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

Report on the Health of the Army 1949-50. (Pp. 137). Published by the War Office. 1953.

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 invalided 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 seborrheic 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

Fourth Report of the Ministry of National Insurance for the Year 1952. (Pp. 102; 3s. 6d.) London: H. M. Stationery Office. 1953.

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

excess for men suffering from peptic ulceration is strikingly brought out in the tables. The hope is expressed that further analyses of sickness experienced in the insured population will be possible. It is to be hoped that age will be taken into account in this extended work.

Retirement Pensions.—Nearly three-quarters of the total expenditure on all National Insurance benefits during the year ending March 31, 1952, was devoted to retirement pensions which took 275 million pounds. It is estimated that 25 years hence this figure will have grown to nearly £700 million. Earlier reports have included analyses of samples of persons reaching pensionable age, but in view of the importance of the subject it has been decided to undertake a full enquiry to discover the importance of various factors influencing people in their decisions to retire or continue at work. For instance, it is not known how far deficient health and lack of opportunity of suitable employment contribute to this decision. Similarly the effect of superannuation schemes and the practices of employers and trade unions are influences the importance of which had not so far been assessed.

Injury Benefit.—The total number of claims for injury benefit in 1952, the rate for which was raised from 45s. to 55s. a week in July, was 775,000, a slight increase over the number in 1951, but still below the figure for the two previous years.

The great majority came from the heavy industries, and coal-mining again accounted for more than one-third. About 5% of insured men and 1% of insured women received injury benefit in the course of the year, the average periods being about four and five weeks respectively. Industrial injury benefit cost over £8½ million for the year ended March 31, 1952.

The experience in the working of the Regulations under which nurses and certain health workers are insured against tuberculosis shows that almost 800 such claims are successful each year.

Disablement Benefit.—The Report indicates trends in the development of disablement benefit (which in 1952 cost £7 million). The number of claims for disablement benefit has risen each year and was 96,000 in 1952, as compared with 86,000 in 1951. Nevertheless, disablement benefit is only claimed by a small minority of injured people. In 1952, the claims for disablement benefit were only just over 12% of the claims for injury benefit.

The number of disablement pensions rose by 19,000, or one-third during 1951 so that 76,000 disablement pensions were being paid at the end of the year. Of these three-quarters were for accidents and one-quarter for prescribed diseases. At the end of 1951, nearly 40% of the disablement pensions, including those for pneumoconiosis, were being paid to colliery workers who represent less than 5% of the insured population. About 10% were being paid to women, who are normally employed in the lighter industries. Nearly two-thirds of the pensions were for disablement of 20 or 30% and only about one-quarter for more severe disablement. Less than

4% of the pensions were at the 100% rate. Those still 100% disabled by industrial accidents after two or three years represent less than one in 2,000 of the people who claim injury benefit for accidents at work.

Finance.—The Report deals at some length with finance and contains a statement by the Government Actuary. Each year there has been an excess of income over expenditure but this is now changing. Additional expenditure resulting from higher rates of pensions and other benefits and the steadily increasing number of people who will become eligible for these are the cause of this change. Expenditure will begin to outstrip income by 1954/55, and in 25 years the deficiency to be met by the Exchequer each year is likely to be in the region of £417 million. The Government Actuary points out that this is not a new feature but is an inescapable result of granting full pension rates to contributors of all ages and to existing pensioners, even though they have not paid the requisite contributions and of the method of finance adopted by the State to meet the huge liability thus created.

The Industrial Injury Fund is not likely to become a burden in this way. Excess of receipts over payment amounted to £19 million during the year and the balance in the fund on March 31, 1952, was £78 million. The Report emphasizes, however, that this balance is essential at this stage if the fund is to remain self-supporting in the future since the annual expenditure on disablement pensions will increase automatically for many years.

This report is full of interesting information and should be widely read by medical men in industry.

R. E. LANE

BOOKS RECEIVED

(Review in a later issue is not precluded by notice here of books recently received.)

Vorbeugende Gesundheitsfürsorge. By W. Hagen. (Pp. 131. DM. 7.20.) Stuttgart : Georg Thieme Verlag. 1953.

Physical Medicine and Rehabilitation. Edited by Basil Kiernander, with Introduction by The Rt. Hon. Lord Horder. (Pp. 610 ; illustrated. 63s.) Oxford : Blackwell Scientific Publications. 1953.

Die entschädigungsflchtigen Berufskrankheiten. By M. Bauer. (Pp. xii + 176. DM. 9.60.) Stuttgart : Georg Thieme Verlag. 1953.

Lesioni del Cristallino da Radiazioni industriali. By Felice Redaelli. (Pp. 40. Lira 320.) Libero docente di patologia oculare e clinica oculistica, University of Milan.

Risiko und Kosten in der Krankenflegeversicherung. By Alfred J. Hosch. (Pp. 127. Sw. frs. 12.) Berne : A. Francke AG. Verlag. 1953.

Zur Genese des Diabetes mellitus und des Bronchialasthmas. By M. Bauer, with Foreword by Cl. Dierkes. (Pp. 113 ; illustrated. DM. 9.60.) Stuttgart : Georg Thieme Verlag. 1953.