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WAR EFFORT AND INDUSTRIAL INJURIES

By

Professor HERMANN LEVY
(Joint Author of Workmen's Compensation, Industrial Assurance etc.)

with a foreword by

MARGARET COLE

For the right moment you must wait... but when the time comes you must strike hard, as Fabius did.

Fabian Tract No. 1

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NOTE

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July, 1940.

War never leaves where it found a nation.
—Edmund Burke.
FOREWORD

Ever since the days of Florence Nightingale it has been realised by military commanders—though often realised too late—that the casualty rate of an army depends at least as much upon its health and medical services, upon the arrangements made for the care of the soldier in health and when sick or wounded, as upon its strategical direction. The hideous toll taken by disease during the Crimean War and even during the Boer War is matter of common knowledge; and as late as the war of 1914 many thousands died of wound sepsis who could have been saved and returned to service had medical science reached the level which it had reached by 1939. At the beginning of the present war an official statement was issued which assured the relatives of soldiers that their treatment if wounded would be incomparably more effective and less painful than it was in 1914; and though the course of the war has not yet provided a very searching test of this statement, so far as Britain is concerned, we may assume that it was not untrue.

But what is as yet insufficiently realised is that in totalitarian war it is not merely the fitness of the soldier that is important, but to a scarcely less extent the fitness of the great army of industrial workers which stands behind him, striving to provide him with the material equipment without which his personal courage and his personal vigour cannot be used. Every British soldier evacuated from France, every reader of the news or listener to the wireless, must realise in general the vital importance of equipment, of tanks, planes, machine tools, lorries, coal, explosives, etc, and of the manpower which produces them; what, however, is not yet properly understood is the need for preserving and using to its full capacity every single unit of that manpower, for saving it from damage by industrial accident or disease due to bad or dangerous conditions of work. Every miner killed by a fall of rock is as much a loss to the war effort as a soldier drowned on Dunkirk beach; every worker who suffers an injury which impairs his skill or who even goes sick for a week with a preventible disease represents a serious wastage of war material. This wastage has got to be stopped; and if measures are not promptly taken to reduce it, to eliminate industrial accidents which need not occur, and—no less important—to treat them quickly and promptly when they have occurred and to restore the injured worker as soon as possible to full or partial working capacity, we shall find it of comparatively little use to call idle persons into industry and to ask those at present employed to work longer and longer hours at greater and greater speed. To ask men, for any time longer than a short period of intense effort, to work a twelve hour shift and a seven day week, without at the same time taking firmly in hand the problems of accident prevention and of industrial recovery, is lunacy, and calculated, under war conditions, actually to raise the proportion of manpower which before the war was wasted owing to these causes.

MARGARET COLE
WAR EFFORT AND
INDUSTRIAL INJURIES

The Cost of Industrial Accidents

It is no news that British industry annually wastes an immense amount of manpower. Inspectors of mines and factories know it well; so does any doctor practising in an industrial area and any lawyer who handles compensation cases. The general public appreciates it less, partly because in peacetime the reservoir of unemployed renders it easy to replace the casualties, and the loss is not observed; but the statistics of industrial accidents, incomplete as they are, make an appalling tale.

Among the 8 million workers covered by the statistics of workmen's compensation, there occur every year some 2,500 fatal and 460,000 non-fatal accidents. (The latter figure, of course, includes a high percentage of relatively unimportant accidents which only disable the victim slightly; but, on the other hand, it takes no account of injuries lasting less than three days.) These 8 millions, however, include only the workers in seven big industrial groups, whereas the total of workers covered by workmen's compensation is between 15 and 17 millions. In the mines alone, during the first quarter of 1940, 217 workers were killed and 788 seriously injured. Dr. H. M. Vernon estimated that for each industrial fatality there were no less than six thousand cases of personal injury; on this basis Dr. Donald C. Norris, the first medical officer of the Bank of England, and a leading authority on industrial medicine, calculated that the total number of industrial accidents in Great Britain involving minor personal injury is 15 millions per annum.

