that some classification is necessary in the hope, as the report says, that this ‘will make it possible to detect unusually high rates of sickness in certain groups of illnesses.’

The implications of such a scheme as this are interesting. If it is to be really effective it must develop on a comprehensive national basis. Only thus is it possible to compare the health, and therefore possibly the occupational factors affecting health, of quarrymen in Buxton with that of railway porters at Euston, or dockers at Manchester with workers in the engineering trades of Coventry. And a possible clue to causation having been obtained, preventive and remedial measures must be sought and research initiated. Thus social biology can be linked with industrial medicine. One other implication needs comment. What machinery is necessary to analyse the vast amount of data which will come from factories, mines, docks or commercial undertakings, in urban areas and rural districts; from different trades and occupations in these industries; or from different age groups? Suppose, for example, that it was compulsory to report all sickness absence over 3 days—as the reporting of accidents causing loss of more than 3 days from work is now a statutory obligation—to whom should the report be made? And what use could be made of the figures? This is the challenge, by implication, of the report. The Industrial Health Research Board itself is not constituted for this work; nor is the Factory Department of the Ministry of Labour, because it deals only with factories. In the development of a national industrial health service statistics must play a large part, and in any central and regional organization which may be set up the compilation and analysis of morbidity figures from industrial undertakings must eventually be the responsibility of a properly organized statistical department.

It is easy to criticize any attempt to lay down a standard method of recording sickness absence; different industrial medical officers may have widely differing views concerning the best method. This is the first time that anything so ambitious, along these lines, has been attempted in this country—or as far as we can determine, in any other country. The committee is to be congratulated on its efforts. Wisely its report has been labelled ‘preliminary,’ for in the light of experience some of its recommendations may have to be amended. It is now surely for industry to test the scheme through its labour, welfare, medical and nursing personnel, even if it means altering present methods. Many firms, among them some of the largest in the country, have been waiting a lead in this matter. We hope, therefore, that the methods suggested will be given the widest possible trial.

BENZENE

Benzene, or benzole, is a hydrocarbon of the aromatic series and a coal tar product. It is clear colourless liquid with a characteristic smell. It must not be confused with benzine, which is a distillate of petroleum. Benzene has two distinct fields of use in industry.1 First and foremost it is handled in large quantities in closed systems, such as the distillation of coal and coal-tar and the blending of motor fuels; in the chemical industries it has wide application in oil extraction, organic intermediates for dyes and drugs, manufacture of paints, varnishes and stains, and of paint and varnish removers. Secondly, it is used as a solvent in the rubber industry; in solutions for ‘rubber cement,’ in the manufacture of straw hats, cardboard boxes, waterproof goods, shoes, cameras, the sealing of cans, and the rubber tyre industry; in the artificial leather industry; in the dyeing and cleaning industry; in the paint and varnish industry; in the aviation industry as a constituent of ‘ dope’; in the linoleum and celluloid industries; in artificial manure and glue manufacture; in electrical fitting and accumulator works; in chemical laboratories and in the alkaloid industries.

Benzene poisoning has been very carefully controlled in Great Britain by the Factory Department