The recording of sickness absence in industry : (a preliminary report) / by a Sub-Committee of the Industrial Health Research Board.

MEDICAL RESEARCH COUNCIL

INDUSTRIAL HEALTH RESEARCH BOARD
REPORT No. 85

THE RECORDING OF SICKNESS ABSENCE IN INDUSTRY

(A Preliminary Report)

By a

Sub-Committee of the Industrial Health Research Board

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THE RECORDING OF SICKNESS ABSENCE IN INDUSTRY

PREFACE

Before the war, many of the more enlightened industrial organisations in this country adopted their own methods for recording sickness absence. They realised that such records would not only help them to determine the effective labour strength, as opposed to the book strength, of their staffs, but would also enable them to keep a check on the effects of conditions of work on the health of those employed in the various departments of the factory, shop, or office. The methods adopted were, however, evolved separately in each firm, and could not be used for comparing the sickness rates of different firms. They lacked the uniformity which is essential for valid statistical comparison.

With the outbreak of war, and the necessity of making the best and most economical use of all available labour, many more firms wanted to keep records of the time lost through sickness and other causes by their workers. There thus arose an urgent demand for a practical method of recording sickness absence—the main cause of lost time in industry—which could be used by the smaller as well as the larger firms. It is often not realised that it is the occupier of the smaller factory who still employs the major proportion of the working population.* To meet this demand, the Industrial Health Research Board appointed a Committee to consider methods of recording sickness absence. This preliminary report is the outcome of its work, and in it the Committee has endeavoured to make a complicated and, in some respects, a controversial subject as simple as possible. To some it may appear that simplification has robbed the records of some of their value, to others that the Committee has asked too much of industry, already harassed by the demands of war-time production. Whatever view is taken, the outstanding need is for industry to adopt a uniform method of calculating sickness rates. The methods outlined in this report for getting the necessary information to calculate these rates need not be used in the place of other methods already found to be efficient. But if records are to have more than an internal value, it is strongly recommended that industries should adopt the measures of sickness absence recommended on pp. 7 and 8, and keep to the points outlined on p. 7, sect. C, so that sickness rates of different firms may be regarded as reasonably comparable.

Given such records, care and skill will still be required in making comparisons between groups, whether they be departments, factories or industries. Some differences between such groups will appear merely by chance, when the numbers involved are small, and a wider basis will be needed to substantiate their validity. Others may be due to the groups employing persons of different ages, so that a high rate may be derived from the older average age of those employed, rather than from any factor in their working conditions. Again, with slight attacks of illness or with minor injury, it may be possible for a person employed in one task to carry on where for another task he would be incapacitated. Such possible factors must be borne in mind in the interpretation of the rates revealed. However, in this report, the basis for determining the sickness experience of the group is the sickness record of each worker. And previous research has shown that the reduction of sickness absence depends on the study of the individual no less than the group.

* *See* Annual Report of the Chief Inspector of Factories, 1937. Table 12 of this report shows that in 1936 52·7 per cent. of workers employed in factories belonged to establishments with 250 operatives or less. There is reason to believe that this distribution has not changed materially since then.

The Committee felt that no system of record keeping should be recommended unless it had been put to the test. This was done in the following organisations, to the members of whom the Committee wish to record grateful acknowledgments: The Mond Nickel Co. Ltd., the Morgan Crucible Co. Ltd., Messrs. Nash & Thompson, Ltd., Messrs. Pritchett & Gold and E.P.S. Co. Ltd., the Ministry of Supply and the West Middlesex County Hospital, Isleworth. In particular, it should be mentioned that the individual card is a modified form of a card designed and used by the medical department of the Automatic Telephone and Electric Co. Ltd., Liverpool. Thanks are also due to Dr. Percy Stocks, Medical Statistician, General Register Office, for his help in preparing the Nomenclature of Diseases for the classification of certified sickness and accidents; to officers of the Ministry of Labour, with whom there has been close co-operation in the preparation of this report; and to the many members of the Association of Industrial Medical Officers who gave the Committee accounts of their own systems of record keeping.

This report is purposely called a preliminary one, for after the Industrial Health Research Board have gained further knowledge from its use, it may well be that valuable modifications of its present form can be made.

INDUSTRIAL HEALTH RESEARCH BOARD OF THE
MEDICAL RESEARCH COUNCIL,
c/o London School of Hygiene and Tropical Medicine,
Keppel Street, Gower Street, London, W.C.1.

26th June, 1944.

THE RECORDING OF SICKNESS ABSENCE IN INDUSTRY

(A Preliminary Report)

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(3) The foreman enters each day on Form I a list of those absent for the first day, and of those returning to work, and the form is passed to the department responsible for compiling records ; *or*

(4) In small units, some other responsible person may be deputed to find out each day the absentees and those who have returned to work, and to pass a list (Form I) to the department responsible for compiling records.

