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 7½ 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 4½% 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 8½% 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 7½%. 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...
the disease. If incapacity lasts longer than six months, sickness benefit is payable and so will appear in the Tables as one six-month spell of injury benefit and one spell of sickness benefit for the remainder of the period. Moreover, the report points out that "because in the early stages they are not incapacitating diseases, pneumoconiosis and byssinosis do not attract injury benefit though if they progress to an incapacity stage they do attract sickness benefit."

Tables 7 to 10, showing periods of sickness by occupations, are worth detailed study by all industrial medical officers. (The relevant populations at risk for men are in Table 91.) The total male sickness rates follow the pattern expected, persons in mining and quarrying having almost two and a half times the rate for all men, followed by unskilled workers and foundry workers both with 1 4 times. At the "healthy" end of the scale there are also foremen and overseers in engineering and allied trades, fishermen, agricultural workers, persons in entertainment and sport, and electricians, "administrators, directors and managers "; and several other such groups for whom these figures no doubt do not reflect their true sickness rate. The figures are not standardized for age and this no doubt accounts for some of the differences shown. The Tables also give figures for the most frequent causes of sickness within the different occupations.

Industrial accidents are classified by industry and external cause. About a quarter of accidents to men are caused by a "blow from a falling object" and another fifth from accidental falls. For women falls account for most absences, followed by accidents caused by "cutting and piercing instruments ".

Many other points of interest arise from other of the 92 Tables which include analysis by age, geographical region, and duration of sickness.

The report has a full index to the Tables and a good explanatory introduction with full definitions of the sources, scope, and meaning of the statistics, and contain warnings about their possible misinterpretation or misuse. It seems a pity that the report has not been published generally because of the possibility of unintelligible use by people unwilling to read or digest the seven pages of the introduction. One wonders if the compilers of the first reports on mortality at the Registrar General's office met with the same difficulties of unintelligible use or intelligent misuse over a century ago. Fortunately it did not stop the wide circulation of their reports. It is to be hoped that future reports on morbidity by the Ministry of Pensions and National Insurance will take the form of an H.M.S.O. publication available for all.

In the meanwhile, enquiries for copies or information should be addressed to the Medical Department or the Statistics Division of the Ministry of Pensions and National Insurance at 10 John Adam Street, London, W.C.2.

N. M. GOODMAN


The present report covers two years and is of great interest. The Pulheems system, which underwent a severe test during the Korean War and the recall of reservists (Z men) to training, has again proved its value. Employment standards can be altered without altering the basic assessment, to conform to any necessity, and in these two years they were markedly altered on account of the major shortage of man-power. For the first time Grade III men were conscripted and formed almost 4% of the man-power available. Not unnaturally the number of discharges on medical grounds subsequently increased.

A further interesting innovation was made in 1950 when sergeants were posted to civilian medical boards to undertake simple intelligence testing and to report their findings to the chairmen. As a result discharges on both medical and psychiatric grounds fell appreciably although the report does not state what proportion was lost initially. If there is no serious discrepancy between original rejections and subsequent discharges the method is of obvious value.

In males about a third of discharges on medical grounds were due to psychiatric conditions headed by anxiety neurosis, hysteria, and psychopathic personality disorder. In females about half the discharges were on psychiatric grounds. In both sexes pulmonary tuberculosis was the next highest cause of discharge, followed, in males, by peptic ulcer and accidents.

Research continued in a number of diverse subjects from clothing to insecticides and on all matters of environmental hygiene. The statistical section again takes up a large proportion of the report and is a clear summary on the various aspects of health. With the improvements in general hygiene the Rickettssias are perhaps the greatest potential source of danger because of the assumption of epidemic form in large-scale troop operations.

J. P. W. HUGHES


This report is a piece of classical physiological research. The fact that such studies are rare nowadays makes this one all the more valuable, but its rarity is, perhaps, understandable when we read that in order to do it at all more than 30 investigators were occupied for a period of five weeks. During this time they were able to study 19 coal-miners and 10 colliery clerks.

The work that was done was to estimate the energy expenditure of the men by measuring their oxygen consumption with a Kofranji-Michaelis respirometer while they were doing different kinds of work during their shift in the mine and also during all their home occupations, standing, sitting, lying, washing, dressing, cycling, and playing golf—these were Scottish miners. During working hours an observer accompanied each miner or clerk the whole time and recorded what he did in a book ruled into separate columns for every minute of the day. When the men were off duty they themselves...