A great many of these accidents are of course slight and in peacetime no great matter. But in wartime they become a burden upon resources, reduce the workers' productivity, and may also render him unfit for the armed forces. For example, Dr. Minton, of the Royal Eye Hospital, states that every year 250,000 eyes are injured by industrial accidents. If properly treated many of these injuries might hardly interfere with the worker's industrial activity; if untreated or carelessly treated they may interfere very seriously indeed. And even a very slight injury causes wastage. The Medical Research Council and the Industrial Health Research Board recently calculated that an absence of half a day after each slight accident would involve, in factories alone, the loss of 700,000 working days per annum, or more than two thousand years of a man's working life.

It should not, however, be assumed that the number of serious or 'medium' injuries is small. The statistics of workmen's
compensation quoted above show the following figures for the eight millions covered:

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<th>Injuries lasting over</th>
<th>2 weeks</th>
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These figures do not include the cases in which a lump sum was paid in compensation, which number about 18,000 in an average year. As it is almost always the more serious cases for which lump sum settlements are made, the bulk of this 18,000 could be added at least to the 300,000 total.

The amount of working time wasted by these injuries, even assuming, as is by no means always the case, that at the end of the period the man returns to work with his ability unimpaired, is sufficiently impressive. But in fact the time lost in factories through accidents is not by any means confined to that lost by the injured worker himself. There is wastage caused by the stoppage of machinery, by other workers leaving their work out of sympathy or curiosity, by treating the injured worker, investigating the cause of the accident, selecting and training a substitute etc—to which has to be added the material cost of any spoilt work or broken or damaged tools. A recent American investigation showed that more than 50% of the loss incurred by plants as a result of industrial accidents was attributable to such 'hidden costs'. In peacetime such costs are reckoned as part of the 'unavoidable waste' in production; but in wartime they, no more than the 'necessary reserve of unemployment', can be afforded. It is not now any financial calculation which counts, but the loss in production.

The Effect of War

In the foregoing paragraphs we described to some extent the wastage of human resources through industrial accidents in peacetime. There cannot, however, be the slightest doubt that the general effects of war and of war conditions must be greatly to increase the likelihood of accident and disease. There are several reasons for this.

(1) With the employment of more workers on full time the number of accidents would increase even were the accident rate to remain the same.

(2) The persons newly drawn into industry under war conditions will consist mainly of three classes: the former unemployed, many of whom have not worked for many months or years, young persons under military age, and women who have previously done no industrial work. Each of these classes is liable to have a higher accident rate than the experienced industrial worker—the unemployed while they are recovering the skill which
they have lost, the women while they are acquiring skill and 'factory sense', and the young persons because it is a well known fact that youth is more prone to accident, either through negligence or over-enthusiasm. 'In most industries,' wrote Sir Duncan Wilson, H M Chief Inspector of Factories, in 1937, 'the accident rate for young workers under 18 is higher than for adult workers of the same sex.' If we bring children into industry, in fact, as a part of the national war effort, we must be prepared for them to maim themselves.

(3) An immensely higher rate of production is demanded, which has already resulted in longer hours, continuous shift-working, and a general speeding-up. This is of course necessary, in view of the war situation, and has been generally accepted. But the experience of the Factory Inspectorate, gathered over a long period, shows without any doubt that in times of boom, when speed of production increases, the accident rate rises; and in a war, the greatest of all booms, the rise in the accident rate is likely to be phenomenally high. Especially is this the case when factories are working continuously through twenty-four hours, for all experience shows that accidents are more frequent during night than during day shifts. Official investigators have reported cases in which artificial lighting produced a 26% increase in the accident rate; and in this war the effects of the blackout must be added to the other disadvantages of night work. Not only does the night worker, as we all know from last winter's tale of road injuries, incur serious risk in going to and from his work; there will also be periods during which his eyesight is adapting itself from the black outside to the bright lights of his working place, or vice versa; and during those periods accidents will tend to be frequent.

(4) Finally, war necessity demands and will demand increasingly a rationalisation of industrial production, involving a rapid introduction of new methods, new processes and new machinery. Any one of these implies the rapid adaptation of the worker to unfamiliar conditions, and it is inevitable that this should result immediately in a higher accident rate. This result is intensified in direct war production, because in wartime so many industrial workers are employed in handling dangerous or disease-promoting substances. Explosives, acids etc, which need the most cautious approach, will tend not to receive it; while such diseases as dermatitis and pulmonary complaints caused by the inhalation of lethal dust will be encouraged.

