Special Regulations, 1950, the Building (Safety, Health, and Welfare) Regulations, 1948, and the Blasting (Castings and Other Articles) Special Regulations, 1949.

In regard to the first two there has been less progress than might have been hoped. Shortage of material and labour is given as one of the reasons; administrative difficulties as another. It is suggested that there comes a time, after the introduction of new regulations, when the art of persuasion must give way to enforcement by prosecution which produces effective change in the behaviour of the defendant firm and is also a great stimulus to others.

The building industry is a dangerous one: there were over 12,000 accidents in the year and 222 fatalities. If these tragedies are to be reduced a more active willingness to comply with regulations is required on the part of employers, and possibly this cannot be achieved without the help of an increased factory inspectorate. Though the authorized staff of the inspectorate is 379, the actual number in 1951 was only 340. It is difficult to believe that even 379 inspectors could ensure the regular and thorough inspection of over 200,000 factories with mechanical power, 2,000 docks, 45,000 building sites, besides the numerous other premises to which some or all of the Factories Acts apply. As the report states, it was not possible to visit every factory or other premises under the Act in the course of the year.

The good firm seeking the advice and help of the factory inspector may consume as much time as the bad one which is only too anxious to avoid his attention. If the inspector is to satisfy the demands made upon his time by these two types of employer, it seems unlikely that he will have any left over for the firm that neither seeks nor avoids him but which could generally profit from a gentle prod or friendly advice.

The factory inspector is also required to conduct legal proceedings; 959 charges were brought against 548 firms and 30 of these prosecutions were dismissed.

The part of the Factories Act that produced the largest number of prosecutions was that dealing with safety. There were 341 charges of which 246 were following death or injury and 95 where no such injury occurred. Illegal employment led to the prosecution of 59 firms. This included the employment of women or young persons at night, on Sunday, or after legal hours.

It is clearly misleading to assess the work of the Department in terms of the number of factories visited in the course of the year. However, the comparative figures are given for 1946 and 1951. They were almost exactly the same although there were fewer inspectors in the latter period.

H. G. MAULE

Surgery of Repair as Applied to Hand Injuries. By B. K. Rank and A. R. Wakefield. (Pp. 256; 188 figures. 40s.) Edinburgh: E. & S. Livingstone. 1953.

The admirable studies of Kanavel on infections of the hand greatly clarified our understanding of the anatomy of sepsis and its treatment. They had however the sad effect of concentrating surgical attention and clinical

teaching on the ravages of infection while neglecting the more important sphere of repair to the traumatized hand. In recent years the zeal and enthusiasm of Bunnell and Koch have done much to reorientate our ideas and techniques. It has, however, in the past been difficult to obtain adequate information of the more advanced practice in the surgery of hand repair without a pilgrimage to the occasional specialized centre, and it is opportune that two distinguished Australian surgeons, Rank and Wakefield, have published their excellent book. This deals with the practical aspects of primary treatment to the soft and hard tissues, the treatment of the unhealed wound, the "frozen" hand, and the management of the established scar deformities and burns. Preventive and organizational aspects are also covered with appropriate emphasis.

This monograph is the fruit of their personal experience and contrasts delightfully with the "scissors and paste" school of surgical literature. Although both authors are plastic surgeons they have carefully avoided oversteering elaborate plastic techniques and have kept a sound and discriminating balance throughout.

The text and illustrations are excellently printed, and, although there are several minor misprints, the year of one paper being quoted as 1915 instead of 1951, the whole volume can be heartily recommended to any one concerned in the prevention or treatment of the injured hand. It is far and away the best book of its kind and should be made compulsory reading for every casualty officer and practising surgeon.

R. P. JEPSON

Fundamentals of Clinical Orthopedics, Vol. 1. By Peter A. Casagrande and Harold M. Frost, Jr. (Pp. 582; 390 figures, \$18.50.) New York: Grune & Stratton. 1953.

There is little which is new or controversial in this book, which endeavours to cover the whole of orthopaedic surgery, including fractures. There is, in addition, a brief account of some of the anatomy, physiology, and pathology concerned. Herein lies its main defect. In order to include such a broad view of the subject detail has been sacrificed and much of the text consists of very brief summaries.

The established or trainee orthopaedic surgeon looking for guidance on difficult problems will not, on the whole, find the answer here.

The book, however, is entitled "Fundamentals" and as such it will provide a valuable source of information for the undergraduate student and those seeking the broad outlines of the subject.

C. G. ATTENBOROUGH

Oral Manifestations of Occupational [Origin. An Annotated Bibliography by Various Authors. (Pp. 41; 20 cents.) Federal Security Agency, Public Health Service, Division of Occupational Health, Washington 25, D.C. 1952.

