

BOOK REVIEWS

Minimal Pulmonary Tuberculosis Found by Mass Radiography (Fluorography). Royal College of Surgeons Proffit Tuberculosis Survey. A report to the Proffit Committee by V. H. Springett and including results of work done by A. J. Eley. (Pp. xiv + 242; 16 line drawings, 65 half-tones on 21 plates. 42s.) London: H. K. Lewis. 1956.

This study by the Proffit scholar is a comprehensive, carefully analysed and clearly tabulated follow-up investigation of 1,200 cases of "minimal tuberculosis", found by two London mass radiography units in persons aged 15-44 years during the period 1946 to 1948.

Of the wealth of material and conclusions, only some can be mentioned here. The excellent summaries to each chapter will be a great help to readers but should not distract them from perusing the entire book and particularly the tables, which are most interesting.

Dr. Springett's report will distress that dwindling but vociferous section of doctors who still believe that early pulmonary tuberculosis causes well-marked clinical symptoms, or physical signs, which can be detected by inspection, percussion, and auscultation. Ninety-nine per cent. of his patients stated at first examination that they were in normal health; physical signs were found in 20% only. The report therefore confirms that timely recognition of minimal tuberculosis is a matter of radiology.

On the other hand, the various types of low density shadows do not permit prognostic conclusions to be drawn with any degree of accuracy or a clear-cut differentiation to be made into those lesions which are likely to remain or become quiescent and those which will progress.

The instability of minimal lesions, particularly in young persons, is clearly shown. Forty-four per cent. of the 1,200 patients showed either radiological progression or produced tubercle bacilli (or both) during the five years' follow-up and the development of larger lesions was, in many cases, associated with lack of regular supervision. Dr. Springett therefore stresses the need for frequent and regular supervision, particularly during the first 18 months after diagnosis. Indeed, his thesis, that "no person with a lesion that is not entirely calcified can properly be discharged from supervision as the result of a single examination", seems to be the most important conclusion of the study and could be usefully attached to the viewing screens of chest physicians and doctors in charge of mass radiography.

From the point of view of prevention, it is significant that in not less than 30% of the examined group tubercle bacilli were found on at least one occasion. This high proportion of positive results in minimal lesions was due mostly to the systematic use of laryngeal swab cultures.

In clinics and field investigations, there may still be a much wider scope for the use of this technically easy method than is practised at present.

By an accident of timing, the survey refers to the period immediately before antibacterial drugs became generally available. The indications, as Dr. Springett points out, for active medical and surgical treatment have since become wider. The proportion of patients in whom an artificial pneumothorax would be attempted would today be smaller than in his series.

Not the least important part of the Proffit scholar's study is the discussion of the variability of assessment of radiographs by different readers or even by one reader on different occasions. It should be noted that the "observer error", as in Springett's series, also applies to full-sized films and not, as is sometimes erroneously believed, to miniature films only. One hopes that the formidable practical difficulties, which at present prevent the introduction of dual readings into routine mass radiography, will be overcome.

Dr. Springett does not mention that his investigations have already resulted in a long overdue change of classification of tuberculous lesions found by mass radiography. One hopes that the interpretation of the large amount of material of tuberculous lesions found by mass radiography and now more readily available from the returns of the Registrar-General will be entrusted to a not less competent, incisive, and cautious mind than his.

This book, a very worthy successor to the first Proffit report, must be of great interest, not only to chest physicians and epidemiologists, but also to doctors in industry, closely connected with workers who are under observation for minimal tuberculosis at clinics or who have returned, after treatment, to factories and offices.

The Proffit scholar could hardly have done better than to choose the work of Dr. Eley, one of the pioneers of mass radiography in this country, as the basis of his analysis.

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Health in Industry. A Contribution to the Study of Sickness Absence Experience in London Transport. (Pp. 177. 35s.) London: Butterworth. 1956.

The late Lord Horder, who was consulting Medical Adviser to London Transport, instituted a medical service which must be unique in the history of British industry. The present service partly arose from a demand by Lord Ashfield when he was Chairman of the old London Passenger Transport Board for more statistics about employees. Consequently an excellent system of collection, analysis, and interpretation of sickness absence statistics was started alongside the more formal medical