In speaking of accidents Sir Duncan Wilson has very profoundly remarked that finality in prevention can never be achieved, 'because new machines and new processes run a continuous race with the improvement of the technique of safeguarding'. Elsewhere he writes that from the cases he has observed of accidents caused by unfenced machinery, he found the conclusion inevitable
that immediate production is too often the main, if not the only, consideration in the minds of those responsible for factory work, with the result that safeguarding is left to the last and new machinery installed and working before the proper fencing or other guard has been provided. These words were not written, as one might have imagined, about Lancashire in the early days of the nineteenth century; they refer to Great Britain in 1937. In 1940 their relevance is fearfully apparent.

This, then, is our problem. In totalitarian war the contribution of the civilian worker to the national effort is of enormous importance; the loss of a day or two’s working time of any man or woman may have serious results. Under ordinary peacetime conditions industrial accidents cause a great deal of preventible wastage; war conditions so greatly increase the risk of accident that unless rapid measures are taken to cope with it, the resultant wastage may easily have a decisive influence on the course of the war.

The Prevention of Accidents

Any programme for dealing with industrial accidents and their effects must take into account two aspects of the problem, the prevention of accidents, and where an accident has occurred the cure of the worker who has sustained it and his restoration as rapidly as possible to a condition of full productivity. With the latter is bound up, of course, the question of the worker’s maintenance during incapacity. It is one of Great Britain’s chief misfortunes that at the present time these functions are discharged by separate institutions whose purposes and methods of operation vary very greatly, and between which there is little or no cooperation. The prevention of accidents is the affair primarily of the Factory Inspectors of the Home Office, which has in the last few weeks been transferred to the new Factory and Welfare Department of the Ministry of Labour; the financial maintenance of injured workers is dealt with under Workmen’s Compensation, which is administered through the law courts or by private agreement between workers and employers, or between workers and the insurance companies in whose hands the majority of employers of any substance place their obligations. Treatment for injuries received concerns neither the inspectorate nor the compensation law; it is provided either under the National Health Insurance Scheme or by hospitals. Between none of these bodies is there cooperation or more than the most shadowy contact.

It is acknowledged by all social historians that from its very beginnings, when the 1833 Factory Act created the first inspectors, the Factory Inspectors of the Home Office have done its utmost, within the limits prescribed by law, to protect the worker from injury during his work. The inspectors have never been reactionary in outlook. More than that, they have never been weak. Time and again,
H M Inspectors of Factories have outfaced unpopularity among employers and insisted that the law be obeyed; and it is to the credit of the Home Office that its inspectors have been on a whole encouraged to take up an intransigeant attitude. What a Government Department can do, that on the whole the Factory Inspectorate has done.

But there is a very definite limit to what can be done by the pressure of an outside authority. Legislation is one thing; administration, i.e. the continuous operation and keeping up of safety precautions, is quite another, and cannot be secured even by the largest and most efficient inspectorate in the world, without the cooperation of those inside the factories. The inspectors themselves know that perfectly well, and have emphasised it over and over again, particularly in relation to the risks run by young, unskilled, and inexperienced workers. The Factory Act of 1937, according to Sir Duncan Wilson, 'may, it is hoped,' have a marked effect in reducing the number of accidents among young workers. But this report for 1938, while expressing this hope, adds that 'there is room for a far bigger reduction in injuries generally and this should be quickly attained by the exercise of greater care and more thought on the part of those concerned'; and the same document reports 'the usual melancholy reference to the large number of accidents due to disregard of the most elementary principles of safety, particularly in respect of approach to transmission machinery and cleaning machinery in motion.'

Clearly something more than mere legislation and inspection, however good, is needed if safety is to be guaranteed, some form of organisation which is in continuous being and continuously in touch with the local conditions. Such organisations as the National Safety First Association, the Industrial Welfare Society and the Miners' Welfare Fund do their best to promote safety; but their scope is limited and they are voluntary bodies, dependent in the last resort on the goodwill of particular employers, and it is regrettably easy for no notice whatever to be taken of their recommendations. They are not sufficiently responsible or sufficiently conversant with the particular circumstances of industry to be really effective.1 Employers in general, and insurance 'media' such as insurance offices or mutual indemnity associations, are concerned almost exclusively with questions of premiums, claims and payments under the Workmen's Compensation Acts. They are not interested in the prevention of accidents, as such, but in paying as little as possible for accidents, while complying with the law and the demands of the factory inspector.

