much of this study is based did not include sufficient relevant information. In addition the Inspectors' reports of the accidents were not impartial. The authors point out these faults and recommend the formation of a small research department. They are unable to come to any definite conclusions in their summing up.

The report itself is very economically produced. The references are not clearly marked. Probably a map of the area would have helped to make some of the comments clear.

G. C. ACRES

Occupational Health of Construction Workers in California. (Pp. 66; copies are available free as long as supplies last, from the address below). Bureau of Occupational Health, 2151 Berkely Way, Berkely, California 94704. 1967.

The extent and kinds of occupational disease and injury among California's 389,000 construction workers, mainly for the year 1965, are surveyed in this report. The populations at risk by occupation within the industry in 1965 are estimated based on a census of 1960. The incidence of occupational injury and disease was obtained from doctors' reports. The Californian Workmen's Compensation Act requires each doctor, who attends a patient for an occupational injury or disease causing absence from work of one day or more, to furnish a report with the Division of Labour Statistics. It is probable that there is some under-reporting. There were 4.2 fatal accidents, 7.7 disabling and non disabling occupational disease reports, and 76.1 disabling industrial injury reports per 1,000 workers per annum. The occupational disease rate ranged from 3 reports per 1,000 workers in carpentry and wood flooring to 16.4 reports per 1,000 in excavation and foundation workers. Of the 2,497 reports of occupational disease, 56% were due to skin conditions, 22% to conditions of the eye due to noxious materials, and 7% due to chemical burns. There were a small number due to respiratory conditions, the effects of toxic material, and the effects of heat and infectious and parasitic disease but they tended to be more serious cases.

Nearly 35% of the reported cases of occupational disease were attributed to the handling of poison oak and 16% to cements, plaster or mortar. Alkalis, acids, paints, petroleum fractions, plastics, solvents, and gases are also mentioned as causes of disease. The underlying data are set out in detail in various tables.

It is considered that pneumoconiosis, asbestosis, noise-induced hearing loss, and malignant neoplasms related to occupational exposure are much under-reported in the data.

There were 51 deaths of construction workers in the decade 1956/65, excluding those attributed to pneumoconiosis. Of these deaths, 16 were blamed on sunstroke [*sic*], 11 to toxic materials, and 5 to infectious disease. Most of these deaths could have been prevented.

This report underlines the hazards of the industry and the great difficulty in reducing the hazards.

P. A. B. RAFFLE

Urban Worker Mobility. By Laurence C. Hunter and Graham L. Reid. (Pp. 215; 22s. 6d.) Paris: Organ-

isation for Economic Co-operation and Development (OECD 2 rue André-Pascal, Paris XVIe). 1968.

A mobile labour force is particularly important in periods of rapid technological change like the present. Hence government and other agencies have to consider whether or not action needs to be taken to influence mobility in the desired way. This necessitates study of the factors which lead workers to change their jobs and places of abode—a complex problem not made any easier by the fact that authors from various countries who have published their findings have not always adopted the same frames of reference, which hampers comparison of different national experiences.

The Organisation for Economic Co-operation and Development, which comprises the governments of the European countries outside the Communist bloc, with Canada and the United States of America, has commissioned this book, which is based on a review of no fewer than 213 publications from the various member countries. This has been carried out by two members of the Department of Social and Economic Research in the University of Glasgow, who have added their own conclusions and conveniently summarized them. They examine the effects of age, seniority, company policies, home ownership, and geography, among other things, and conclude that occupational mobility is more often than not in the direction of greater economic advantage, but that it is not possible to say whether this movement is optimal. They advocate an environment in which voluntary mobility can flourish (which presupposes conditions of full employment) but recognize that this may conflict with security and stability, which are generally regarded as equally desirable objectives, and call for more fact-finding, particularly at regional or area level, to assist those responsible for developing economic policy.

This is not a book to be recommended for light or cursory reading, but it is no doubt a useful work of reference for the professional economist or sociologist.

F. H. TYLER

Evaluation of Factors Determining the Results of Vocational Rehabilitation. By Anders Chr. Gogstad. (Pp. 155; 48 N.kr.) Oslo: Universitets-forlaget. 1968.

This book by the former head of the State Rehabilitation Institute at Bergen is a careful and detailed examination of the multiple factors in addition to the medical condition itself which influence the outcome of all attempts at rehabilitation, whether the emphasis is on medical or industrial aspects. Sickness absence and particularly the long-lasting variety, with which organized rehabilitation is concerned, should be a matter of great interest not only to industrial medical officers but to every clinician, since one of the major causal factors is failure to give continuity of treatment until work is resumed. The long interval between completion of active treatment and starting industrial rehabilitation mitigates strongly against success. Those familiar with the detailed working of the British industrial rehabilitation services will note the close similarities with the Norwegian Institute, except for the high staff-patient ratio enjoyed in Norway.

