
This report contains much of general interest as well as matter of particular interest to industrial medicine. It gives an account of the three schemes for which the Ministry of National Insurance is responsible, family allowances, national insurance, and industrial injuries.

The number of families receiving allowances is still rising, and over 3,000,000 families now draw this allowance, at a cost of over £61 million a year. For those who fear deterioration of British family life, it may be consoling to know that in over 93% of cases the allowance was drawn by married couples living together. In only 13% of families, however, were there four or more children under 18 years of age.

The main part of the report deals with the general scheme of National Insurance. Some interesting sickness figures are given. A chart is included which gives the weekly intake of new sickness claims to June, 1951. A comparison of the last three years shows a surprisingly consistent picture except for the period of the influenza epidemic which occurred in January and February, 1951. The increased claims spread slowly from Tyneside in January, 1951, to reach the west coast a month later, and this increase later spread out from the larger centres—Manchester, Glasgow, and Dundee. The epidemic appeared to be confined to the northern half of England and Scotland.

An interesting section of the report deals with retirement. From a study carried out by sampling methods it is concluded that the higher pension (26s. a week), which began in 1946, had little or no effect on the proportion of people who continued at work after reaching pensionable age. It is, perhaps, surprising to find that among men reaching 65, 50% are still at work 18 months later, and 30% are still at work five years later, at 70. The figures for women are considerably lower. It is pointed out that at the retirement age (65 for men and 60 for women) the expectation of life is 12½ and 18½ years, respectively. This is a fact which must be pondered, not only by the elderly but by employed people of younger ages and by employers.

The section on industrial injuries is, perhaps, of special interest to industrial medical officers. Claims for injury benefit remain steady at 15-16,000 a week, and the coal mining industry, which represents less than 5% of the working population, accounts for a third of these claims. This would appear to be a strong argument for providing special rehabilitation facilities for this small and important section of the community. In 10% of all those claiming injury benefit the condition was sufficiently severe for them to claim disablement benefit at the end of six months. It is disappointing to see that in only 150 cases was action taken by the medical boards to see that training courses, made available by the Ministry of Labour, were used for claimants. At present three government departments are interested in the sick or injured worker, namely, the Ministries of Health, Labour and National Service, and National Insurance. The closest cooperation is obviously necessary if workers are to receive the best treatment available and the country is to benefit from their early return to work.

Special mention is made of the addition to the list of prescribed diseases of tuberculosis occurring in nurses and certain other workers in the health services. This decision introduces a new principle into "compensation", in that tuberculosis is a disease which is prevalent in the population at large. In making their recommendation to the Minister the Committee suggested that prescription of other communicable diseases should not be considered until experience had been gained from the prescription of tuberculosis.

This report is a very readable document. Of necessity there are difficulties, and certain tables relate to awkward periods. For instance, details of pneumoconiosis were not kept until April, 1950, and the report has to deal with a period of nine months. These irregularities have now been smoothed out, and reports which relate to a calendar year are promised for the future. Since nearly the whole working population is insured against sickness, the Ministry of National Insurance should give invaluable information on morbidity in this country. It is to be hoped that before long much more of this information will be widely and readily available.


This report begins with a description of welding processes and distinguishes between the two main types, gas welding and electric welding. In both processes the welder may be exposed to fume from the metal which is being welded or from the "filler" rod which may or may not carry a coating. A mixture of iron oxides and silicates is a common type of coating for welding rods, but many other substances are already in use or are introduced as the use of alloys in industry expands. Small quantities of hydrogen, carbon dioxide, carbon monoxide, nitrous fumes, and ozone may be evolved. Both metal fume, the finely divided oxide of metal