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1 There are, it is true, in certain industries Joint Standing Committees for safety, representative of employers and employed. To these we return in a later section, for they point the way to a better organisation. But at present they are few.
Here, then, is one of the root reasons for the unsatisfactory state of accident prevention in this country. There is no representative body—as there is, or was, in some continental countries, or in the more progressive States of the U.S.A.—which is definitely charged with the duty of actively striving to prevent accidents; and the collection of interests which are concerned with workmen's compensation have no duties whatever in respect of accident prevention.

Medical Treatment

When we turn to the treatment of injuries after an accident has occurred, the position appears even more unsatisfactory. It is obvious that if we are trying to economise manpower under war conditions, with the inevitable large increase in the number of accidents, commonsense would dictate that every injury and every case of industrial disease should be treated as promptly and as efficiently as possible; and that the efforts of medical care should be directed not merely to getting the man back quickly to whatever work he can do, but to getting him back in a fit condition so that he will continue his work without falling ill. Not all illness, of course, which leads to absence from work is caused by accident or industrial disease; but it is common experience that an injured worker who is hastily patched up to resume work is more likely to ordinary infections, more likely to meet with another accident or to become exhausted than one who has been properly treated. Moreover, any unnecessary economy in treating an injury may easily allow it to develop into permanent physical incapacity. One of the most important factors, therefore, would seem to be a close cooperation between the organisations responsible for treating the damaged worker and those responsible for maintaining him while he is unable to work. No such cooperation in fact exists.

The maintenance of the injured worker is derived from the payments made to him out of the National Health Insurance Fund, and from what he can succeed in securing from his employers under the Workmen's Compensation Acts. From N.H.I he receives also medical treatment, up to a point—though for serious treatment he has to rely upon the hospitals; from workmen's compensation he receives no treatment at all. In fact, it is not much of an exaggeration to say that the only medical attention he gets under the Workmen's Compensation Acts is a certificate from the insurance company's doctor to say that he is fit to resume work.

This complete divorce of medical benefit from workmen's compensation, which is almost peculiar to Great Britain, is one of the most unfortunate features of the whole system; and its result is enhanced because as there is no effective public system of insurance competing with the private assurance companies through which compensation is mostly paid, there is no induce-
ment to the latter, as there is, for example, in the United States, to offer and advertise services for recovery and rehabilitation. British insurance companies do not deny the truth of this: one association recently wrote: 'As an insurance company we are administrators of a fund which is subscribed to purely for the purpose of providing weekly compensation for injured persons.'

That statement is perfectly true; and the result is that the interest of the insurance company must lie in reducing, so far as is compatible with the law, the payments which they have to make. Even so, it would seem to be to the advantage, even of the insurance companies, to reduce the disabilities of the injured and so to diminish in the long run their own liabilities. In other countries, even where medical treatment is not enjoined by law, insurance companies do in practice make such efforts. But in Great Britain this attitude is very little in evidence, and the reason for this, in the author's opinion, lies in the desire of the officials of insurance companies to get rid of their obligations in weekly payments by handing a lump sum to the injured worker. Apart from the possibility that by astute bargaining they may secure a quittance which will be much more profitable to them than a continuance of weekly payments, the lump sum settlement clears the case off the books and saves all office costs; therefore, although lump sum cases are only a part of the total, the mentality which they produce affects the methods adopted for the rest.

There is no space in this pamphlet to argue the case against lump sum payments, which are forbidden by the compensation laws of most other countries, and on which, in any case, a great deal has already been written.\(^1\) In view, however, of the fact that a Royal Commission on Workmen's Compensation is at present in session, it must be pointed out (1) that the Ministry of Pensions has restricted the commutation of weekly pension payments for lump sums to a few cases where special causes exist,\(^2\) giving as its reason, in a memorandum sent to the Royal Commission, that 'the Ministry's first care is to restore the disabled man's physical capacity as much as possible by means of treatment'; (2) that the common assertion, made for instance in the Stewart Report of 1938, that 'lump sums are generally popular with workmen', is misleading. Lump sums may be popular, in the sense in which large doses of morphia are popular with persons suffering pain; it does not follow in either case that the sufferer's judgment of what is best for him is correct. The injured workman who has no funds and little financial hope, for whom specialised medical treatment will not be available unless he can pay for it, has every

\(^1\) See, for example, an excellent pamphlet called *John Smith Has an Accident*, published by the Trades Union Congress.