There are many variations of these methods, and the one to be chosen depends on the size, distribution and organisation of the establishment concerned.

Form I

LIST OF ABSENTEES AND THOSE RETURNING TO WORK

(including all absences, whatever the cause)

DEPARTMENT_____

DATE_____

ABSENT FROM WORK TO-DAY FOR THE FIRST TIME			RETURNED TO WORK		
CLOCK NUMBER	NAME	M. or F.	CLOCK NUMBER	NAME	M. or F.

SIGNED_____

III.—THE METHODS OF RECORDING SICKNESS ABSENCE

A.—The Individual Record Card (Form II)

Entries of daily absences can be made on the individual card direct from information given on Form I. The individual card, which provides a personal record of each worker, should supply the following data :—

(*a*) Name.
(*b*) Occupation.
(*c*) Clock number.
(*d*) Sex (cards of different colours are used for males and females).
(*e*) Married or single (in the case of females).
(*f*) Date of birth.
(*g*) Date of entry into firm.
(*h*) Date of leaving firm.
(*i*) Address.
(*j*) Day by day record of all absences for a period of two years.
(*k*) Reasons for absence.
(*l*) Summary of absences under two headings—
  (i) Long sickness absence of 4 consecutive working days or more (SL).
  (ii) Short sickness absence of less than 4 consecutive working days (SS) (not including absences of under one day).
  (A blank space is left for absences due to other causes.)
(*m*) A yearly analysis of the amount of sickness absence (medically certified) in each disease group. (For explanation of the classification of certified sickness absence into disease groups, see Appendix I (A).)

A Method of Using the Card

For each worker there is an individual card (Form II) which can be filled in daily from Form I. There is a blank space for each day of the month. On the first day that a worker is absent for a whole day or shift in any given period, a circle O is written in pencil in the appropriate square. On each succeeding day of absence, the square for that day is marked with a horizontal stroke in ink.* This is done only for planned working days (i.e. Sundays and Bank Holidays, if unplanned working days, are left blank). As soon as the cause of absence is known, one of the following signs indicating the cause is written over the pencilled circle, and later in the square for the last day of the absence :—

Medically certified sickness absence	C
Uncertified sickness absence	U
Absence due to accident at place of work	A

N.B.—Absences due to accidents away from work will be entered under sickness as C or U, depending on whether they are certified or uncertified.

The nature of the illness or accident is written in the space above the line showing the period of absence. Examples are given in the reproduction of Form II below. When used in this way, the cards will record all absences, whether due to sickness, accident or other causes, because a record of each day lost will be made.

In the case of absence *not* due to sickness or accident, the circle O entered for the first day of absence remains unaltered, unless firms choose to employ codes which indicate the reason—for example :—

Husband on leave	HL
Leave other than recognised holidays	L
Sickness at home	H
No reason given	N

* If required, red ink may be used for night shift workers, blue ink for day workers.

In the example given below on Form II, Mary Smith was shown to be away for 5 days (7th to 11th August, 1944), because her mother was ill.

No entry other than a mere record of the first few days of absence can be made on the individual card until further information is obtained from the following sources :—

The factory medical officer or nurse (acute illness, accident, industrial disease).

The worker or his relatives (minor ailment or other cause).

The worker's private medical attendant (illness, accident, industrial disease) by means of a certificate obtained from the worker.

An example of a completed card relating to a period of two years is given below.

NAME	SMITH Mary	46/04 CLOCK NUMBER			S M or S	2.5.23 DATE OF BIRTH	17.5.41 DATE ENTERED	DATE LEFT *
OCCUPATION	Welder							

YEAR 1943	ADDRESS 15 Park Road, Birmingham	SL	SS	OTHER CAUSES
JAN	C Bronchitis C	12 (II)		
FEB	C Influenza C	4 (I)		
MAR				
APR	C Bronchitis	3 (II)		
MAY	— — — — — C	7 (I)		
JUN				
JUL				
AUG	A Injured R foot — — — A	12 (II)		
SEP	U — U U U		5	
OCT				
NOV				
DEC				
	TOTAL	38	5	

FORM II — FRONT OF CARD

YEAR 1944	NAME	CLOCK NUMBER	SL	SS	OTHER CAUSES
JAN	C Influenza C		7 (I)		
FEB		C Bronchitis — — — C	11 (II)		
MAR					
APR					
MAY		U — U		3	
JUN					
JUL					
AUG	H Ulcer ill				5
SEP					
OCT					
NOV	C Tonsilitis — C		8 (II)		
DEC					
		TOTAL	26	3	5

ANALYSIS OF CERTIFIED SICKNESS SHOWING DAYS LOST PER YEAR IN EACH SICKNESS GROUP.	YEAR	I	II	III	IV	V	VI	VII				TOTAL
	1943	4	22				12					38
	1944	7	11	8								26

FORM II — BACK OF CARD

* The reason for leaving can be written on the face of the card before the card is put into a dead file.