Effective measurement of the results of rehabilitation

is difficult because of the simultaneous operation of so many variables and the impossibility of obtaining adequate control groups. The author therefore chose to obtain indirect information about the effect of the programme by studying possible causes of failure and registering the frequency of occurrence of certain characteristics in patients who failed to benefit from attendance at the State Rehabilitation Institute.

A group of 672 persons who attended for an average of three months was followed-up 18 months after discharge. At that stage 38% were still unemployed but there was no significant difference between the various diagnostic groups in this respect apart from psychiatric and brain injury patients, who showed significantly less favourable employment prospects.

The results are considered statistically and certain hypotheses are enunciated. One of these, to the effect that the patients referred to the Institute differed from the general population in some respects, was confirmed in so far as the patient group contained more unskilled workers, more single persons, more females, and was of a lower average age. The statistical methods, including a form of regression analysis, are described in detail.

Important conclusions reached are that improvements must be made in the method of treatment of psychiatric disorders, and the need to organize vocational rehabilitation so that it forms part of a continuous process following immediately upon medical or surgical treatment is strongly emphasized.

G. C. FLETCHER

The Eye: Phenomenology and Psychology of Function and Disorder. By J. M. Heaton. (Pp. 336; illustrated; 70s.) London: Tavistock Publications. 1968.

In this book the author, an ophthalmologist, has tried to marry some of the concepts of psychology and psychological medicine to clinical ophthalmology. The attempt has met with varying degrees of success.

The author begins by explaining that in his own field and in medicine generally there is too often a tendency to fragment the individual, the physician ignoring all but that particle of immediate interest. Here is an attempt to restore to 'the patient' the concept of a man who in illness has become wholly stressed. The plea is to take stock of the whole situation of the man in the clinic and not just the eye or the lung that he possesses. It should be made clear that Dr. Heaton is not asking that the patient should be treated humanely but that serious attention must be paid to the total function of the individual in order that diagnosis and more especially treatment be accurate and effective.

Following a section on existing methods of study that could be employed to permit communication between the various human sciences, the author takes on a formidable task, a description of 'The World of the Eye and Vision'. In this section and at other points throughout the book Dr. Heaton stresses the importance of the difference between visual world and visual field—concepts that, as he points out, were most thoroughly delineated by J. J. Gibson. Curiously, there is no mention in this context of E. H. Gombrich, whose description and illustrations of the visual world and field have been so

invaluable in the understanding of this often difficult subject.

In many ways this section of the book is the least successful. The author at times seems to have given too little thought to his narrative. Arguments tend to be illustrated by examples that do not bear close scrutiny, and this is particularly so when 'The Unity of the Senses' is described. Later, when considering 'Personality and Perception', the structure of the book seems to fall apart, as we are treated to a fragmented discourse on a variety of disconnected observations. Finally, in this chapter the writer allows his scientific mask to slip as he permits himself a number of unjustified (and irrelevant) observations on the differing natures of men and women.

The third chapter of this section is devoted to the symbolism of the eye and vision. The introduction, as with the introductions to most of his chapters, is good and well thought out. Dr. Heaton is at his best when describing the visual world, its evolution, and its attendant aspects. In penetrating the matter of visual symbols and the symbolism of the eye, the narrative again becomes bitty and inconsequential. His quotations from ancient works have an uncanny knack of failing to support a contention. His anecdotes in some cases are illustrating nothing.

Part III of the book is its principal subject matter, namely, disorders of the eye and vision. This is presumably the marriage of what has been discussed to what ophthalmologists are already familiar with. I am not so competent to judge the content of this section, but what can be said is that in most instances the marriage does not come off. Indeed, we might be reading just another textbook on eye diseases and disorders. The difference in approach is the greater emphasis on non-organic causes of disorder and on the disorders of vision that can accompany or follow other disturbances within the organism. The writing has a tendency in this section to slip occasionally from scientific to dogmatic, the language from the universal to the jargon of a physician's case notes. Little effort is made to expound on the possible specific reasons for a correspondence between visual signs and non-ocular symptoms; the 'why' of a disturbance in psychological terms is rarely touched on. Again, apart from comments here and there on the experience of being in a state of a particular visual disorder, the phenomenology promised in the title is barely in evidence.

It is not until Chapter 12 (on Eye-strain) is reached that the book begins to live a little, for it is here that Dr. Heaton enters his own special territory. From this point until the end of the book we are learning at last what the author has been pressing to teach us—that the eye is part of a system of experience as well as a system of anatomy and that it is sometimes to the former that efforts must be directed in the management of the disorder. In the light of these latter chapters earlier parts of the book become clearer, but by then the reader may not have the stamina to return.

For the student of industrial medicine there are one or two specific points of interest. The dangers are early pointed out of attempting to examine the 'whole' man, armed only with the Maudsley Personality Inventory or some such. On handicaps it is warned that more damage might be done by restoring a long-term sustainer to 'normal', thereby upsetting his life-situation. On