Attempts have been made to give precise definitions to certain conventional terms used in this investigation and analysis of data to avoid any possible vagueness or ambiguity in the final analysis. For instance, sickness or illness has been defined in various ways by different authors. Some have defined on the basis of duration, some on the basis of severity. Such restricted definitions are considered unsuitable for the present study which aims at including in its scope even minor and non-disabling diseases of short duration and also minor diseases of chronic nature.

In this study it was found during analysis that the sickness data were mainly composed of three elements: (a) diseases or causes of sickness which gives data in relation to incidence, variation and duration of diseases, (b) sick insured persons giving data relating to age, sex and occupational variation, and (c) insurance medical practitioners giving data regarding medical care. In the present study attention was focused mainly on sickness and insurance medical practitioners and less on the sick insured persons, as such attempts were made to collect data in order to examine the nature of diseases encountered during the years how often they occur, in what age groups and seasons the sickness occurred and what contribution the particular disease made to the total amount of morbidity recorded. Also from the point of view of practitioners, attempts were made to collect data in order to study how many consultations took place within the given period, how many consultations at home and at clinic and consultations in different groups of diseases. Further studies
were made of the nature of certification issued and the different
types of diseases for which they were issued and how many referrals
were arranged.

As previously stated in this study, the terms like sickness,
medical consultation, duration of illness etc. have been defined as
follows:

(a) Sickness

Any record of illness or specific disease or symptoms,
disorder, affection or discomfort or injury to an insured person
regardless of nature, duration and disability which necessitated prac-
titioner’s service or for which medical consultation, specialist’s
services or hospitalisation was necessary during any time of 1000 under
the insurance scheme was taken as sickness.

(b) Medical Consultation

Medical consultation is defined as record of mutual contact
between insurance medical practitioner and the insured person or some
responsible representative of insured person either at the clinic or
at home for obtaining medical service of his panel doctor during the
period under reference. There might be some possibility, though few,
of the non-recording of consultation, made at inconvenient hours for
under examination.

(c) Sick days or Duration of Illness

The duration of sickness is defined as the recorded period
between the first and the last date of medical consultation at any
approved place for any cause of sickness or injury. For measuring sick
days of diseases with acute or sudden onset no difficulty arises for
estimating duration, but the position is different with chronic dis-
cases which come with insidious onset and hence the duration of Illness
may not correspond to the time spent under medical care. In view of
this difficulty every attempt was made to record the certified
duration as correctly as possible. Moreover, the duration
was verified, if necessary, by the copies of certificates available
in the office.
(d) **Certificates**

Employee State Insurance certificates are classified as
Joining or Final (Form 8), combined (Form 8), First (Form 9),
Intermediate (Form 10) and special Intermediate (Form 11), on the
basis of duration of sickness (vide appendix ). Certificates
are issued only by the Insurance medical practitioner with or without
the approval of the specialist. There was also some possibility of
incomplete recording of certificates but no satisfactory method of
checking the completeness or otherwise of the recording of certifi-
cates was available.

**Original Certificate**

Combined certificates without sickness benefits are
issued by practitioners to insured persons for sickness
or injury when the duration is more than 24 hours but not
exceeding 28 hours.

**First Certificate**

First certificates with sickness benefit are issued
to insured persons when the duration of sickness or injury
is more than 48 hours but not exceeding 7 days.

**Intermediate Certificate**

Intermediate certificates with sickness benefit are
issued by practitioners to insured persons for sickness or
injury when the duration of sickness is more than 7 days
but does not exceed 28 days.
Special Intermediate Certificate

Special intermediate certificates with sickness benefit are issued by practitioners when the duration of sickness is more than 20 days but not exceeding 56 days.

(e) Referrals

Referrals imply that the practitioner at his discretion has taken some action to refer the patient to specialist treatment or investigation, either at the specialist centre or at the hospital. There is, however, possibility of an insured person being admitted to hospital direct from the factory without the referral from his panel doctor due to serious employment injury. When considering the number of referrals a possibility of incomplete recording or of misleading diagnoses should be taken into consideration. In this case also there was no satisfactory method of checking.

Next, a systematic classification of discretion was attempted on which the analysis of data was based. The classification is described below:

Classification of Disease

The diagnosis as recorded by the insurance medical practitioner was not always precise so far as coding the cause of illness or morbidity was concerned. A special expanded list of 84 groups of diseases or specific diseases on the basis of the list of 50 diseases of the international classification of diseases, injuries and cause of death of 1968 edition meant for the developing countries was prepared with necessary amendments and used instead of the detailed list. The order of groups of diseases has been maintained throughout the list strictly. The grouping and sub-grouping of diseases were also revised in this study according to the local problems, their increased frequen-
cies, public health importance and with a view to extending the
scope of medical care, if necessary, to such disease as dental
conditions, cancer, venereal diseases, etc.

Recording of Diseases

Each of the seven insurance medical practitioners selected as described earlier was visited by the author and 1505 schedule
were filled up in their presence. Any continuous period of
sickness was coded as one single illness irrespective of the dura-
tion and the practitioners using different terminologies of dif-
ferent visits due to change of signs and symptoms. The recording
of fever, diarrhoea, feverishness, cold in the nose, person without
intermissions between any two symptoms were considered and coded
as Enteric Fever and as the sickness as encountered by the doctor
in his final diagnosis. Such a disease was coded and accepted as
the primary cause. Acute diseases were accepted as primary cause
in preference to the groups of symptoms. Some exception was made
for counting duration of sickness in chronic illness like Goitre,
Piles, etc. For chronic illnesses of very insidious onset like
pulmonary tuberculosis, goitre, etc., the entire period was taken as
the duration although the actual onset might have been earlier.
While the illness is recorded by mere symptoms, the latter was
coded and tabulated as the primary cause such as Headache, Dehydration,
etc. Furthermore, every record of illness was carefully edited to
see that the same continuous sickness was not counted as two ill-
nesses.

The schedules thus coded were edited again before transferring
to punched cards. Following this verification and transfer the punch-
card cards were sorted and tabulated for the final analysis.