The figures in parenthesis in column (SL) denote the disease groups to which the illnesses or injuries belong. The code numbers stand for the following groups: I = colds and influenza, II = diseases of the respiratory system, III = diseases of the digestive system, IV = rheumatism group, V = functional nervous disorders, VI = accidents at place of work, VII = unclassified conditions. The diseases which fall into these groups are given in Appendix I.

If the worker has been absent for four days and no information has reached the firm, a letter can be sent to him (or her), asking for a medical certificate if sickness is the cause of absence.

At the end of each month, absences are summarised under three headings :—

(i) Absences of 4 days or more—long term sickness and accident (SL).

(ii) Absences of less than 4 days—short term sickness and accident (SS).

(iii) Absences due to other causes.

N.B.—If a worker is absent for the last 2 days of one month and the first 3 days of the next month, the sickness is classified under SL in each month. Monthly summaries should therefore not be made until the 5th working day of the following month, in order that absences beginning on the last day of the month may be correctly classified as " short " or " long period " illness.

In this classification, no distinction is made between certified and uncertified sickness absence—i.e. absences of 4 days or more are summarised as SL whether certified or not, and absences of less than 4 days are summarised as SS whether certified or not. The information which is needed for the classification of causes of certified sickness and accidents (see p. 10) can be obtained from the coded entries C, U and A.

If sickness in industry is to be reduced, it is necessary to know the sickness experience of both the individual and the group. The individual cards can singly and collectively supply this knowledge.

B.—The Register of Sickness Absence (Form III)

While the individual card is the one recommended to be used, some organisations, particularly small ones, may wish to use the sickness register as an alternative. It contains the names of those absent through sickness, accident or other causes. The data needed for filling it in with regard to details of absence may either be obtained from Form I or the head of a department may fill in the register without using any intermediary form (see p. 1 sect. II, 2).

In many industrial concerns, a single register may be used for all the workers ; but in some, particularly the larger establishments, it may be easier to keep a separate register for each department. The following information will appear on the register for each person absent :—

(*a*) The clock or works number. In some organisations other identifying numbers may be more useful, e.g. pension or friendly society number.

(*b*) The name of the worker.

(*c*) Sex.

(*d*) Occupation.

(*e*) Department (where a single register is used).

(*f*) Date of first day of absence from work.

(*g*) Date of last day of absence from work.

(*h*) The total number of working days or shifts lost (absences of less than one complete day or shift are not recorded).

(*i*) Nature of the sickness or accident.

Form III

REGISTER OF SICKNESS AND ACCIDENT ABSENCE

DEPARTMENT _____

CLOCK NUMBER	NAME	SEX : M. or F.†	OCCUPATION AND DEPARTMENT*	DATES		TOTAL NUMBER OF WORKING DAYS LOST	NATURE OF SICKNESS OR ACCIDENT	CLASSIFICATION OF CERTIFIED SICKNESS	DAYS LOST FOR PERIOD UNDER REVIEW CODE LETTER		
				FIRST DAY ABSENT	LAST DAY ABSENT				SL	SS	OTHER CAUSES

SL STANDS FOR ABSENCES DUE TO SICKNESS OR ACCIDENT LASTING FOUR DAYS OR MORE.
SS STANDS FOR ABSENCES DUE TO SICKNESS OR ACCIDENT LASTING LESS THAN FOUR DAYS.
* DEPARTMENT SHOULD BE RECORDED WHERE A SINGLE REGISTER IS USED FOR ONE FACTORY.
† MARRIED OR SINGLE WOMEN WORKERS CAN BE DIFFERENTIATED BY THE FOLLOWING SYMBOLS :—
F.M. = MARRIED. F.S. = SINGLE.

(*j*) Classification code number for the sickness where certified (see p. 10 and Appendix I).

(*k*) Classification according to length of absence—

(i) absence of 4 days or more (SL).

(ii) absence of less than 4 days (SS).

When sickness returns are made at the end of each month, the names of those who are absent at the end of that month and are still absent at the beginning of the next month, should be re-entered in the register for the latter month.

C.—Additional Points in Keeping the Records

1. Absences of less than one whole day or shift are not recorded.

2. Unplanned working days, e.g. overtime on Sunday or on Saturday in a 5-day week, are ignored.

3. Saturday morning, when part of the planned working week, is regarded as a *whole* day.

4. In cases of prolonged absence due to illness or accident, the worker is recorded as absent as long as his name remains on the books of the firm.*

5. Where a night shift passes from one month into another, it is recorded in the month in which it started.

6. Records of part-time workers should be kept, and analysed, apart from those of full-time workers.

7. All sickness absence of 4 days or more should be medically certified.

IV.—THE SICKNESS ABSENCE RETURN

The Sickness Absence Return (Form IV) is intended to give a monthly summary of sickness absence. Quarterly or yearly summaries can be compiled in a similar manner. The yearly summary is particularly important, as it will generally form a basis for comparing the sickness incidence of different firms.

