because of the full lists of Italian (and some other) references given under each subject.

L. G. NORMAN


Since the National Insurance Act came into force in July, 1948, the Ministry of National Insurance has collected much information on the nature and extent of sickness and injury forming the basis of claims for benefit. Some of this has been published in the Ministry’s annual reports but additional information for 1950 has now been tabulated and distributed to those likely to be interested. It has not been officially published, partly because it is rather too specialized for the Ministry’s annual reports, but more especially because, in the words of the report, “without an appreciation of the fields which they cover, and the sources of information on which they depend, they may be misinterpreted.”

For this reason it is important that deductions should not be made from the tables without regard to the notes and definitions given. These explanations are given in a brief but very clear introduction; the “working populations” covered by sickness and injury insurance are defined in detail, together with explanations of groups excluded, spells of illnesses not covered, age limits, etc.

The statistics do not purport to give any measure of the morbidity of the whole population or of a representative sample of it.” They are based for the most part on information obtained from random samples of persons receiving sickness or injury benefit and refer only to the insured working population. Hence, in general, there are excluded some 20,000 self-employed persons in small-income groups, members of the armed forces, non-industrial civil servants, and about half the married women in employment who have the choice whether or not to contribute towards sickness benefit. The approximate populations covered by these figures are:

<table>
<thead>
<tr>
<th>Sickness</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14,350,000</td>
<td>5,850,000</td>
</tr>
<tr>
<td>Injury</td>
<td>13,300,000</td>
<td>6,550,000</td>
</tr>
</tbody>
</table>

The number insured for injury is somewhat lower for men and higher for women, as self-employed persons are excluded for injury benefit while a proportion of employed married women choose to be excluded for sickness benefit.

Benefit is not usually paid for spells of illness lasting less than four days, so that these short spells do not appear in the Ministry’s figures. All breakdowns into causes of illness are based on the medical certificates, furnished in support of claims to benefit, and “not always indicated with precision”. “Now that the certificates are being used as a basis for these statistics, it is very much hoped that practitioners will appreciate the importance of showing on each certificate the cause of incapacity as accurately as they know it at the time of issue. As the standard of precision of certification improves, so will the value of the statistics increase.”

In 1950 there were approximately 7,1 million spells of certified incapacity due to sickness or injury totalling about 200 million lost working days. Just over 10% of the spells were due to accidents or prescribed diseases. The tables relating to injury benefit do not include much of the time lost in long term injury cases since injury benefit is in no case paid for more than six months from the date of the accident or development of the prescribed disease. Benefit for pneumoconiosis and byssinosis does not normally appear in the industrial injury tables.

Some idea of the field covered can be obtained from the following summary of the tables. Figures for sickness benefit are given for different areas for “new claims” starting in 1950 together with the number of days of incapacity for spells of sickness. The latter is also given in fuller detail for men and women separately according to age and cause, with total and median duration, etc. Injury benefit figures are shown in similar detail separately for industrial accidents and for prescribed diseases. These are also analysed by site of injury and by industry or occupation. Unfortunately, no analyses of the populations at risk by industry or occupation are available, although age analyses are included. (The 1% tables of the 1951 census give a breakdown of the total population by occupation but for some occupations this varies considerably from their insured populations.)

For anyone interested in obtaining this report or in receiving further explanation on any aspect, contact should be made with the Medical Department or the Statistics Division of the Ministry of Pensions and National Insurance at 10, John Adam Street, London, W.C.2.

NANCY GOODMAN


All those who are familiar with the Bulletin of Hygiene will welcome this collection of abstracts on pneumoconiosis. The original suggestion that such a collection should be made was put forward by Professor E. J. King, and the work of selecting the relevant abstracts was carried out by Dr. E. L. Middleton. The result is a miniature history of the subject which is of great interest and value. Abstractors in the Bulletin of Hygiene are always careful to give a fair idea of the content and value of the paper reviewed. Anyone coming fresh to the subject, and wishing to acquire a thorough knowledge of it in the shortest possible time could not do better than read this book. We look forward to the second volume, which will bring the history up to 1950, with the keenest anticipation.

B. M. WRIGHT

* The population of Great Britain is approximately 15 million men aged 15-65 and 15 million women 15-60. This includes members of the armed forces actually in the country.