\(^2\) E.g., where the weekly sum is very small, where the condition has greatly improved, or where the lump sum can be used with definite profit to the injured person.
temptation to swallow the bolus offered him by an insurance company. **But if medical and restorative treatment were generally available, if he were assured that it was the intention of the authorities that he should get well, then there might be a very different tale.**

For, even leaving aside the question of workmen’s compensation, the position with regard to medical services is thoroughly confused. Dr. Norris, contrasting the arrangements in foreign countries with those in Great Britain, declares that in Great Britain employers as such are not under any legal obligation to provide or pay for treatment, and this omission is very imperfectly dealt with by existing arrangements.

The insurance regulations underline this by pointing out that for N H I purposes medical benefit consists of medical treatment and attendance from a practitioner on the current list, and the provision of proper and sufficient medicines etc. It does not include attendance in confinement, specialist or dental treatment.

Contrast this with the memorandum forwarded by the International Labour Office to the Royal Commission on Workmen’s Compensation:

> As a general rule, medical aid includes all forms of treatment which are reasonably necessary for the restoration of earning capacity: medical treatment by general practitioners, and **specialists**, surgical and hospital treatment, drugs, **appliances** needed during the curative period, X Ray examination, massage and various physical treatments.

Compared with the services at present available in Great Britain, this list reads like a consignment to Utopia. But it has not been for want of urging that changes have not been made. As early as 1920 the Holman-Gregory Committee recommended that various services, covering much the same ground as that proposed by the I L O, should be added to those given under N H I; and again in 1925 an International Labour Convention recommended the provision of medical treatment, including the supply and renewal of artificial limbs and surgical appliances, as part of workmen’s compensation—but the convention was not ratified by the British Parliament. The reasons for the refusal to ratify it have recently been given by the Home Office in a memorandum presented to the Royal Commission. Ratification, the memorandum says, would have involved ‘a number of serious alterations in the existing law’, ‘a comprehensive scheme of compulsory insurance with a State guarantee’ and ‘substantial modification’ in the present medical system of this country. These results were too alarming to contemplate: consequently, the British worker was left without the protection which the consensus of nations had declared to be necessary, and, as the British Hospitals Association puts it, ‘Nominaly, the responsibility for hospital charges, if it rests upon anyone at all, rests upon the injured worker’. As Dr. Norris says, the result is that in the case of prolonged disability many injured workers become destitute.
The effect of this state of things on the wastage of productive manpower cannot be stated accurately, because it has never been seriously examined from that angle. But one example may be given as illustration. The Report of the British Medical Association’s Committee on Fractures (1935) states that as a result of specific investigations it was discovered that whereas incapacity remains in only 1% of patients treated in organised clinics, in this series no less than 37% of patients not so treated were permanently disabled. Moreover, the duration of incapacity was more than three times as great as it need have been.

This statement should be read in conjunction with the Interim Report of the Inter-Departmental Committee on the Rehabilitation of Persons Injured by Accident (1937), which estimated that, whereas upwards of 200,000 fracture cases are annually treated in the hospitals of this country, probably not more than 50,000 of these are treated in departments equipped with adequate ‘fracture services’. The wastage of potential productive power, in the case of a single type of injury, is thus shown to be enormous.  

Rehabilitation

It would, however, be an optimist who would maintain that the object of the existing medical services, such as they are, is really the ‘recovery’ of the sick or injured worker. Real ‘recovery’ does not mean just that the worker is patched up sufficiently to make further treatment in hospital, or by his medical attendant, unnecessary; that he walks out of hospital feeling ‘all right’, but neither well nor confident that he will be able to find any work or that he can hold down a job if he does find one. ‘Recovery’ of that sort is apt to end in crippledom—if by a cripple be understood one suffering from permanent partial incapacity for social and economic life. Real ‘recovery’ means much more than that: as most progressive nations have realised, it implies some form of rehabilitation treatment, which in itself falls into two parts—first, medical after-care, including massage, physical training or other type of reconditioning, in order to make the disabled worker fit for a fresh start; and secondly, actual training for work, whether this be part of the man’s former job or some alternative occupation. Rehabilitation services of this kind exist in Canada, France, Germany, the U.S.S.R, and to some extent in the U.S.A; and in some countries, notably Germany, France, the Netherlands, and the States of New York, Wisconsin and Ontario, the law of workmen’s compensation prescribes special maintenance allowances in order to enable injured workmen to undergo courses of vocational retraining.

