Book reviews

Accidents and the Law. It's Your Law Series, No. 6. By Neville D. Vandyk. (Pp. 170; £1.50). Oyez for the Law Society: London. 1975.

Probably the commonest reason for any of us to be involved in legal proceedings is that we have suffered or caused some accidental injury or loss. There has long been a need for a general statement of our rights in such events, accessible and intelligible to the layman. Mr Neville Vandyk's little book seeks to meet this need. Prepared and edited by the Law Society, it offers a dozen short chapters in non-technical language on misfortunes arising at home, at work, on the roads, in medical treatment, and so on, together with observations on the assessment of damages and entitlement to insurance benefits.

In the circumstances therefore it may seem ungenerous to criticise, but the fact remains that there are a surprising number of errors and obscurities, some of which are on quite basic matters. In a book appearing in 1975, for example, one would not really expect to find stated as law certain requirements of the Sale of Goods Act which were deleted by the Supply of Goods (Implied Terms) Act, 1973 (p. 70). The 1973 Act indeed is not even mentioned by name despite the importance of the changes it made to protect the buyer. The extent of the control it exercises over contracts of sale purporting to exclude sellers' liabilities, which depends entirely on whether the transaction is a 'consumer' or 'non-consumer' one, is referred to without qualification in the context of 'contracts not of an international character'. The considerably greater rights of suppliers of *services* to exclude their liabilities are not touched upon at all.

While discussing the difficulty of proving employers' liability in damages for conditions of work causing disease, the author states: 'There are certain prescribed diseases (pneumoconiosis, byssinosis, silicosis, lead poisoning, etc.) which are assumed to be caused by employment in certain industries, and there is no need for further proof' (p. 93). To include industrial

injury insurance benefit rules in the context of proof of negligence is misleading, to say the least. Again, accident victims can sue for damages within three years of becoming aware of their injuries or rights relating to them, not 12 months as stated on p. 11. Equally surprising is the proposition on p. 136 that major claims for damages should be brought in the High Court 'or crown court'.

The book also seems to leave something to be desired so far as the more general aim of simple but sufficient explanation of legal rights is concerned. For many injured people the overriding problem must be that of cost, but costs as such are not mentioned. Availability of legal aid is disposed of in 12 lines, beginning with the somewhat ambiguous assertion that 'The legal advice and aid scheme means that skilled legal help is available to everyone', and giving no indication of the capital or income figures involved. Most accident claims involve the tort of negligence, but at least in your reviewer's opinion no adequate definition is given either of the word tort or, more importantly, of the nature of negligence. No reference is made to the inherent vices of the fault system as a whole, including in particular its detrimental effect on rehabilitation, well known in medical circles as 'compensationitis', nor is there any discussion of the far-reaching solutions to many of the problems posed by the book which the Royal Commission on Personal Injuries Litigation is likely to put forward within the next few months.

The same weaknesses may be found in the treatment of particular types of accident. The chapter on employers' liabilities, for example, consists of little more than summaries of the facts of numerous unnamed cases, with little or no explanation of why the judgments went as they did or what we are supposed to learn from them. It is curious too that there is no reference here or elsewhere in the book to the existence of the Health and Safety at Work Act, 1974. Admittedly the Act does not directly affect injured workers' rights, but that point if no other is surely

worth making since so many people on both sides of industry believe it is of fundamental importance in this respect. One might also have thought that the Act's provision for employee safety representatives could usefully have been mentioned because of the profound effect on the safety of the whole working environment which the new system could have.

In short, Mr Vandyk's book is an interesting and worthwhile venture, but despite other merits one which could only be recommended with considerable reservation.

MICHAEL WHINCUP

Cancer Mortality, England and Wales 1911-1970. Studies on Medical and Population Subjects No. 29. (£5.25) HMSO: London. 1975.

Registrar General's Statistical Review of England and Wales for the Three Years 1968-1970: Supplement on Cancer. (£5.20) HMSO: London. 1975.

These two publications bring up to date the information available to the Office of Population Censuses and Surveys on the mortality and morbidity due to cancer. The mortality volume is based on the relatively reliable material extracted from death certificates. It reclassifies the earlier statistics to the 8th Revision of the *International Classification of Diseases* where this is possible. The bulk of the volume gives for each of 36 primary cancers the numbers of deaths and the death rates per million classified by sex and five-year age group, in successive five-year calendar periods from 1911, or later where reclassification has proved impossible. When these tables are read in conjunction with No. 13 in the same series, published 1957, it is possible to follow cohorts through the mortality rates applying as they reached each successive age group. This method demonstrates, for example, that although the number of deaths from lung cancer continues to rise, male cohorts born since 1901 have shown constant, or possibly declining cohort mortality rates. For

females, the corresponding rates have continued to rise for at least another 20 years. Any epidemiologist attempting to study cancer mortality in a special occupational or other group will find this volume invaluable.

