INDUSTRIAL MEDICAL PRACTICE

227 Sickness Absence Among Forestry Workers in the North of Scotland, 1958. D. McGregor. Brit. J. Ind. Med. 17, 310-318 (Oct. 1960).

Sickness absence records of 1,115 forest workers in the highlands of Scotland during 1958 were examined. Only absences of 4 days or more were considered. Two hundred and seventy of the workers were established and were therefore entitled to retirement pensions. There was a high proportion of older men among the established workers; but the sickness record of these men was generally better than that of the unestablished workers except in respect of cardiovascular disease, rheumatism, and arthritis. Among forest workers as a whole, accidents off duty accounted for more sickness absence than accidents on duty, a reversal of the finding in the male working population at large. The second most important cause of sickness absence was back troubles of all kinds. Among the male working population at large, the second most important cause of absence was bronchitis, a disease which among forest workers comes 13th on the list. A comparison was made between the sickness absence record of the highland forest workers and a group of telephone construction gang hands performing broadly comparable work (as regards health hazards) in the same area but whose members were drawn from more urban homes. In general, fewer forest workers than telephone gang hands went sick in 1958 for all common ailments except cardiovascular disease, a finding perhaps related to the greater average age of forest workers. When this difference in age was allowed for, it was found that the greatest difference between the 2 groups of sickness records was in bronchitis, cardiovascular disease, and peptic ulcer and gastritis, in that order, and was to the advantage of the forest workers. Next came the upper respiratory tract infections. The least difference was in accidents, septic conditions, and rheumatism and arthritis. -- Author's abst.

228 Health and Personality. A. A. Hutschnecker. Ind. Med. & Surg. 30, 66-68 (Feb. 1961).

Health is a state of balanced functioning, an inner drive of adaptation to the stresses of life. As long as an individual is emotionally and physically able to adjust to stress he can maintain a state of balance and will remain whole—that is, healthy. If a situation proves to be stronger than the individual, then something in the personality must break. This can be a physical or mental break. It will depend on the individual's ability to find his way out of the dilemma, by either breaking the situation, or by a process of readjustment—which means not simple compromise but a positive acceptance of a life situation or situations—without inner rebellion, resentment, or unconscious hostility and thereby allow his system to regain a state of balanced functioning. It is safe to say that the individual who is capable of accepting responsibility and can relate to his environment will be able to fulfill himself creatively, and because these people are capable of building mature goals of themselves, the chances are that they will remain wholesome. -- Author's summary

229 What is Expected of the Professional Person in Litigation. N. S. Symons. Am. Ind. Hyg. Assn. J. 21, 502-510 (Dec. 1960).

The author discusses the subject under the following headings: Who is an expert witness? Necessity of cooperation. The meaning of "opinion". Importance of preparation. Preparation by the expert. Purposes of pre-trial conference. The hypothetical question. Qualifications of the expert. Conduct of the expert witness. Role of the industrial expert. Conduct of the lawyer. Conclusion. The author suggests that the legal, medical and other scientific professions could be more vigorous in policing their own membership in order to eliminate, or at least minimize, any tendencies toward distortion and exaggeration, and in the presentation of either spurious claims or wholly unjustifiable defenses to obviously valid