1 See, for further criticisms of the medical services of Britain and the Health Insurance Scheme, the PEP report on The Health Services (available in an abbreviated form in the Penguin Series) and Lord Horder’s masterly preface thereto.
In this country, it is hardly necessary to say, rehabilitation services scarcely exist. ‘Facilities for rehabilitation,’ writes Dr Norris, “are extremely rare in this country.” Such facilities as there are have come into being mainly through the enterprise or goodwill of a few large organisations. The L M S, for example, have established a clinic at Crewe; the Royal Northern Hospital at Holloway has recently set up a special rehabilitation department; the Nuffield Trust has shown great interest in the problem; and Dr Hugh Griffiths has devoted a lifetime’s experience to building up a rehabilitation clinic at the Albert Dock Hospital. But these ventures, however laudable, remain comparatively tiny experiments, and hardly scratch the surface of the enormous problem of bringing the injured man back into a condition in which his productive power may be utilised to its full capacity. This problem can only be solved by action conceived upon a national scale, but made effective by putting the responsibility for it upon those who are best acquainted with the conditions and in the best position for dealing with them.

CONCLUSIONS

The purpose of the preceding pages was to show

1. That under present circumstances we need to use to the full every ounce of manpower we possess that can be employed on production.

2. That the present arrangements for prevention of accidents and still more for treatment of injuries and of industrial disease result in a very great and unnecessary wastage of manpower, which wastage is likely to be enormously increased under war conditions.

3. That, therefore, one of the most important single contributions which could be made to the war effort would be the immediate introduction of expedients designed both to minimise the occurrence of accidents and to improve the facilities for treatment of the injuries resulting from them. It is hardly possible to calculate what difference it might make to the volume of production if, on the one hand, all preventable accidents were prevented, and, on the other, anyone who was injured was treated as rapidly and effectively as possible, and had his mind directed, not to obtaining as much compensation pay as possible in order to maintain him during his decrepit years, but to refitting himself as rapidly as possible for service in the industrial line.

What then, bearing in mind the need for repair and simple changes, can immediately be done?

It is obvious, from what has been stated in earlier sections, that any final solution involves drastic reform both of the law of workmen’s compensation and of the system of National Health Insurance. Workmen’s compensation, in particular, has a great many fundamental defects. But it is not possible, when what
we want is to produce results within the next two or three months, to start by demanding fundamental changes in a system which has already produced a formidable corpus of case law. The most we can hope for is that the present Royal Commission will take careful note of the criticisms that we and others have raised, and that the measures we are suggesting in subsequent paragraphs may so modify practical procedure as materially to influence any new legislation which may result from its deliberations.

In our view, the main purpose of any immediate proposals should be to create, throughout the industry of this country, institutions charged with the continuous and positive duty (a) of preventing accidents as far as possible, and (b) where accidents occur of providing for the rapid and effective treatment of the victims.

Fortunately, we have not far to look for the nuclei of such institutions. Our aim should be to follow the precedents set by certain continental countries and certain States of the U.S.A., where mutual associations of employers and employees working under governmental supervision and control are entrusted with the task of administering both accident prevention and workmen's compensation, including rehabilitation. Workmen's compensation, as we have shown, must for the immediate moment be omitted from our proposals; but already there are in being joint committees of employers and employees whose functions in relation to accident prevention and treatment might quickly be expended to cover a wide field.

In his Report for 1938 Sir Duncan Wilson draws particular attention to the existence of joint standing committees of this type in cotton, flour and paper milling; and of a number of regional safety committees covering specific areas, which do valuable work in reviewing accidents and exchanging experiences. Such organisations, he writes, 'are of great value in industries where the principal risks are common to all constituent works'. To their experience should also be added such examples as that of the joint board in the Durham mining industry and of the mutual arrangements made by employers and employees in the refractories industries of Yorkshire, which Mr. A. Hollins, M.P., described during the debate of 31 January 1940 on workmen's compensation.

