is something of value to all interested in audiology. The final section on hearing aids has an interesting paper on their use by Brooks. The majority of patients use the appliance only intermittently or for special occasions, with perhaps 10% not using it at all. The last paper is a review of the developments in British Audiology.

The considerable advances made since the Dundee Conference, particularly in the field of electrophysiological tests, are reflected in these papers, and the book as a whole demonstrates the present breadth and depth of British audiological practice and research. The contents are of special interest to audiologists, otolaryngologists and teachers of the deaf, but because the application of the findings of audiology have become so widespread, to industrial medical officers as well.

PETER L. PELMEAR

Précis de Médecine du Travail. Edited by H. Desoille, J. Scherrer and R. Truhaut. (Pp. 970; illustrated; 285.00 Fr. fr.) Masson: Paris. 1975.

This is a remarkable book, a massive compendium of 970 pages prepared under the direction of the three distinguished individuals above, with the collaboration of some 70 others whose names are given at the beginning but whose individual contributions are unidentifiable in the text. Such a book has no counterpart in English and it makes this reviewer wonder if an English version would be 'commercial'. The French law on occupational medicine and its associated concerns is more extensive and specific than ours so that a book of this kind in France would naturally have a wide appeal. Nevertheless the legal position in this country concerning health in industry is becoming more complex and it is difficult to find all the necessary information, certainly within the covers of one book. It may be that since the French law on occupational medicine started in 1946 it has now become more stabilised and capable of summary while ours is more fluid and not yet in a state for definitive treatment.

Anyone who ventures to write a textbook on occupational medicine in any country is faced with the problem of presentation. There are so many ways of looking at the different aspects of the subject, by day-to-day practice, by administrative organisation, by susceptible group, by industry, by body system, by chemical group or by industrial use. The present

authors have chosen, for what are probably good reasons in France, a mélange of these approaches.

For those with an interest or interests in France, this book is required reading. The initial chapter is an extract from the inaugural lecture by Professor Desoille when he assumed his Chair in 1949 and it has all the overtones of post-war evangelism.

There are six main parts of the book which is heavily biased towards French law and practice. It begins with a section of six chapters on the enterprise. The first deals with the organisation of industry, the various systems of organising health and safety committees and includes a short piece on the safety service, individual protection and the education of workers. There follows a chapter on the medical services within the enterprise and then two chapters, one on the organisation of work physiology, hygiene and ergonomics and the other on psychology within the enterprise. The final chapters of the first part are on the social services and the graphic and numerical presentation of the results of prevention.

The second part of the book deals with the administrative and legal aspects of occupational medicine in some 100 pages. This includes details for the works doctor on where he can obtain information, followed by the French law spelled out in detail.

The next part deals with noxious factors and describes chemical, physical and biological hazards, and methods of controlling air and water pollution. The fourth part deals with occupational diseases by body system with excellent sections on bronchopulmonary disease and skin disease.

The next and largest part of the book is concerned with a description of various occupations and industrial products in which in 180 pages it deals with a spectrum of industries from agriculture to petroleum, including an excellent chapter on air transport; with a variety of industrial substances such as dyestuffs, detergents and solvents and with industrial processes such as welding.

The final part is on special problems, dealing first of all with susceptible groups such as young workers, women workers, old workers, migrant workers and temporary workers. Then there is a chapter on left-handed workers (particularly useful for a left-hander like the reviewer) and those with one eye. A chapter on the medical problems of the employment

of workers with cardiac diseases, diabetes, dyspepsia, epilepsy, mental disease, rheumatism and tuberculosis is followed by the final chapter on such problems as food, alcohol, canteens and absenteeism.

Inevitably in a multi-author work dealing with such a wide range of subjects the treatment is uneven. Some sections are of a high standard such as those already mentioned but there are other areas which are superficial. (Richard Schilling would 'do his nut' on the description of byssinosis.) Those who love the French language will be captivated by the need to give to old people 'un violon d'Ingres'.

It would be very useful (and perhaps salutary) if the Society of Occupational Medicine could organise a group of authors to undertake the compilation of a similar publication in English.

ROBERT MURRAY

Coronary Heart Disease—A 25-year Study in Retrospect. By Menard M. Gertler and Paul Dudley White. (Pp. 208; £21.25). Van Nostrand Reinhold Company Ltd: Wokingham, Berkshire, England. 1977.

Sir James Mackenzie, who died in 1924, made his name in cardiology not so much because he pioneered the use in general practice of Marie's Polygraph to distinguish between the different cardiac arrhythmias but because, having done this, he followed up their natural history. Those who had sinus arrhythmias had a normal life span; those who had ectopic beats sometimes did and other times did not; patients with atrial fibrillation were mostly dead within a few years.

Dr. Paul White who died in 1973 has, with Gertler and his colleagues, rendered a similar service by closely recording the features of 100 cases of coronary heart disease beginning below the age of 40, observing their fates over 30 years, and comparing these features and their fates with matched controls. The study was, in a way, a forerunner and smaller version of the now very famous Framingham and Albany trials. One must indeed be observant and imaginative to design a study which will last a quarter of a century and be founded on observations which remain relevant and un superseded at the end of that time. The authors of this book were clearly both observant and imaginative, for those features of body build and chemistry, of dietary and smoking habits and of daily activity at work and play which were judged to have importance then have not lost it today.

