BOOK REVIEWS


This is the second report from the Ministry of Pensions and National Insurance analysing information on medical certificates for sickness or injury benefit. Its basis is mainly a sample of those certificates relating to 1951, but some information is also given for 1952 sickness, new information for 1952 injuries, and a Table showing the effect of the influenza epidemic of the winter of 1952–53 on the number of claims for benefit. For readers of this journal the new Tables analysing sickness by occupation will be of special interest.

"The statistics do not purport to give any measure of the morbidity of the whole population or of a representative sample of it." Briefly, for sickness benefit, they cover the working population between the ages of 15 and 68 for men (15–63 for women), excluding those drawing retirement pensions, members of the Armed Forces, non-industrial civil servants with illnesses of less than six months’ duration, about half the married women, and some 20,000 self-employed persons with small incomes. Chronic sickness starting in the pre-1948 period may be somewhat under-represented. For injury benefit, covering accident or prescribed disease, the self-employed are excluded but married women are included.

In 1951 there were $7\frac{1}{2}$ million new claims for sickness benefit; just over 7 million "spells" of sickness ended during the year, and there were 284,700,000 days of certified incapacity. The figures of days lost are based on working days, so that during the year 910,000 man-years were lost from sickness alone out of a force of 20 million at risk, that is, approximately 41% of the labour force per year. (In the same year about 540,000 man-years were lost through industrial stoppages so that sickness accounted for almost 80% more lost time than stoppages.)

For men, 24% of the periods ending in 1951 were due to influenza, 10% to bronchitis, and 8.6% to arthritis and rheumatism. When days lost are considered, the same three groups come at the top of the list, with bronchitis accounting for 11% of the total days’ duration, influenza 10%, and rheumatism and arthritis 7.4%. Respiratory tuberculosis follows with 6%. For women the same four groups of disease head the list. Of the total days lost, rheumatism and arthritis account for 9%, influenza for 8%, and bronchitis and respiratory tuberculosis both for 7%.

In addition to the time lost due to sickness, there were 766,900 new claims for injury benefit, of which 697,500 were due to industrial accidents and 43,600 to prescribed disease. When considering days lost due to injury claims, it must be remembered that injury benefit cannot in any case be paid for more than six months from the date of the accident or the development of

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CARL M. PETERSON, M.D., 1899–1955

"Pete", as we affectionately knew Carl Peterson, believed in organized medicine. He believed in that section of our code of ethics which says, "The avowed objective of the profession of medicine is the common good of mankind." He knew that it applied equally to workmen and bosses, and he set his goals in this direction. Little by little he made progress, some years more, some less. He knew that the sociological progress of medicine is slow and depends largely on the worthiness of objectives clearly understood and constantly in sight. During the bad years when little progress was made, we never heard him complain. Nor did he blame anyone, unless himself. He quietly found another angle of approach and pointed it out to us. During the good years when much progress was made, he was so surprised and delighted that he had a ready list of those deserving credit, including everyone but himself.

Carl Melancton Peterson was born in Rockford, Ill., on December 6, 1899. He qualified at Augustana College in 1921, and proceeded M.D., University of Minnesota, in 1927. After hospital appointments and some years in general practice he joined the A.M.A. staff as hospital inspector in 1930 and became Secretary of the Council on Industrial Health in 1938. He was a member of a great many committees and public bodies, and of the Editorial Board of the Archives of Industrial Health. He served as Chairman of the Committee on Occupational Health Services of the World Medical Association and was Secretary of the Interim American Board of Occupational Medicine, which led to the inclusion of occupational medicine in the American Board of Preventive Medicine. He was the author of numerous articles on educational aspects of industrial health.

A few of us will long remember our last evening with Carl. The Council meeting [of the A.M.A.] was over, and he could relax before flying next morning to other Council business. He never admitted that he had done a good job. He still thought and talked only of the job ahead. But we who knew him saw that he was at peace with himself.