The following measures of sickness absence are recommended :—

(1) *The Average Number of Days Lost per Worker per Calendar Month due to all Sickness Absences and Absences due to Accidents* (*Males and Females separately*).

Method of Calculation—

$$\frac{\text{Total number of days lost through sickness (including accidents)}}{\text{Average number of workers employed}}$$

Example—	*Males*	*Females*
Average number of workers in department	220	271
Number of days lost through—		
(i) Sickness of 4 days or more (SL)	54	207
(ii) Sickness of less than 4 days (SS)	15	55
Total number of days lost	69	262
Average number of days lost per person ..	$\frac{69}{220} = 0{\cdot}31$	$\frac{262}{271} = 0{\cdot}97$

* The accuracy of the sickness return for comparison between different organisations will depend on the uniformity of procedure in respect of the period of absence after which a worker is presumed to have left. It is, therefore, suggested that organisations should state the procedure they adopt, on Form IV (see p. 9), where such comparisons are being made.

The number of days lost through long and short sickness absence can also be expressed as a percentage of the total number of days lost, viz.—

	Males	*Females*
(i) Sickness absence of 4 days or more	$\frac{54}{69} \times 100 = 78{\cdot}3\%$	$\frac{207}{262} \times 100 = 79{\cdot}0\%$
(ii) Sickness absence of less than 4 days.	$\frac{15}{69} \times 100 = 21{\cdot}7\%$	$\frac{55}{262} \times 100 = 21{\cdot}0\%$

(2) *Percentage Loss of Planned Production Time per Calendar Month due to all Forms of Sickness and Accident (Males and Females separately)*—

Method of calculation—

$$\frac{\text{Total number of days or shifts lost}}{\text{Total number of planned working days or shifts}} \times 100$$

Example—	*Males*	*Females*
Average number of workers in the department	220	271
Number of planned working days in the month per person.	27	27
Total number of planned working days.. ..	$220 \times 27 = 5940$	$271 \times 27 = 7317$
Total number of days lost through sickness and accident.	69	262
Days lost as a percentage of planned working days.	$\frac{69 \times 100}{5940} = 1{\cdot}16$	$\frac{262 \times 100}{7317} = 3{\cdot}58$

(3) *The Percentage of Workers who have not been Absent due to Sickness (including Certified and Uncertified Sickness and Accidents) in the Calendar Month (Males and Females separately)*—

Method of Calculation—

$$\frac{\text{Total number of workers not absent}}{\text{Average number of workers employed}} \times 100$$

Example—	*Males*	*Females*
Average number of workers in the department ..	220	271
Total number who had no absence due to sickness or accident.	210	237
Percentage who had no absence due to sickness or accident.	95·5	87·5

The examples given are entered on Form IV, reproduced below. They concern one department. Similar figures for other departments can be filled in on the same form.

Form IV

GROUP ANALYSIS OF ABSENCE DUE TO SICKNESS AND ACCIDENTS

PERIOD _____

	GROUP OR DEPARTMENT	AVERAGE NUMBER EMPLOYED	TOTAL WORKING DAYS PLANNED	WORKING DAYS LOST								PERCENTAGE LOSS OF PRODUCTION TIME	WORKERS NOT ABSENT	
				ABSENCES UNDER 4 DAYS (S.S.)			ABSENCES OF 4 DAYS AND OVER (S.L.)			TOTAL	AVERAGE PER WORKER		NUMBER	PERCENTAGE OF NUMBER EMPLOYED
				NO. OF WORKERS INVOLVED	DAYS LOST	PER CENT. OF TOTAL	NO. OF WORKERS INVOLVED	DAYS LOST	PER CENT. OF TOTAL					
MALES..	A	220	5,940		15	21·7		54	78·3	69	0·31	1·16	210	95·5
TOTAL														
FEMALES	A	271	7,317		55	21·0		207	79·0	262	0·97	3·58	237	87·5
TOTAL														

Explanatory Notes to Form IV

(*a*) *The average number of workers employed* in any period can be reckoned as the numbers on the pay-roll at the beginning and end of the period added together and divided by 2. This is adequate when the population is reasonably stable. Where there is a rapid decrease or increase in numbers, the average for a month should be taken from the numbers on the books at the beginning of each week added together and divided by 4 or 5, according to the number of weeks. For a year, the numbers employed at the beginning of each calendar month should be added together and divided by 12.

(*b*) *The total number of planned working days* is obtained by multiplying the number of planned working days in the period by the average number of workers on the books during that period :—

(i) Saturday morning, if part of a planned working week, is reckoned as a whole day.

(ii) In the case of a 5-day week from Monday to Friday, any overtime on Saturday or Sunday is ignored.*

(*c*) *The total number of days lost* is obtained from the individual cards (Form II) or the register of absence (Form III).

