as suffering from these diseases as judged by frequency, duration, and severity rates. A carefully matched control group of 700 other employees who did not suffer from these two diseases was used for contrast.

Eighteen firms in the Boston and New York areas co-operated—all employed more than 500, and all had good medical and personnel recording. The median age of both groups (study and control) was 55 years (82% men, 18% women). The occupational groupings were as follows: professional 10%, managerial 14%, clerical 16%, skilled 25%, semi-skilled 16%, unskilled 9%, service 10%. Marital status was also recorded.

The opinion is expressed that cardiacs can and should work. The findings indicate that employees with either disease tended to lose more time than the control group, but marked individual variations occurred, especially in those engaged in production work. Many cardiacs compared favourably with non-cardiacs; many older employees compared favourably with younger ones.

It is very encouraging to find that good medical assessment and careful job placement were important factors in keeping people at work.

This interesting and well-planned study can be recommended with confidence to industrial physicians and nurses. It is worth reading and it ought to be read.

OWEN MCGIRR

'Stroke' Illness—Help for Patient and Family. By N. P. R. Clyde. (Pp. 70. 5s.) London: The Chest and Heart Association. 1961.

It is fair to say that if the family practitioner, the specialist, the nursing staff, and the ancillary hospital staff are all doing their jobs to the full, there would be little need for booklets of this type. One can probably assume, however, that from time to time certain aspects of the management of an illness, such as a stroke, may be overlooked. This is particularly true of such simple things as the timely explanation to patient and relatives of what is taking place. For this reason interested people could benefit from reading this Chest and Heart publication.

Few will quarrel with the material offered to the reader here, though there is still argument among doctors as to how much detailed information patients should be given. The first two chapters dealing with the systems involved and the causes of a stroke are, of necessity, oversimplified, though eminently readable. There follow sections on nursing, muscle retraining, and more advanced exercises, almost all of which nowadays lie in the province of the hospital rather than the home. These chapters could well have been cut still further, and the sections devoted to mechanical aids and gadgets and relearning to walk and work could have been expanded. These latter are not only sensible, but highly practical in nature.

In the chapter on First Aid and Nursing, there are some who will still take issue with Dr. Clyde on his remarks regarding the treatment of bed-sores.

The author, from personal experience, has written with sympathy of an illness which can be a severe test of patient, family, nursing staff, and doctor alike. He neither overstates nor minimizes the difficulties that can arise.

D. S. F. ROBERTSON

Sozialer Wandel und Krankheit. Ergebnisse und Probleme der medizinischen Soziologie. By Manfred Pflanz. (Pp. xii + 403; 8 figures + 49 tables. DM. 34.50.) Stuttgart: Ferdinand Enke. 1962.

In his opening chapters the writer inquires whether there is any demonstrable correlation between social change and specific illnesses arising therefrom.

He is careful to point out that no society is ever static, that the "good old times" are an illusion, and that in the past violent upheavals, wars, pestilence, and natural catastrophes, were as common as today.

The nature and instruments of government, of coercion, and of intimidation have altered. But he draws on indisputable evidence from the past to show that the state of men's minds, though then more clouded by ignorance and superstition, did not differ essentially from that of the present day.

He then considers some of the more common conditions recognized by doctors, both in the physical and the mental fields, and produces a considerable literature from many parts of the world to illustrate his points.

The existence of "manager's sickness" is, in his view, based on very flimsy evidence. But he agrees that those who lead in many fields of enterprise, are, by their nature and upbringing, forcible persons. They like to lead and, though it takes its toll on them, enjoy combat and direction of affairs. In consequence they are exposed to the risks and hazards linked with responsibility, but many thrive on it.

Among the social stresses are those arising from pride of race, of moral and social superiority as seen by those claiming these attributes, and of the clash of populations living closely intermingled but by different standards. Thus an Indian mystic will look with pity and condescension on the European whose god is the motor-car. The latter has his own standards for pitying the former.

It seems that many of the problems enunciated by Dr. Pflanz lie more in the field of the politician than in that of the doctor.

He attributes many conditions needing medical care to habits of living, to diet, to income and occupation, which are not essentially factors linked with social stresses. In general he concludes that there is little positive evidence to associate diseases of a specific nature with specific social changes. Anxiety states have always been common because causes for anxiety have never been absent from our lives.

G. C. PETHER

A Manual of Neurology and Psychiatry in Occupational Medicine. (Modern Monographs in Industrial Medicine No. 6.) By Ralph T. Collins. (Pp. 254; illustrated. 46s.) New York: Grune and Stratton. 1961.

"How much neurology and psychiatry do I need to know?" an industrial medical officer must often ask himself. Dr. Collins gives his answer, and a very good one it is. This is not, as he says, a textbook on either subject; but it will be an invaluable introduction to examination and early diagnosis, with a series of useful "reminders"; certainly a book for the surgery library.