The changes now being made in factory administration, and the establishment, under the chairmanship of Mr. Ernest Bevin, of a new Factory and Welfare Advisory Board, afford a unique opportunity to use the new powers of the Minister of Labour to extend and develop this type of organisation over the whole of industry. Proposals on these lines fall naturally into two parts, one of which concerns the organisation itself and the other its functions.
Organisation

As regards the organisation, the essential is that in the case of a well-established industry of any considerable size, those who are vitally concerned in the running of the industry and who understand its problems should be entrusted with the task of preserving its manpower. In those industries in which joint standing committees already exist, that task is being performed; in those where they do not, the associations of employers and employees should be asked to form committees and should be told that if this is not done voluntarily within a limited period of time, compulsion will be brought to bear. Such committees could be national, or regional or local, in the case of regional or local industries; and it is important that a national or regional joint committee should do all in its power to promote local and factory joint committees of similar type, in order that a day to day watch may be kept upon all problems of safety. In the case of small, scattered, or ill-organised industries or occupations where it is not practicable to set up a fully representative joint committee, the Ministry should itself set up a safety and welfare organisation, composed partly of official members and partly of representatives of those engaged in the trade or occupation. The organisational procedure should, in fact, approximate to that adopted after the last war in the setting up of Joint Industrial Councils; that is to say the Safety and Welfare Committee should be representative to the fullest possible extent, having regard to the degree to which industrial organisation has developed in each particular case.

The expenses of the committees, which should include a special fund for medical purposes, should be met by a levy upon employers. This would, of course, entail some extra cost to industry, though that cost is likely to be less than is commonly imagined. For example, the British Hospitals Association, in a memorandum addressed to the Royal Commission, estimated that the annual cost of hospital treatment for industrial accidents, though a substantial amount to the hospitals, would represent an addition of less than 3% to the annual cost of workmen's compensation. The gain to the productive power of industry produced by the effective functioning of Safety and Welfare Committees would very soon outweigh any initial increase in cost.

Functions

If, however, such Committees are to function effectively, they must be given really wide powers. They should, in the first place, be entitled to visit any plant in the industry with which they are concerned, to inspect its safety provisions, to make additional suggestions and, under prescribed regulations, to inflict fines for the non-observance of safety provisions. They should also make it their business to initiate drives and appeals for in-
creased safety, to set factory competing against factory for a low record of avoidable accidents, and in general to promote that spirit of internal cooperation and emulation which is a far more potent engine of progress than any Act of Parliament.

Furthermore, these Committees should be under an obligation to provide medical treatment for injured workers, wherever the injury is of a serious nature. This treatment would have to be arranged so as not to interfere with existing arrangements; but as we have seen in the earlier part of this pamphlet, existing arrangements are so sketchy and so inadequate that the opportunities for the Committees would be extremely wide—particularly in the direction of specialised treatment, special appliances, rehabilitation, physiotherapy and the retraining of injured workers. The Committees would also be able to arrange, far more efficiently than any centralised Board, for special attention to be given to the particular problems of their own industries; the Mining Committee to nystagmus, for example; the Pottery Committee to dust diseases; committees of the metal trades to eye trouble, and so on. Some Committees could start or subsidise fracture clinics, and all could make arrangements for the services of specialised hospitals and special consultants. The Society of Physiotherapists—a branch of medicine whose importance is rapidly growing—claims that in various parts of the country a large number of private clinics and treatment rooms of registered physiotherapists are available; it should be possible by these means to secure their utilisation for the injured industrial worker. It is worth noting, in this connection, that high medical authorities are strongly in favour of decentralisation of this kind. Sir Morton Smart, Consultant to the London Clinic for Injuries, for example, has suggested the immediate creation of 'local clinics', e.g. pithead clinics, for the employees of large companies, and has predicted that they might well become a nucleus for a nation-wide scheme.

Such a scheme, involving a relatively small subscription from industry as a whole and, owing to its decentralised character, a charge upon national funds infinitesimal as compared with an enormously increased inspectorate controlled entirely from Whitehall, would be able to eliminate much of the present and future wastage of labour through industrial accidents within a very short time. Even if it were more expensive than it is likely to prove, the expense would be well worth while; for, as we have endeavoured to show, the problem is not merely that of the labour which we waste at present, but of the immensely greater amount which we shall waste if we try and speed up industrial production under present conditions to the extent to which we are forced to speed it up. As labour is at present Britain's most precious possession it is important that steps of this kind should be taken without delay.
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