This is a very useful bibliography of 138 references. It is well worth a place on the shelf of any doctor working, in particular, in a chemical industry. It deals with the

effect on the mouth and its contents of acids, bacteria, dusts and gases, inorganic substances, metals and organic compounds, and physical factors such as foreign bodies and ionizing radiation, and pressure changes. There is also a section on cancer of the mouth, and the bibliography concludes with a general review and an index of authors.

One of the striking things is that it is almost entirely composed of descriptions of the clinical effects of environmental abnormalities with little or no information of their time-concentration relations. This is not a criticism of the bibliography, but rather of the orientation of present-day work. There are one or two places in it where the balance is a little uneven; for instance, about 250 words are taken up in describing a single case of the rare condition of blastomycosis of the oral cavity.

R. C. BROWNE

Medicine. Vols. I and II. Edited by Hugh G. Garland and William Phillips, with Foreword by F. A. E. Crew. (Pp. XX + 2146; illustrated. £6.) London: Macmillan. 1953.

The appearance of a new textbook of medicine by 42 British authors is an important event in medical education in this country. To have undertaken the vast labour involved in its production the editors must have felt that existing textbooks were failing to meet a modern need of medical students. More than 500 out of the book's 2,000 pages deal with the concepts of health and disease, the social, psychological, nutritional, and genetic origins of disease, its natural history, and the principles of its diagnosis and treatment and rehabilitation. It thus reflects the good physician's realization that he is concerned with people and not with diseased organs, and that this concern must extend to the inheritance, mind, personality, home, and work of his patient and the part that these influences play in his patient's complaints. A chapter on vital statistics introduces the student to the necessity for looking outside the clinic to see the relative importance of different diseases, and to appreciate the discipline of the statistician's assessment of his contribution to longevity.

There is no doubt that these sections of the book provide something that the student needs badly and cannot readily find in any other general text. Whether the overburdened and harassed student will have the patience to derive full benefit from these chapters is another question. They are long, and there is considerable overlapping, not only between each other but also with other parts of the book. With such overlapping there is inevitably some conflict of opinion. For instance, in the section on "Psychosomatic Medicine" Wittkower and O'Neill emphasize that gastric and duodenal ulcers are separate clinical entities, but they are treated as one by Jennings and Bomford under "Diseases of the Digestive System". Perhaps a discussion of the confusion that the student so often feels as he encounters divergence of views among his teachers might have been helpful. The question of observer error is not mentioned. Methods of

clinical examination and their results are described in orthodox fashion with little or no reference to their unreliability.

The greater part of the book is devoted to a thorough and systematic account of diseases of the various systems, including psychiatric disorders, written for the most part on orthodox lines, with a notable exception in the stimulating section on "Diseases of the Digestive System", whose tone is set by the opening phrase, "The gut has a problem to solve". The reader is left in no doubt of the validity of this statement and that the doctor, too, has problems to solve. The general level of description and discussion throughout appears to be aimed at undergraduates, and yet the text is rather more detailed than the majority will need without giving sufficient detail or references to satisfy the postgraduate; 15 pages are devoted to electroencephalography—scarcely required by the undergraduate. Perhaps this is the most serious criticism of the whole work. It could be shortened and at the same time improved by more references to guide the more inquisitive reader to the original evidence for many inevitably dogmatic statements, and to fuller accounts of rarer diseases than even a book of this size can provide. Some chapters do provide references, but many omit them altogether.

The industrial medical officer will be pleased to find industrial diseases considered in four separate sections. There is a long chapter on "The Skin in General Medicine" by J. T. Ingram, which includes a useful if short account of industrial dermatology with special reference to problems arising from the award of industrial injury benefit. There is a valuable account of aviation medicine by K. G. Bergin, including both accounts of physiological and clinical problems. A. J. Amor contributes one chapter on "Diseases Principally Encountered in Industry" and another on "Industrial Diseases of the Lung". The first of these, 28 pages in length, provides a useful summary of the provisions of the Industrial Injuries Act with lists of prescribed and notifiable diseases. The incidence of industrial diseases is discussed in the light of 1946 figures. After an account of the chief means of access of noxious substances to the body, and their physical nature, short accounts are given of the effects of the commoner industrial poisons, but there is no mention of treatment. The second of these sections, 25 pages in length, emphasizes the great importance of the pneumoconioses especially among coal miners. Not everyone will agree with the account of the pathogenesis of these diseases since it includes views such as that "coal actually increases the fibrogenic action of quartz" whereas all it has been shown to do in experiments is to delay the removal of small quantities of quartz from the lungs. These sections on industrial disease will be useful in attracting the attention of the clinical student to an often neglected subject, but will not help the postgraduate seeking detailed or modern information.

On first opening this book the reader is encouraged by the vigorous and enlightened atmosphere of the opening chapters; it is thus all the sadder that, with honourable exceptions, many of the systemic chapters are cumber-