V.—CLASSIFICATION OF CAUSES OF CERTIFIED SICKNESS ABSENCE

In both Forms II and III, the nature of the illness is recorded, and this indicates roughly how much of the total absence is due to each of the various classes of sickness. It is useful, however, to classify the cases on a more scientific and uniform basis, and to calculate the numbers in each class. In many cases of sickness absence of short duration there will not have been a medical examination and diagnosis, and the description of the illness given by the worker may be too vague to enable it to be properly classified. It is therefore safer, for these calculations, to classify cases of certified sickness only. This classification will make it possible to detect unusually high rates of sickness in certain groups of illnesses in particular departments or factories, and will thus direct attention to their causes. For this purpose, only those common diseases, such as certain diseases of the respiratory system ; rheumatism, gastric disorders, functional nervous disorders, etc., which may have some relation to the industrial environment, are classified, and the groups recommended are given below :—

I.—Influenza and Colds.

II.—Diseases of the Respiratory System.

III.—Certain Diseases of the Digestive System.

IV.—The Rheumatism Group.

V.—Functional Nervous Disorders.

VI.—Accidents at Place of Work.

VII.—Unclassified Conditions.

Classes of disease falling in Group VII may also, if necessary, be classified separately. For example, toxicological and other conditions known to be associated with occupations may be put into a separate group where absences from these causes occur in substantial numbers.

* This is not to say that the effects of long hours or overtime on health should be ignored. If it is desired to study these effects, workers who are continually working overtime may be studied as a separate group (see p. 1) and their sickness rates compared with the rates of those working normal hours.

Form V

CLASSIFICATION OF CAUSES OF CERTIFIED SICKNESS

GROUP OR DEPT. _____ PERIOD: JANUARY, 1944

AVERAGE NUMBER EMPLOYED { MALES .. 1,815 / FEMALES 2,103

CLASS OF SICKNESS.	NEW CASES.		CONTINUING CASES.		DAYS LOST (ALL CASES).		*PERCENTAGE OF TOTAL DAYS LOST.		†AVERAGE DAYS LOST PER 100 WORKERS IN DEPARTMENT OR GROUP.	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
I. COLDS AND INFLUENZA	69	131	24	46	718	1,192	33·77	46·67	39·56	56·68
II. RESPIRATORY SYSTEM	33	46	12	23	306	462	14·39	18·09	16·86	21·97
III. DIGESTIVE SYSTEM	25	20	2	5	180	181	8·47	7·09	9·92	8·61
IV. RHEUMATISM GROUP..	18	14	6	—	212	102	9·97	3·99	11·68	4·85
V. NERVOUS DISORDERS (FUNCTIONAL) ..	7	11	1	2	94	80	4·42	3·13	5·18	3·80
VI. ACCIDENTS AT PLACE OF WORK ..	12	7	3	—	189	30	8·89	1·17	10·41	1·43
VII. UNCLASSIFIED	38	91	14	18	427	507	20·08	19·85	23·53	24·11
TOTAL	202	320	62	94	2,126	2,554	99·99	100·00	117·14	121·45

New Cases are those cases of sickness certified during the current month and placed on the sick list between 12 midnight on the last day of the previous month and 12 midnight on the last day of the current month.

Continuing Cases are those cases of sickness contracted prior to, but continuing into, the current month.

* This figure is obtained as follows : $\frac{\text{Days lost for class of sickness}}{\text{Total days lost}} \times 100$

This figure is obtained as follows : $\frac{\text{Days lost for class of sickness}}{\text{Average number employed}} \times 100$

In Appendix I, the types of diseases and injuries which fall in the seven groups above are listed, for the benefit of medical personnel, under main headings which correspond with those used in "A Provisional Classification of Diseases and Injuries", recently issued by the Medical Research Council.* Since such a classification will in many cases be made by non-medical personnel, an alphabetical list of nearly 300 common diseases, showing the groups in which they fall, is also included in this appendix.

The classification is made on Form V, which gives, for the calendar month, the number of new and continuing cases† and the total days lost for each class of sickness. The loss for each class of sickness is expressed as (*a*) the percentage of total days lost, and (*b*) the average days lost per 100 workers in the department or group concerned. An example of a completed Form for a whole factory is given on p. 11.

VI.—SUMMARY

1. The keeping of sickness records in industry is essential if absence due to sickness is to be properly estimated and controlled.

2. The method used to obtain the initial information on absence depends on the size, distribution and organisation of the industry concerned.

3. The value of sickness records depends on their accuracy, and on the use of standardised measures of sickness absence. Suitable measures and methods of calculation are given.

4. Certified sickness absence should be grouped as far as possible into those classes of disease which may have some relation to the working environment. A classification of sickness is given which can serve this purpose.

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*"A Provisional Classification of Diseases and Injuries for Use in Compiling Morbidity Statistics," by the Committee on Hospital Morbidity Statistics. *Spec. Rep. Ser. Med. Res. Coun., Lond.*, No. 248, 1944.