The *Supplement on Cancer* is the last of a series reporting notifications and survival rates of notified patients. It is sad to report that at this stage in morbidity statistics, the report tells us more about the process of notification and the fallibility of those charged with the duty to notify than it does about cancer. Nevertheless, this report forms the reason for, and the basis of, new simplified reporting procedures for Cancer Registries. Even with these incomplete data, it is possible to identify clearly those cancers with a reasonable 5, 10 or 15 year survival rate, and contrast them with cancers with as yet a much less favourable prognosis.

D. J. NEWELL

The Diseases of Occupations, 5th edition, by Donald Hunter. (Pp. 1225; £15.50) English Universities Press: London.

This book is already a classic and is now becoming an institution. It is certainly the best book on occupational diseases in the English language, and this means almost certainly, in any language. It is really two books. One (perhaps better located at the bedside) on the history of man and his work with emphasis upon the late eighteenth, nineteenth and twentieth centuries, and the other a comprehensive textbook of occupational diseases, better found in the consulting room bookcase or departmental library. The author possesses three qualities which are transmitted to the reader and which are responsible for the success of its five editions in 18 years: an encyclopaedic knowledge of clinical medicine, a sense of the dramatic, and a strong personality. This publication is also a convincing argument for that fast disappearing brand of book, the single author textbook.

This edition deals with a number of new subjects, some of the more important of which are the MRC Decompression Sickness Registry at Newcastle upon Tyne University, the Asbestos Regulations (1969), the Robens Report (1972), and the Employment Medical Advisory Service (1973). The illustrations are as profuse and dramatic as ever, and the index as comprehensive.

For those not familiar with the previous editions, and it is difficult to imagine that

there may be some, the book in its historical sections deals with man and his work, the industrial revolution between 1760 and 1830, the social reforms in the nineteenth century, and the health of the worker in the twentieth century. There are three chapters on the metals, one each upon the aromatic and aliphatic carbon compounds, and one upon noxious gases. Occupational diseases due to infections and to cancer or skin disease, to physical agents and to dust are each allocated a chapter, as is also the subject of accidents. Each chapter ends with a selected bibliography and there is a comprehensive index at the end of the book.

The medical department of every firm of any size should possess this book, but the tactical problem posed to more ordinary mortals is to know how often to buy a new edition. The main and pleasant difficulty in reviewing it is to keep going rather than to allow the attention to be rivetted by the absorbing reading.

R. C. BROWNE

Environmental and Health Monitoring in Occupational Health. Technical Report No. 535. (Pp. 48; 75p). World Health Organisation: Geneva. 1973.

A WHO Expert Committee reported on measures used in monitoring the work environment and workers' health and made recommendations to governments and to the WHO on the role of the two patterns of monitoring in preventive occupational health practice. The Committee consisted of eminent authorities and they have produced a report of considerable significance. It should be read by everyone interested in the role of occupational medicine, and then discussed in detail.

My reaction to the report is that it attempts to reconcile viewpoints which may not be reconcilable. The two viewpoints are reported like this:

There is no general agreement on the relative importance of environmental and medical monitoring. Some would rely entirely on environmental exposure limits, or insist on the air quality inside the workroom being the same as outside, and argue that workers should not be used as sampling devices. Others believe that the only meaningful index of hazard is 'absorption' and that it makes little difference what the stress levels are in the work environment as long as workers are protected through periodic health examinations.

The report considers that the two approaches are complementary and that one may be emphasised over the other according to circumstances.

The two approaches belong to distinctly separate categories of approaches to health and safety at work. The first approach is a safe place strategy belonging with a family of approaches all intended to eliminate *danger* at the workplace. The second approach is a safe person strategy because it aims to protect people against danger, but not by eliminating the danger.

If a safe place strategy is wholly adequate against a particular danger, then a safe person strategy is unnecessary. But the converse is not true: a wholly adequate safe person strategy does not avoid the need for a safe place strategy. This principle is exemplified in the Asbestos Regulations, 1969: asbestos dust must be controlled from all processes giving it off; personal protection for workers directly involved in asbestos processes is insufficient to protect, for example, workers engaged in neighbouring processes.

Thus a safe place strategy represents the objective for efforts directed at health and safety at work. A safe person strategy is an intermediate and incomplete stage of control. If control is to be complete a safe person strategy must give way to a safe place strategy. The approach to *prohibited substances* in the Carcinogenic Substances Regulations, 1967 illustrates the dominating role of the safe place strategy.

The two categorical propositions attributed by the WHO report to the two schools of thought are not complementary: the former is, or should be, sequent to the latter.

Common reasons for not progressing from safe person to safe place strategies are cost and feasibility. Therefore the extent to which safe person strategies are relied upon is an index of the inadequacy of resources devoted to the advance of health and safety at work.

Cost and feasibility are often the overriding considerations when governments or enterprises determine strategy. A safe person strategy is often perceived as the best buy economically even when this has to be backed up by in-work medical care and a compensation scheme. The Industrial Health Advisory Sub-Committee's Framing Noise Legislation (Health and Safety Executive, 1975) displays this outlook very clearly. The Sub-Committee has decided that noise control is too costly for Britain. Therefore, a safe place strategy is