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 that 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 perhaps 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 one... 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 Ministries 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

with the development of the occupational hygiene service. In 1956 it became necessary to relinquish the laboratories at the London School of Hygiene and new accommodation for the team responsible for this work has now been provided in a building adjacent to the central clinic at Slough.

The Chairman of the Council of Management, Sir Noel Mobbs, has contributed a brief review in a forward, and speaks of last year being outstanding in that it marked the completion of the new clinic at a cost of £60,000 subscribed by manufacturer members and by other interested bodies. His remarks are particularly interesting as he writes not only of what has been done to ensure safe and healthy working conditions, and the treatment of the injured and sick, but also of the financial cost. It is clear that at Slough close attention has been given to this matter of expense, on which all need to be well informed when advocating extensions of health supervision to those at work.

M. F. HUDSON

Digest of Statistics Analysing Certificates of Incapacity 1954/55. (76 tables, 2 charts). London: Ministry of Pensions and National Insurance. 1957.

The fourth annual digest of statistics of the Ministry of Pensions and National Insurance covers the period June, 1954, to June, 1955. As in previous years, the spells of sickness, injury, or prescribed disease for which benefit is payable are analysed by different combinations of age, sex, occupation of the claimant, regional and seasonal variation, duration of spell, and certificated diagnosis. Many will again be grateful to the Ministry of Pensions and National Insurance for their painstaking compilation. The considerable interval of nearly three years between the period to which the digest relates and its completion is no doubt some measure of the labour involved.

According to the introduction the Digest is intended primarily for "medical and social research workers and administrators". The first two classes of user will be disappointed at the incomplete information on the population at risk which occupies only four out of the 76 tables. More tables showing a breakdown of the data by age would also be welcome, and are indeed essential for the critical use of data of this kind. There is, for example, no table with an analysis by both age and locality. Spells of absence due to accidents are analysed by age and by industry (Tables 41-42); populations are given (Table 74) but there is no analysis of these by age. The number of claimants (a rather odd index) is analysed for selected occupations and most frequent cause (Tables 31-2) and again for selected causes and most common occupation (Tables 33-4) but no corresponding populations or age analysis are provided.

On the other hand the multiplicity of tables arising from the separate tabulation of days, spells of sickness, and number of claimants is at any rate from the epidemio-

logical standpoint superfluous. One type of index, such as number of spells of sickness, analysed in greater detail, with exactly corresponding populations at risk, would be far more useful.

The "Index of Tables" in Appendix VII is confusing and could with advantage be replaced by an initial list of tables such as precedes the Registrar General's publications. In reviewing the Digest it was found desirable to make such a table for ease of reference.

No doubt the Ministry have to reconcile the conflicting claims of different users, and it is easy to suggest how some could be better served at others' expense. But the advances in medical knowledge gained in recent years through the epidemiological and statistical approach, and the growing recognition of the value as well as of the scarcity of sickness absence data justify a plea to the Ministry to re-deploy their resources for the benefit of research workers in planning future editions of the Digest.

A. S. FAIRBAIRN

Incentive Payment Systems. By R. Marriott. (21s.) London: Staples Press. 1957.

In his book of just over 200 pages Mr. Marriott has set out to bring scientific thought and investigation to bear on a subject which has numerous ramifications, many of which complicate research.

He discusses the aetiology of incentive payment systems, classifies them, and discusses their pros and cons and at the end of the book gives a general appraisal followed by an appendix listing the "basic requirements" of "sound" incentive payment systems. This will prove useful to those engaged in their practical application.

He draws freely on the opinion of people in management, trade union, and research appointments, and for this reason much of the book consists of quotations hung together with the author's remarks in between; this tends to interrupt the flow of thought when reading the book but may well be the only means of bringing some sort of homogeneity to a subject on which there have been many different views expressed, often with very little concrete evidence in their support.

This book will give the uninitiated a good all-round view of incentive payment systems, will help to bring into true perspective the ideas of those who may have dogmatic opinions, and may sound a warning to the young industrial executive who believes that human beings will react like machines provided the materials and organization are there.

To doctors it will serve to emphasize once again that man is an unpredictable animal not destined to react in any particular way to any particular set of circumstances.

This is a clear, concise work to which much thought and research has been applied.

At the end of the book one feels that opinion on the value of incentive payment systems has hardly begun to crystallize.

I. F. BISHOP