† *New Cases* are those cases of sickness certified during the current month and placed on the sick list between 12 midnight on the last day of the previous month and 12 midnight on the last day of the current month.

Continuing Cases are those cases of sickness contracted prior to, but continuing into, the current month.

APPENDIX I

NOMENCLATURE OF DISEASES FOR THE CLASSIFICATION OF CERTIFIED SICKNESS AND ACCIDENTS

(A) Main Headings for the use of Medical Personnel

The diseases and injuries which fall in the seven groups given on p. 10 above are listed under sub-groups which correspond with those in use for Emergency Medical Service Hospital Statistics. The code numbers used in the Medical Research Council Report entitled "A Provisional Classification of Diseases and Injuries for Use in Compiling Morbidity Statistics" (*Spec. Rep. Ser.* No. 248, H.M. Stationery Office, London, 1944, price 3*s.* net) are given in the left-hand margin.

M.R.C. Code No.	*Disease.*
	I.—Colds and Influenza
070–073, 443	Colds, influenza and laryngitis.
	II.—Diseases of the Respiratory System
450–452	Pneumonia (acute primary).
445–448	Bronchitis (including tracheitis).
Rest of **44–46**	Other diseases of the respiratory system.
	III.—Diseases of the Digestive System
47	Diseases of the mouth and teeth.
481 482	Acute pharyngitis and tonsillitis.
540, 541, 543, 7686	Acute hepatitis and jaundice.
520–525	Hernia.
491–494	Gastric and duodenal ulcer.
500–503	Gastro-enteritis.
507	Appendicitis.
Rest of **48–50, 52–55**	Other diseases of the digestive system.
	IV.—Rheumatism Group
10, 700–706	Rheumatism, arthritis, fibrositis.
	V.—Functional Nervous Disorders
331–333	Psycho-neuroses and abnormal character states.
51	Functional disorders of digestion.
	VI.—Accidents at Place of Work
In **80–96**	This group comprises all injuries and disabilities defined as accidents for the purpose of the Workmen's Compensation Act.
	VII.—Unclassified Conditions
02, 03	Tuberculosis.
04, 05	Venereal diseases and sequelae.
096	Scabies.
Rest of **00–09**	Other infective diseases.
11–20	Neoplasms.
22	Diabetes.
270–274	Anaemias.
Rest of **21–29**	Other general and endocrine diseases.
30, 32, 330, 34, 35	Other diseases of the nervous system (excluding cerebral haemorrhage).
36	Diseases of the eyes and visual defects.
37	Diseases of the ear and mastoid.

VII.—Unclassified Conditions—*contd.*

M.R.C. Code No.	*Disease.*
31	Intra-cranial vascular lesions.
38–42	Diseases of the heart and arteries.
43	Diseases of the veins.
60, 61	Diseases of the female genital organs.
56–59	Other genito-urinary diseases (non-venereal, including nephritis).
620, 650	Normal child bearing.
Rest of **62–67**	Abnormal child bearing.
68, 69	Diseases of the skin and cellular tissue.
71, 72	Diseases of bones, joints, muscles (non-rheumatic).
73–75	Congenital mal-formations and infantile diseases.
76 (except **7686**) ..	Ill-defined symptoms (except jaundice).
800*, **840***	Head injuries.*
841–845*	Fractures (except of skull).*
90–92*	Acute poisoning.*
93*	Burns.*
Rest of **80–96***	Other injuries.*

*Excluding accidents assignable to Group VI.

(B) Alphabetical List of Diseases (Classified)

Diseases not named in the list given below may be classified by referring to the "Index to the Manual of the International List of Causes of Death" (H.M. Stationery Office, London, 1944, price 2*s.* net), which can be used in conjunction with "A Provisional Classification of Diseases and Injuries for Use in Compiling Morbidity Statistics (*M.R.C. Spec. Rep. Ser.* No. 248).

Group	**A**
VII.	Abscess (unqualified).
VII.	Abdominal colic.
VII.	Abortion.
VII.	Accidents at home.
VI.	Accidents at place of work.
VII.	Adenitis.
VII.	Alopecia.
III.	Alveolar abscess.
VII.	Anaemia.
III.	Anal: fistula or fissure.
VII.	Angina.
III.	Appendicectomy.
III.	Appendix.
III.	Appendicitis.
IV.	Arthritis: any condition.
VII.	Asthenia.
III.	Atrophy: yellow, acute (occupational in origin VII).
VII.	Asthma.
	B
VII.	Backache.
III.	Biliary passages: all conditions of.
III.	Biliousness (bilious).
VII.	Boils.
VII.	Breast: diseases of.
II.	Bronchi: all conditions of.
II.	Bronchitis.
II.	Broncho-pneumonia.
III.	Buccal sepsis.
VII.	Burns (VI where occupational).
VII.	Bursitis.

