detailed commentary on the medical supervision of workers. Medical supervision remains essential for it is never certain that benzene is absent from its homologues and aromatic solvents and the homologues, which are suggested as substitutes for benzene, are not in themselves entirely without local and systemic toxicity and cytotoxicity. The form of the medical examination is discussed in full, the examination of the peripheral blood for cellular constituents being considered optimal if made at three-monthly intervals. Further indications of occupational exposures and their intensities are commented on in respect of (1) the concentrations of benzene and homologues in solvent liquids and gasolines, in the air of the workplace, in the blood and the expired air; (2) the concentrations of phenol and sulphates in the urine; and (3) the activities of certain enzymes in whole blood.

An arresting statement is that in the supervision of human exposures, the concentrations of benzene in whole blood should not be allowed to exceed $40 \mu\text{g}/100\text{ml}$ during the working week and $5 \mu\text{g}/100 \text{ ml}$ after the weekend, or a 48-hour break. Whether workers would agree with twice-weekly venesections is problematical. Individual and collective measures of protection as well as individual risks and susceptibilities are commented on as well.

C. G. HUNTER

An Introduction to Experimental Aerobiology. Edited by Robert L. Dimmick, Ann B. Akers, and three associate editors. (Pp. xvii + 494; illustrated: 225s. Chichester: John Wiley (Environmental Sciences and Technology series). 1970.

The dedication to William Firth Wells and David W. Henderson (unfortunately misprinted 'Hendersen') epitomizes both the pioneer nature of this book and the wide ranging treatment of the subject. It is a fitting tribute to their respective contributions to this rapidly growing branch of biology, which, whilst still somewhat of an art, as the editors so rightly point out, is now assuming its proper position in the field of disease transmission.

The text is divided into three sections. Part I consists of six chapters dealing with aerosol mechanics and generation, the measurement and significance of relative humidity, methods of aerosol sampling, and the effects upon bio-aerosols of air-ions and chemical pollutants. One feels that the use of animals as sampling devices really merits a separate chapter rather than inclusion in Chapter IV, but this does not detract from the solid and scientific foundation that these six chapters provide for the support of the remainder of the edifice.

Part II, consisting of four chapters, is principally devoted to methodology, the first three chapters being concerned with the physics and operation of stirred aerosol chambers, the rotating drum and dynamic aerosol chambers respectively. The fourth chapter (Chapter X), which is twice as long as the runner-up, ranges over virtually the entire field of microbiological laboratory safety with considerable thoroughness, stressing the importance of accidentally produced aerosols.

Part III is entitled Analysis of Concepts and Results, and consists of nine chapters dealing with survival of organisms in the air-borne state, fungal aerosols, immuniz-

ation by aerosols, human respiratory infection, hospital cross-infection, and dental and veterinary aerosols.

This volume would be remarkable, if only for the enormous amount of useful information that 21 authors have gathered together and compressed into it, but the result is well balanced and coherent. Illustrations are numerous and good, the bibliography profuse, and there is a useful glossary before the index. There is a crop of minor proof-reading errors, but otherwise production is excellent. This book is a 'must' for all involved in the study of the aerial transmission of micro-organisms. It is unfortunate that the cost is somewhat unattractive to the individual student.

H. M. DARLOW

Digest of Pneumoconiosis Statistics 1968. (Pp. 17; 11 tables; 5s. 6d.) London: H.M.S.O. 1970.

This annual report always makes interesting reading for anyone concerned with pneumoconiosis, as it provides a comprehensive review of the prevalence of diagnosed pneumoconiosis in different industries over the previous five years.

In the coal mining industry the number of boardings of men still employed in collieries in which pneumoconiosis was first diagnosed has dropped from 9149 in 1963 to 539 in 1968. A more sensitive measure of the prevalence of coalworkers' pneumoconiosis is given by figures relating to 419 collieries from the National Coal Board Medical Service Periodic X-ray Scheme. All categories of pneumoconiosis are shown, including category 1, which is not recognized legally. The overall prevalence of coalworkers' pneumoconiosis has dropped from 11.8% between 1959 and 1963, to 10.6% between 1964 and 1968, and although many of the collieries show little or no change in this prevalence rate between these two periods, several show a marked reduction.

Boardings at which pneumoconiosis was first diagnosed are now 2.4 per thousand employed. In five National Coal Board areas out of the total of 17, there are no disablement assessments above 40% and the great majority of such assessments in all areas are below 40%.

In industries other than coal mining, there has been a gratifying fall in the number of boardings, except in slate mining and quarrying, steel foundry work, and work with asbestos where the figure for 1968 is still relatively high, although less than in 1967.

The majority of the disablement assessments made in all forms of pneumoconiosis were less than 30%, with relatively few seriously disabled men. Pneumoconiosis is now predominantly a disease of middle age and the elderly. Deaths from all forms of pneumoconiosis show a steady fall from a total of 1287 in 1963 to 809 in 1968, although the latter figure is provisional. Under the National Insurance Injuries Acts and the Pneumoconiosis, Byssinosis and Miscellaneous Diseases Benefit Scheme, disablement benefits for pneumoconiosis are now being given to 49 892 men but this again is a steadily declining number.

About 16% of coal miners whose lung radiographs were scrutinized in 1968 were referred for boarding, and pneumoconiosis was diagnosed in 25% of these. For all forms of pneumoconiosis from other industries 42% of scrutinies led to a boarding, and of these the disease was