In India, morbidity statistics is practically unavailable except those from hospital admissions and dispensary or clinic attendances which also suffer from great incompleteness and lack of standardisation. Even diagnosis and cause of death are sometimes imperfectly reported except from the few teaching hospitals. Another great drawback of the hospital statistics is the absence of population base from which the patients are admitted. On the other hand, the reporting of death, i.e. mortality statistics, no longer gives one an yardstick of the prevailing sickness condition in the community owing to a great reduction of death rate by improved methods of treatment and preventive measures. This morbidity statistics has gained greater importance for the purpose of planning health services, assessment of problems and priorities of health measures taken etc.

The recent organized health care programmes among special groups of communities through specialized agencies like the Employees State Insurance Scheme, the Contributory Health Service Scheme, etc., have provided ample opportunities for studying morbidity conditions of these communities. Dr. S.P. Mookerji, being employed in the Employees State Insurance Scheme in the capacity of Medical officer and Medical Inspector, was considered to be in a proper position to carry out a study and present his findings as a dissertation for his D.Phil. thesis on "The Studies on Morbidity and its Medical Benefits for the Industrial Worker under the Employees State Insurance
Scheme (Calcutta) in 1959*. He has fulfilled the requirement of the University regulations for D.Phil. in Medicine in Epidemiology and has carried out a two-year research work for the preparation of this thesis. This is one of the pioneer efforts on morbidity studies conducted under my supervision and I am happy to state that he has brought out the salient features of morbidity pattern of the industrial workers in the city of Calcutta upto the level of monthly income of Rs.400/- or less although he has had no opportunity of studying the environmental factors except the type of industries in which they are employed, which might have contributed to the morbidity conditions they suffered from. He has also brought out the deficiencies in regard to the entire scheme and its execution and also in not including certain important diseases like cancer, venereal, mental, skin, dental and certain other diseases. He has also mentioned the limitations of his study owing to the absence of certain facilities and offered his recommendations for the improvement of the working of the scheme.

He has made a general review of the existing knowledge on the reporting of morbidity statistics in this and other countries and having a special training in Public Health as well as Medical Statistics at the All-India Institute of Hygiene and Public Health, Calcutta, he could carry out this work with accuracy and judgment as the situation permitted. I hereby forward his thesis for examination.

(Designation)

New Delhi.