BOOK REVIEWS

A Doctor's Approach to Industrial Medicine. By H. P. Dastur. (Pp. 151.) Bombay: Tata Institute of Social Sciences. 1960.

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

Medical Surveys and Clinical Trials. Edited by L. J. Witts. (Pp. x + 328. 35s.) London: Oxford University Press. 1959.

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

Principles of Disability Evaluation. By Wilmer Cauthorn Smith. (Pp. xiii + 210. 56s.) Philadelphia and Montreal: J. B. Lippincott; London: Pitman Medical Publishing Company. 1959.

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

Diabetes en Arbeid. By E. H. W. Wijnmalen. Foreword by Prof. P. Muntendam. (Pp. 171. H. g. 9-50.) Asscn. Netherlands: Van Gorcum. 1959.

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

no significant difference in the inception rates but diabetics tended to have longer absences. Stabilization of the diabetes caused only a small part of the absence.

These results, with detailed individual information, indicate that diabetics present no special problem in several occupations and many are capable of heavy work, even outside normal shifts. But stabilization difficulties cause problems and the combination of diabetes with another condition may be disabling.

This valuable study is based on limited data and shows the need for further work, including "prospective" surveys. It also suggests the possibility of similar studies of other conditions.

C. J. CORNWALL

Work and the Heart. By 93 authors, edited by Francis F. Rosenbaum and Elston L. Belknap. (Pp. xxii + 537; illustrated. \$12.00.) New York: Paul B. Hoeber. 1959.

This book is an account, running into more than 500 pages, of the first Wisconsin Conference on work and the heart which was held in May, 1957. The 93 participants include many Americans who have made their name in cardiology and circulatory and exercise physiology; also Professors A. C. Burton, J. D. Hamilton and J. C. Paterson from Canada, Dr. A. Morgan Jones from Manchester, and Drs. G. Björck, M. J. Karvonen and H. H. Weber from Scandinavia and Germany. The conference was subdivided into five sections, meeting concurrently, which, between them, covered the basic and clinical physiology, pathology, re-employment, and workmen's compensation.

The book opens with a series of lucid articles describing basic cardiac physiology; these include the physics and biochemistry of muscular contraction and, from Dr. S. J. Sarnoff, an account of the oxygen consumption of the heart in relation to cardiac work and to factors affecting the coronary circulation. These are followed by chapters discussing cardiac activity in normal subjects, including coronary blood flow, the control of cardiac output, the regulation of heart rate (Dr. D. B. Dill), the effect of age (Dr. Milton Landowne), and of strenuous exercise (Dr. M. J. Karvonen). The assessment of cardiac efficiency is considered in relation to the strain to which the heart is subjected as a result of exercise; that arising out of emotional and thermal stress, and the additional effects of dilatation and cardiac failure. The need for better standardization of tests of fitness emerges clearly from this section of the proceedings.

The aetiology of coronary disease is considered by Drs. Ancel Keys and H. L. Taylor in relation to occupation and to physical activity insofar as these affect the serum cholesterol concentration. Dietary fat intake is mentioned briefly but not the possible prophylactic value of unsaturated fatty acids. The role of capillary haemorrhage and thrombosis is discussed in the section on pathology, as is the part played by physical and emotional stress in precipitating coronary occlusion. The significance of silent myocardial infarction and, in fatal infarctions, the common absence of coronary occlusion are also treated.

One section of the book is devoted to a consideration of re-employment of cardiac patients, including both suitability of jobs and employment record, and also the effect of employment on the course of the disease. This section, which will be of particular interest to industrial medical officers, includes accounts of cardiological experience in several industries and work situations as well as of the 35 work classification units in the United States, which have been set up to solve these problems. The place of these special diagnostic and rehabilitation units in the framework of the general medical and rehabilitation services of the community is discussed constructively.

The last section on workmen's compensation in relation to cardiovascular diseases in the United States includes both medical and legal viewpoints.

This brief survey indicates the range of subject matter covered by this large, well-produced book. Some of the individual contributions are in fact reviews; the majority are individual viewpoints. To one who is a physiologist, the first two sections in particular are immensely stimulating and the book should provide a valuable jumping off point for anyone interested in exploring further this fascinating field. Inevitably the picture they acquire will be out of date in some places and biased or incomplete in others, but with several hundred references to assist them they are unlikely to go badly astray. One reference which might be added is "Cardiac Control" by R. F. Rushmer and A. O. Smith (*Physiol. Rev.*, 1959, 39, 41). The conference promises to be followed by others in which current trends will be critically assessed; meanwhile the proceedings of this first conference can be recommended.

J. E. COTES

The Health of Business Executives. The Transactions of a One-Day Conference held in the Royal Festival Hall, London (November 20, 1959). (Pp. 126.) London: The Chest and Heart Association. 1960.

In November 1959 nearly 500 directors spent a day trying to find out how to avoid a premature death from an excess of work, travel, food, drink, and (all be they self-administered), drugs. Over 100 doctors attended the same conference, no doubt seeking, if not a new elixir, a fresh means of dispensing the elixir of life to directors.

For the doctors, there was no new elixir. For the directors, there was no primrose path, but some contributions, notably Sir Stanley Davidson's "Overweight and Diet", were models of how to present medical matters to the layman.

Business men deal with facts; philosophers with fancies. One of the difficulties facing the doctor who seeks to be a philosopher and friend to his executive is to find the right mixture of facts and fancies. It so often becomes a series of cautionary tales about "patients I have known". Sir Stanley's contribution summarizes excellently the theme which creeps into practically every contribution, namely, that the greatest hazard of living today is to be overweight, and this is by no means a health hazard that is confined to the executive.