some, often inaccurate and devoted wholly to the clinical and therapeutic, rather than the preventive, approach to medicine. Perhaps in later editions the heavy burden of the later chapters may be lightened. The two volumes might then consist on the one hand of the principles and background of medicine and on the other of the details of nosology. Many doctors at all stages of their careers might then enjoy the wisdom of the former without necessarily having to concern themselves with the latter, for which they may want to turn to more advanced works. The price of the book as it stands may deter many students from deriving the great benefit that it offers. If the first part were separately published it would surely find a place at many medical bedsides for the leisurely reading and digestion that it requires. The editors are to be congratulated on their enterprise and one hopes that in the later editions, for which there will no doubt be a demand, the redundancies and inaccuracies may be corrected, so that this textbook may be made throughout as worthy a contribution to the literature of medicine as the editors and their contributors have so nearly made it.

C. M. Fletcher


Perhaps the most fascinating aspect of this interesting report is the changing character and role of the British soldier since the turn of the century. On the average the soldier at the start of the century could expect to be admitted to hospital with venereal disease at least once during his service with the colours, and probably with malaria and an injury as well. The enteric fever rate was ten times what his modern counterpart would expect and 50 years ago he would be about as likely to be in hospital with alcoholism as with tuberculosis. Part of the differences are explicable in the change of character which has taken place in 50 years, but part undoubtedly is a mere matter of change in terminology (or treatment) of a disability. The modern soldier is about ten times as likely to be invalidated out on psychiatric grounds; probably his Boer War counterpart was similarly discharged simply as a bad soldier. There is evidence, too, of a demand for physical fitness of a much higher standard than formerly and recently intelligence tests have been introduced to make sure that the less intelligent are excluded. The soldier of 1950 must not only be physically fit to bear arms, he must be mentally fit as well to understand the modern weapons of war. This has increased the status of the soldier and must ultimately exert a beneficial effect on recruitment.

The army has been quick to learn that fitness, welfare, and efficiency go hand in hand, and it is fair to say that British military hygiene has been, for years, an example to armies throughout the world. An increasing amount of research is being undertaken by civilian and Army teams into environmental hygiene from subjects as diverse as mosquito-proof clothing to fluorine in water supplies. With the increase in mechanization and machinery, the army has more workshops and is increasingly exposed to the special hazards of industry. Meetings were held of the Joint Services and the Factory Department Committee on Occupational Health, and it is interesting to note that the Army is now directly interested in toxicology.

The section on statistics is most instructive and the statisticians must be praised for retaining the breakdown of previous reports rather than succumbing to the temptation of making a new arrangement. Taken as a whole, skin disease (not including venereal disease) is far the greatest waste of man-power both in the number of cases and in the loss of time during treatment. This is especially true of the Far East Land Forces with a high incidence of fungus infection, but disease due to the pyogenic bacteria is common in the Middle East and not uncommon in the army at home; the United Kingdom, however, has a higher incidence of the seborrhic and eczematous types. In all theatres either skin disease or injury constitutes the greatest single loss of man-power followed by respiratory disease, tuberculosis, tonsillitis, and peptic ulcer in the United Kingdom. The high incidence of otitis media and externa in all theatres is worthy of note and it is gratifying to follow the continued fall of all those conditions which we know how, at least in some measure, to prevent. The malaria figures, thanks to paludrin, which seems to belong more to preventive than therapeutic medicine, are very small.

J. P. W. Hughes


The Report gives some idea of the size of the job which the Ministry of National Insurance carries out. It is responsible for the distribution of some £480 million each year in insurance benefits and family allowances, and for receiving and accounting for some £450 million in insurance contributions. The amount of work entailed is indeed colossal; for instance, some 26 million ledger accounts are maintained, and nearly 10 million claims are dealt with each year. During the particular year under review an increase of benefits was sanctioned by Parliament; this broadly restored the purchasing power of the main National Insurance benefits to the 1948 level.

Sickness.—New claims for sickness averaged 127,000 a week during 1952, a lower figure than for any of the three preceding years, for which the overall average was 139,000 per week.

For the first time the Report gives figures, analysed according to diagnosis of medical certificates received in support of claims to sick benefit, for the year 1950. Attention is drawn to their limitations, and research workers wishing to use them are advised to consult the Statistical Division of the Ministry before doing so. The Report contains two interesting tables in which a summary of this information is given. Bearing in mind that there are two and a half times as many men as women insured, the excess of certificates from women suffering from psychoneurosis and anaemia, and the