survey has revealed. Quite obviously this department of the Ministry of Labour is grossly understaffed for it has, for a long time, been common knowledge amongst industrial medical officers and appointed factory doctors that conditions, especially in many small factories, are deplorable, and that many of the provisions of the Factories Acts are not being met. The Halifax Report therefore is valuable in that it officially discloses the facts on which to base decisions for future action. One omission, however, concerns the statutory examination of young persons. Apparently no attempt was made to determine whether the law in this respect is being universally respected. Many appointed factory doctors can testify to their knowledge some occupiers, especially of small factories and workshops, overlook or ignore their responsibilities to have their young people examined within a fortnight of entry to their employment and thereafter at yearly intervals until the age of 18. It was outside the scope of the enquiry to comment on the value of these examinations as at present conducted, but such a discussion must surely soon be initiated.

One issue which seems to arise rather acutely from the Report is that of the nature of medical supervision in industry. Tribute is paid to much of the excellent work which is done in Halifax but the comment is made that the "supervision tended to be a clinical on... while observations on environmental conditions and of individuals actually at work..." were much less in evidence. Elsewhere the suggestion has been made that the Public Health Service might undertake much of this work, but the failure of that service generally to carry out its statutory duties with regard to the inspection of sanitary arrangements in factories suggests that medical officers of health and their colleagues are insufficiently interested in the problems of industrial health to be entrusted with further responsibilities in this field. This then poses the problem of the organization of an industrial medical service, its function and nature, and the training of the doctors and auxiliaries engaged in it. It is greatly to be hoped that these questions will be answered on the merits of the case put forward and not on preconceived doctrinaire notions. The facts as presented in the Halifax Report together with those we may expect from a survey of the potteries will make a notable contribution to this discussion.

JAMES A. SMILEY

The Practice of Industrial Medicine, 2nd ed. By T.A. Lloyd Davies, with a chapter on the Hazards of Coal Mining by John Rogan. (Pp. vii + 282; 15 figures. 30s.) London: J & A. Churchill. 1957.

The second edition of this book fulfils the need even better than the first for a concise guide to those entering industrial medicine or nursing. The aims, philosophy, and day-to-day practice of industrial medicine are ably and wisely presented. Nearly half the book is devoted to the common clinical and environmental problems of the doctor and nurse in industry as opposed to the specific occupational diseases which, in practice, are much less time consuming. There is no attempt to treat individual subjects exhaustively, but comprehensive bibliographies follow each section which mention most of the authoritative literature. Two notable omissions in the bibliographies are "The Functions of an Occupational Health Service in an Industrial Organization" published by the Association of Industrial Medical Officers, in the section dealing with the duties of an industrial medical officer, and the valuable hygiene guides published by the American Industrial Hygiene Association in the section on diseases due to chemical causes.

The weakest section is that on absenteeism and illness. There is no mention of the modern developments in the recording of industrial sickness absence statistics, of the International Statistical Classification of Diseases, Injuries, and Causes of Death (W.H.O., 1958), which for all practical purposes has replaced other classifications, or of the opportunities for epidemiological research in industry. It is misleading to suggest that older workers have less sickness absence than younger workers when most published work supports the opposite view.

There is, however, one general criticism of an otherwise valuable book. By the stress on the grossly unsatisfactory working conditions and the resistance by industrialists to improvements in the "bad old days", the impression is given that the industrial medical officer's main problem is still to persuade employers of the necessity and value of improvement. In practice, a common difficulty is to persuade the employees, and especially their representatives, of the desirability of change. The author continually and rightly emphasizes the impartiality of the doctor in industry, but this impartiality must also recognize that faults which doctors can help to correct are not now all on one side.

P. A. B. RAFFLE

Tenth Annual Report 1956-57 and a Review of the First Ten Years. (Pp. 76; illustrated.) The Slough Industrial Health Service Ltd. 1958.

This report is a remarkably full one and describes in greater detail than usual the varied work carried out during the year. The firm is a non-profit making limited company with charitable objects; the governing council includes representatives of the Slough Trades Council, the Ministers of Health and of Labour, the Nuffield Foundation, the University of London, and industrial managements.

The aim throughout has been to meet the industrial health needs of those working locally in both small and large firms. Special objectives were to investigate and control environmental hazards, to provide good rehabilitation, and to blend with the other health services generally available. Although there have been some minor disappointments, which are acknowledged in the report, it is clear that a high measure of success has been reached. Good liaison with the local hospitals, particularly in respect of injuries, has led to sharing with them many facilities, including x-ray examinations, physiotherapy, and chiropody, while certain hospital specialists have been appointed to the Service in a part-time capacity. The general practitioners in the district, after some early difficulties had been overcome, now largely welcome the help that the Service can provide for their patients.

A particularly interesting section of the report deals