
'How do our sickness absence rates compare with those of other firms?' — a question frequently put to industrial medical officers by management but usually a difficult one to answer. Although most organizations make some sort of calculation, few are willing or brave enough to publish them. Those that can be obtained are often of little value to others since they are crude figures with no allowance made for sex or occupation. National statistics of sickness and industrial injury benefit include the permanently unfit and are calculated on a six-day week; the General Household Survey now includes a little information on this subject but numbers are small. In 1956 London Transport Executive produced what has become the standard book on this subject (Health in Industry), giving detailed analyses for the years 1949 to 1952. Now we have its long-awaited sequel which compares the earlier figures with those for the years up to 1971.

One of the drawbacks of Health in Industry was the absence of comment, and it was a pleasure to see that the new booklet contains text as well as graphs and tables. A description of methods and of factors affecting sickness absence since 1949 is followed by short chapters on the trends since 1952, a full analysis of the years 1968-70, and some specific points of interest. As one might have expected, the results show that a substantial rise occurred in absence rates, particularly among the under-45 age group, and that 1969 was a peak year. This rise was more marked in bus drivers and conductors than in their clerical and technical staff but unfortunately no comparisons are made with underground or workshop staff. There is an interesting demonstration of the experience of age cohorts which suggests that the future may well show further rises. Although most comparisons of absence between men and women are hampered by differences in work or rates of pay, these do not apply to conductors. The authors show that annual duration rates per person in men, single women, and married women, standardized for age, are in the ratio 1:1.5:2.

The effects of the introduction of the Earnings Related Supplement in 1966 was negligible in staff enjoying good sick pay but seemed to produce an increase in the average length of spell among staff on lower rates of sick pay. The definitive statement that there is no evidence to suggest that 'coloured' staff have higher levels of sickness is most useful and confirms other people's views. No factual evidence is offered but the statement can be accepted as the carefully considered view of experts in this field.

This inexpensive booklet should be on the shelves of all who take more than a passing interest in sickness absence. I would hope that the next version will not be so long delayed and that the authors will be able to elaborate their comments still further.

P. J. Taylor


Treatment of the sick inevitably carries risks for those employed in medicine. It is perhaps surprising that so few doctors succumb to serious occupationally acquired infections. The risk of spread of infection is greatest in hospital practice, and Dr. Gibson and his colleagues have attempted to collate the various aspects of hospital infection into a small book.

They divide the book into four parts: health of hospital staff, infectious diseases—action and disposal, hospital environmental infection, and laboratory hazards. None of these is covered in great depth but the intention is to provide a general practical guide not an authoritative tome. The writing is clear and to the point. The desire for brevity, however, does lead to a rather clipped style which does not make reading a smooth process. Nevertheless, the bare bones of the subject are there and few other short guides contain such a wealth of factual information and common-sense advice.

The writers are convinced that an efficient occupational health service is essential in caring for hospital staff and, in addition, they advocate a Control of Infection Committee and regular 'wound surveys' to check on the safety measures extant in the hospital. Useful information on the management and control of the commoner infections is described, and high-risk areas such as laboratories are singled out for special mention. The final sections contain interesting accounts of the hospital's legal responsibilities to patients, visitors, and staff.

This inexpensive book should be useful to all hospital staff in responsible positions, and everyone involved in hospital occupational health should consider it mandatory reading.

J. M. Harrington