BOOK REVIEWS


This small book, made up in the main of chapters already published as articles in various journals, is the quintessence of a lifetime’s experience of industrial medicine in India. As the vast sub-continent has in a relatively short span of years taken a number of rapid strides from being a poor agricultural community towards that of a modern industrial economy, so our own problems of the past two hundred years, are being recapitulated and intensified. To them the author has brought the results of Western experience modified by a mind steeped in Eastern philosophy and religion.

Dr. Dastur realizes the convenience of studying a particular function of the mind or body or social group in isolation, but rebels against a way of life from which is absent “any serious attempt at an approach to the concept of the wholeness of life”. He propounds no system but implicit in these pages is this philosophic approach.

Since the end of the war he has visited Europe on three occasions. The many friends he made here and his colleagues in India will be glad to have this slim volume to peruse at leisure and recollect at work.

J. A. SMILEY


Doctors who serve industry often wish to undertake research. A few make the attempt. Others content themselves with providing a field for full-time research workers. To undertake research in addition to a full-time appointment means many hours of labour in “leisure” time and the research-minded industrial physician naturally envies the full-time research worker in this respect. All research involves Churchill’s tetralogy of “blood, sweat, . . .”, but a fine impression of the needs can be obtained from this book. Perhaps the necessity of consulting the statistician first is not sufficiently emphasized, but otherwise the studies of methodology are magnificent. The chapters on prevalence surveys, retrospective and prospective studies, and follow-up studies are particularly useful. So is the chapter with the intriguing title “Volunteers, Controls, Placebos, and Questionnaires”. The second part of the book gives practical examples in, inter alia, chest and cardiovascular diseases, mental illness, cancer, and diseases of the joints. The 18 contributors are well known and superb in their respective fields. Research workers will pore over the parts of this book that interest them: industrial physicians who have a mind to undertake a piece of research would be well advised to browse slowly through it, for here are clearly-expressed help and encouragement.

L. G. NORMAN


Dr. Smith is Chief Medical Advisor to the Oregon State Industrial Accident Commission and obviously has wide experience in the field of disability evaluation. He has endeavoured—and to a large extent succeeded—to show how to apply logic to a problem which is so frequently distorted by the emotion of both patient and physician.

This work contains many useful hints for the medical witness in court, and Dr. Smith’s advice on compiling a medico-legal report would receive the wholehearted approval of the legal profession.

The nature of disability is discussed only in relation to the capacity “to have and to hold” employment. Within these limits this section is excellent. The vicious triad—excessive sickness absence, excessive treatment, and excessive examination—is ably treated. The proving of relationship between accident and medical condition is ably expounded.

Physicians who regularly undertake medico-legal reporting in “compensation” cases will readily agree with many of Dr. Smith’s observations and principles, and will find this work of value if only in confirming them in their opinions. I would recommend this book to those who venture intermittently into the field, though they may find the literary style somewhat ponderous.

J. L. FYFE


Dr. Wijnmalen set out to assess the ability of diabetics to perform work. Replies to a questionnaire from industrial medical officers in the Netherlands showed that, for diabetics, general opinion was against irregular and shift work and work involving heavy or irregular exertion or in which loss of consciousness involves danger to the patient or others.

Sickness-absence data were obtained from three employers, for diabetics and for all employees. There was