Book reviews

Eléments de Toxicologie Industrielle. By E. Weil. (Pp. 362; 44 figs, 72 tables; 220 francs.) Paris: Masson. 1975.

As members of the European Common Market it behoves us to understand not only the languages but the philosophies of our partners. This book is an admirable introduction to both as far as the French speaking countries are concerned.

From the point of view of language this book is easy to understand even for those with only school certificate French. There are many tables, graphs and diagrams, not all of equal value it must be admitted, but many of them excellent and unique in my experience. As examples, Table 8 is a useful two-page conversion table from ppm to mg/m³ and vice versa for a variety of common industrial toxic agents. Table 72, occupies 50 pages and gives the name of the substance, its synonyms or commercial names, its physical properties, the TLV in USA and USSR, its uses or sources of poisoning, the special risk and its main action or known effect; a final column indicates its number on the list of compensable diseases in France.

From the philosophical viewpoint the book breaks clean away from the umbilical cord which tied occupational medicine to legal medicine in France (and appeared frequently to be around its neck) and presents a composite and workmanlike picture of industrial toxicology in which the doctor, the hygienist and the biochemist operate as partners in controlling toxic hazards. There is an excellent treatment of detoxication mechanisms with useful diagrams which anyone engaged in teaching would find useful to modify for his own purposes. The action of toxic industrial substances on enzymes is better done than I have seen elsewhere although the discussion on TLVs is rather laboured. The important thing is the close bond by which all the components of industrial toxicology and all its practitioners are drawn together with the object of prevention.

One final recommendation of a first class book concerns the delightful quotations which form the chapter headings. None of them of course is in English, but there is Lucretius in Latin with French subtitles, Hippocrates in French, Aomper as you might expect, Claude Bernard as a 'must', but a number of stars of lesser magnitude such as Cuvier, Leriche, Fontenelle, Simonin (not Simenon!) the Codex Medicamentaris of 1884 and two gems from my own particular favourite, Alexis Carrel.

For anyone in the field of occupational health I can think of no better way of combining an appreciation of the French language and system of thought at the same time as learning a great deal about industrial toxicology.

ROBERT MURRAY

Medical Aid at Accidents. By Roger Snook. (Pp. 136; 235 figs; £6—including postage and packing.) London: Update Publications. 1974.

The value of participation by doctors in first aid at the scene of an accident has long been controversial. In this book Dr Snook makes a plea for more active involvement and gives a practical guide to the contribution doctors can make to the work of ambulance, police, and fire personnel.

The first half of the book, based on a survey of the early management of road accident casualties (Dr Snook's MD thesis) is full of useful factual advice on equipment, resuscitation, analgesia, and the handling and transport of the severely injured. The organization of emergency medical aid in collaboration with the police, ambulance and hospital authorities is described and the pros and cons of different methods well argued.

On equipment the book is invaluable, particularly on communications by radio and on devices for immobilization of victims. The total cost of equipping a doctor's car for an accident flying squad is about £1000. One wonders how many doctors are prepared to spend that money out of their own pockets when the fee for attendance at a road accident is only £1.25, and much of the equipment is expendable.

For the relief of pain at the scene of an accident (particularly if the victim is trapped for a long period and must be extricated) Entonox is clearly the method of choice; it is now used by over 50% of ambulance services. The importance of setting up an intravenous drip early in the proceedings before veins collapse is stressed; this is particularly useful if the full extent of the injuries cannot be visualized initially.

The medical contribution to the co-ordinated work of a rescue team when victims are trapped is clearly described and at no time does the author try to take over the total management of the team. In these situations doctors should not attempt to take charge, but once the victim is freed the patient becomes the responsibility of the doctor who should travel in the ambulance and hand over responsibility to a colleague at the hospital. Better