Group	**C**
VII.	Cancer.
VII.	Carbuncle.
VII.	Carcinoma.
VII.	Cardiac debility.
VII.	— valvular disease.
VII.	— arrhythmia.
III.	Cardio-spasm.
I.	Catarrh (all acute conditions of the nose and naso-pharynx).
II.	Catarrh: nasal, naso-pharyngeal (not specified as acute).
I.	Catarrhal cold.
I.	Catarrhal fever.
III.	Catarrhal jaundice.
VII.	Cellulitis.
VII.	Cephalgia.
VII.	Cervicitis.
II.	Chest trouble.
VII.	Chickenpox.
VII.	Chilblains.
VII.	Chill.
III.	Cholangitis.
VII.	Climacteric.
I.	Cold.
VII.	Colic.
III.	Colitis.
VII.	Conjunctivitis.
VII.	Contusion (VI where occupational).
I.	Coryza.
VII.	Cough.
VII.	Cyst.
VII.	Cystitis.

Group	**D**
VII.	Debility.
III.	Dental : any condition.
VII.	Dermatitis.
VII.	Diabetes.
III.	Diarrhoea.
VII.	Diphtheria.
III.	Diverticulitis.
VII.	Dropsy.
III.	Duodenal ulcer.
VII.	Dysentery.
VII.	Dysmenorrhoea.
III.	Dyspepsia.
VII.	Dysphagia.

E

VII.	Earache.
VII.	Eczema.
II.	Empyema : all forms except tuberculosis.
VII.	Encephalitis.
VII.	Endocervicitis.
VII.	Enlarged glands.
III.	Enteritis.
VII.	Epididymitis.
VII.	Epilepsy.
VII.	Epistaxis.
VII.	Epithelioma.
VII.	Erythema.
VII.	Exophthalmic goitre.
VII.	Eye : inflammation of and affections of.

F

VII.	Fatigue.
VII.	Fevers.
II.	Fibroid lung.
VII.	Fibroids.
VII.	Fibroma.
IV.	Fibrositis.
VII.	Flat feet.
VII.	Furunculosis.

G

III.	Gall bladder : diseases of.
VI or VII	Gas poisoning.
III.	Gastric : any condition, except influenza.
I.	Gastric influenza.
III.	Gastritis.
III.	Gastro-enteritis, except identified Salmonella affections which are grouped under Section VII.
VII.	Genito-urinary diseases.
III.	Gingivitis.
III.	Glands : salivary, conditions of.
VII.	Glands (not defined).
III.	Glossitis.
VII.	Gout.
I.	Grippe.
VII.	Growths.
III.	Gums : any condition of.

Group	**H**
VII.	Haematuria.
VII.	Haemoptysis.
VII.	Haemorrhage.
VII.	Haemorrhoids.
VII.	Haematemesis.
VII.	Hay fever.
VII.	Headache.
VII.	Heart : disorders of.
VII.	Heartburn.
III.	Hepatitis.
III.	Hernia : inguinal, femoral, umbilical, incisional.
VII.	Herpes zoster.
VII.	High blood pressure.
VII.	Hyperaemia.
VII.	Hypepiesis.
VII.	Hyperpyrexia.
VII.	Hypertension.
VII.	Hyperthyroidism.

I

VII.	Impetigo.
VII.	Industrial dermatitis.
VII.	Industrial fatigue.
I.	Influenza : (any diseases described as influenzal, including influenzal pneumonia and gastro-intestinal influenza).
VII.	Insomnia.

J

III.	Jaundice (*a*) unspecified.
III.	,, (*b*) toxic (VII where occupational).
III.	,, (*c*) catarrhal.
VII.	,, (*d*) haemolytic.
VII.	,, (*e*) due to drugs, etc.

K

VII.	Kidney trouble.

L

I.	Laryngitis.
II.	Larynx : all conditions of, except laryngitis.
VII.	Leucorrhoea.
III.	Liver : all diseases of.
IV.	Lumbago.
II.	Lung : all conditions of except tuberculosis, tumours and occupational disease.

M

VII.	Malaria.
VII.	Mastoid.
VII.	Measles.
VII.	Menière's disease.
VII.	Menopause.
VII.	Menorrhagia.
VII.	Menstrual.
VII.	Migraine.
VII.	Miscarriage.
VII.	Mitral stenosis.
III.	Mouth : any conditions of, except specific infections, thrush and tumours.

Group	**M**—*cont.*
VII.	Mumps.
IV.	Muscular rheumatism.
IV.	Myalgia.
VII.	Myocarditis.
IV.	Myositis.

N

II.	Nasal catarrh (not acute).
VII.	Nasal polypus.
I.	Naso-pharyngitis (acute).
II.	Naso-pharyngitis (not acute).
VII.	Neoplasm.
VII.	Nephritis.
V.	Nerves.
V.	Nervous breakdown.
V.	Nervous debility.
V.	Nervous dyspepsia.
V.	Nervous exhaustion.
VII.	Nettlerash.
V.	Neurasthenia.
VII.	Neuralgia.
VII.	Neuritis (except where rheumatic IV).
V.	Neurosis.