Originally the 100 patients were compared with an unmatched group of healthy individuals of the same age but later they were compared with another group matched for age, height, weight, body build, ethnic origin and occupation. It is interesting that this matching is itself shown to remove some risk factors, for the authors have confirmed by the 30-year observation what was previously only an impression, namely that the typical coronary-prone individual is mesomorphic, i.e. short, thickset and muscular. By having these matched and unmatched controls and by comparing those who have survived 30 years with those who have died of their coronary disease they have material for large-scale comparison. It does not compare in numbers with the much differently designed Framingham study, (100 vs 4500), and where there are differences in conclusions, the weight of numbers must prevail.

Nevertheless, the authors substantially amplified their conclusions by a fairly succinct survey of what the Framingham and a great many other studies and experiments have brought out. If, therefore, one wants a manageable summary of modern thought on subjects such as the predictive value of serum cholesterol and uric acid, on the importance or rather the relative unimportance of diet and obesity as risk factors, on the evidence for cigarette smoking being a habit of great danger, and of the significance of a family history in the case of the young coronary, it is all well assembled here. Hypertension is relatively neglected, because it was purposely excluded from the protocol.

Regarding psychological types, rather interestingly the survivors of both the coronary heart disease group and the original controls have been tested and it was the latter who had more of the alleged dangerous features of Rosenman and Friedman's Type A—i.e. were aggressive, competitive, obsessional and masculine! It is a little feeble to suppose that all the coronary heart disease patients of Type A had during those 30 years died.

In all a fascinating and useful book.

H. A. DEWAR

Serial Mortality Tables—Neoplastic Diseases. Volume 1: England and Wales 1911–70; Volume 2: Ireland (Republic) 1922–70; Volume 3: Northern Ireland 1922–70; Volume 4: Scotland 1911–70. (Pp. 565; no price stated). Institute of Cancer Research, Division of Epidemiology, Royal Cancer Hospital, Block E,

Clifton Avenue, Sutton, Surrey SM2 5PX. 1976.

These four volumes each tabulate by site, sex, age and calendar period the deaths and death rates from neoplasms in 32 sites of disease.

Volume 1 is the most comprehensive and is, as far as death rates are concerned, essentially an updating of the tables produced by Case and Pearson in *Studies in Medical and Population Subjects No. 13*, (HMSO: London, 1957). Where they are available, deaths for each site and sex are given for five-year age groups and for five-year calendar periods. Death rates per 1000 per year lived are similarly presented and interpolation is used to calculate rates for which the full quinary quinquennial breakdown of deaths is not available.

The choice of sites follows the 1911 classification (*International Classification of Diseases*, 2nd Revision) and traces these forward by adjusting later classifications. This is in contrast to *Studies in Medical and Population Subjects No. 29—Cancer Mortality in England and Wales 1911–70* (OPCS, 1975) in which the current classification (*ICD*, 8th Revision) is traced backwards. However, many of the tables in these two complementary publications are substantially the same.

The other three volumes in general follow the same format, classifications and methods of calculation used in Volume 1 except that no interpolation is used to estimate death rates. Because of differences in data collection, death rates in some sites, such as lung and pleura, are not always strictly comparable to those in England and Wales. However, when such differences exist they are indicated in the tables.

In 1940 new rules were introduced for selecting the underlying cause of death from the death certificate. Appendix III of Volume 1 gives a table of correction factors which may be used with any of the four volumes to adjust the material between 1911 and 1940 for this change.

Anyone wishing to study cancer in some occupational or other group or to examine changes in patterns of cancer mortality either in time or in different parts of the British Isles will find these tables extremely useful.

ANN PETRIE

Mortality Surveillance 1968–75: England and Wales. (Pp. 154; £14.50). Office of Population Censuses & Surveys, Medical Statistics Division: London. 1977.

The Office of Population Censuses and Surveys (OPCS) has recently produced a series of sheets giving for the years 1968–75 the number of deaths and death rates per million in England and Wales for each of the 150 specific causes in list A of the current (8th Revision) *International Classification of Diseases* (Volume 1, Pp. 439–444. WHO: Geneva. 1967.)

Six of the causes (A1, A11, A26, A32, A33 and A35) have no associated deaths but many of the others will be of interest to workers concerned with mortality studies.

For each cause the figures are tabulated by sex in five-year age groups from 5 to 85. The figures for ages less than one year, 1–4 years, and 85 and over are also given. In order to assist in the interpretation of trends in any sex and age group, the results of three tests of significance on the rates for the six years 1970–75 are given. If there are no deaths in three or more of these six years none of the tests is performed for the group. The first and third tests given assume that it is known whether the trend if there is one will be increasing or decreasing (in statistical jargon they are one-tailed tests) and in the reviewer's opinion this assumption is hardly, if ever, justified. The second test given assumes no such prior knowledge (this is a two-tailed test) and is much to be preferred. It is worth noting that, although they are interpreted differently, the test statistics for the second and third tests are equivalent.

Using these tables one can see that during 1970–75 information on death certificates indicates, for example, a significant increase in the death rates from malignant neoplasms of the oesophagus (A46), malignant neoplasms of the trachea, bronchus and lung (A51) and ischaemic heart disease (A83) and a significant decrease in the death rates from malignant neoplasms of the stomach (A47), chronic rheumatic heart disease (A81) and hypertensive disease (A82).

The OPCS hope to repeat the analyses as further years' data become available, and the format has been designed to accommodate a maximum of 11 years' comparable figures. The figures given in the present tables for 1975 are provisional. Individual sheets cost 12½p each (plus VAT, postage and packing 10p) while the complete set together with explanatory notes, spirally bound, costs £14.50 (plus VAT, postage and packing 50p). A microfilm version of the complete set, either 35 or 16 mm is available for £2.50 (plus VAT, postage and packing 20p).