O

VII.	Occipital pain.
VII.	Oedema.
III.	Oesophagus : diseases of.
VII.	Operation.
III.	Oral sepsis.
VII.	Orchitis.
VII.	Osteomyelitis.
VII.	Otitis.
VII.	Otitis media.
VII.	Otorrhoea.

P

VII.	Paget's disease.
VII.	Pains.
VII.	Paresis.
VII.	Pelvic disease.
III.	Peptic ulcer.
VII.	Perinephric abscess.
VII.	Peripheral neuritis.
III.	Peritonitis.
III.	Peritoneum : all conditions of, except tuberculosis and tumours.
III.	Pharyngitis.
VII.	Phlebitis.
VII.	Phthisis.
VII.	Pituitary tumour.
II.	Pleura : all conditions of, except tuberculosis and tumours.
II.	Pleural effusion, except tuberculosis.
II.	Pleurisy, except tuberculosis.
II.	Pleurodynia.
VII.	Plumbism.
II.	Pneumonia.
II.	Pneumonitis.
VII.	Polypi (unqualified).
VII.	Pregnancy.
VII.	Prolapsus uteri.

Group.	**P**—*cont.*
VII.	Pruritus.
VII.	Psoriasis.
V.	Psychoneurosis.
VII.	Pulmonary tuberculosis.
VII.	Pyelitis.
III.	Pyloric stenosis.
III.	Pyorrhoea.
VII.	Pyrexia.
II.	Pulmonary : all conditions, except tuberculosis, tumours and occupational diseases.
II.	Pulmonitis.

R

VII.	Rash.
VII.	Reynaud's disease.
IV.	Rheumatic : any condition.
IV.	Rheumatism.
IV.	Rheumatoid : any condition.
I.	Rhinitis (acute).
II.	Rhinitis (not specified as acute).
VII.	Ringworm.
VII.	Rodent ulcers.
VII.	Rubella.

S

VII.	Scabies.
VII.	Scarlet fever (Scarlatina).
VII.	Sciatica.
VII.	Sepsis (unqualified).
II.	Septum : nasal—deviation of.
VII.	Shingles.
VII.	Sickness and diarrhoea.
II.	Sinus : abscess, empyema and suppuration of.
II.	Sinusitis.
VII.	Skin conditions.
III.	Sore throat.
VII.	Spinal displacement.
VI or VII.	Sprain.
III.	Stomach : any condition of.
III.	Stomatitis.
VII.	Styes.
VII.	Swollen ankle.
VII.	Sycosis.
VII.	Syncope.
VII.	Synovitis.

T

VII.	Tachycardia.
III.	Teeth : any condition of.
VII.	Thrombo phlebitis.
VII.	Thrombosis.
VII.	Thyroid enlargement.
III.	Tongue : diseases of, except tumours.
III.	Tonsillitis.
III.	Toothache.
IV.	Torticollis.
II.	Tracheitis.
VII.	Tuberculosis.
VII.	Tumour.

Group	U
VII.	Ulcer.
VII.	Urticaria.

	V
VII.	Vaccination.
VII.	Varicose veins.
VII.	Vertigo.

Group	V—*cont.*
VII.	Vincent's Angina.
VII.	Vomiting (unqualified).

	W
VII.	Whitlow.
VII.	Whooping cough.
IV.	Wry neck.

APPENDIX II

NOTES ON STAFF REQUIRED AND COST OF USING THE SYSTEM

A brief account is given here of the staff required, and the cost in wages, for using the method of recording sickness absence outlined in this report in a factory with a population of over 4,000.

Obtaining the information

One clerk in each foreman's office obtains a list of *all* absentees, and of those returning to work, from the clock cards. These lists, together with the reasons for absence (where known) are sent to the Personnel Department. It is estimated that it takes at the most ten minutes to extract the necessary information from twenty clock cards. Even in big departments, this preliminary step in the recording of absence should not take up much of the time of a clerk who is mainly engaged in other work.

Recording and analysis of sickness absence

In the Personnel Department, one experienced clerk and two part-time clerks are engaged whole-time for the recording and analysing of all absences which, in the case of this factory, include not only those due to sickness or accidents. The duties of the clerks are to fill in the register of sickness absence and the individual cards, and to complete the monthly returns. The clerks work 43 hours a week, and are paid as follows :—

Senior clerk	£200 per annum.
Part-time clerks estimated at a cost of £94 per annum each.	£188 per annum.

In this large organisation, where some means already existed for accounting for those absent from work, the adoption of the system described in this report entailed the employment of three additional clerks, at a cost of under £400 per annum. In smaller factories, and in those where only sickness absence is recorded and analysed, the staff required will be correspondingly less.

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