point of view of the effect of different remedies. Treatment in institutions in places with suitable climates is carried out by the pottery companies, and effects improvement in the dyspnoea, cough, and sputum.

An interesting monograph by H.-W. Schlipkötter describes the results of animal experiments with a substance which limits the fibrosis produced by quartz. Schlipkötter does not however claim that this is a new silicosis therapy.

From a study of this report it is evident that the members of the South German Tuberculosis Society had an interesting and informative meeting. This volume brings them up to date with present-day thought in Germany on pneumoconiosis.

CHARLES L. SUTHERLAND

Lunge und Berufskrankheiten. Klinische und Pathologisch-anatomische Gutachten. Edited by Herbert Trautmann. (Pp. xi + 259; 26 figures. DM.38.) Stuttgart: George Thieme. 1962.

This is volume 73 of the Work and Health series of publications issued from the Department of the Federal Ministry for Work and Social Order. The recent publication of the 6th Regulation extending accident insurance to 47 occupational diseases or groups of diseases seems to have stimulated interest in the compensation aspect of these diseases. This book is a collection of opinions of prominent authorities in 63 illustrative cases presenting different types of compensation problems in occupational diseases of the lungs. These problems may have arisen either from difficulty in interpreting the regulations or more often in assessing the relative influence of the insurable disease and of some intercurrent disease in producing compensatable impairment. In the United Kingdom, while they are of interest to chest physicians and pathologists, these matters are decided by medical Boards, tribunals, and Commissioners appointed by the Ministry of Pensions and National Insurance. Certain important decisions in cases referred to Commissioners are published but so far no compilation of decisions such as this has been made.

Of the 63 cases no fewer than 31 are connected with problems arising from silicosis; 10 more would probably also be dealt with in this country by Pneumoconiosis Boards. In Germany compensation is paid, not because silicosis is present but only when it causes impairment of the function of the respiratory or circulatory organs. An early silicosis of itself is not considered an occupational disease. The percentage disablement is not based on lung function measurements alone but on a combination of clinical, radiological, and spirometrical evidence. Examples are given of how all this works out in practice especially in the presence of such conditions as egg-shell calcification and focal emphysema. Four cases illustrate the combination of silicosis and tuberculosis, *i.e.* silico-tuberculosis, which is one of the compensatable diseases, No. 35 of the 6th Regulation. Before a diagnosis of this combined disease is made, a silicotic nodulation and an active tuberculosis must both be present. A most interesting part of the book treats of cases involving the associa-

tion of silicosis with intercurrent disease. Such conditions are bronchitis and emphysema, pneumonia, cancer, coronary disease, and Caplan's syndrome. Silicosis is not considered to be a cause of lung cancer, but one case is quoted where a causal connexion between an extensive silicosis and a carcinoma was recognized. The lung cancer, although there were metastases in liver and bones, was limited to a small area of the right upper lobe. It had arisen in the wall of a small bronchus which was also infiltrated with silicotic tissue.

The influence of silicosis in contributing to a death due to an independent condition is admitted if the death has been accelerated by about a year. In deaths from coronary thrombosis, the death is not associated with the silicosis unless it is severe enough to produce evidence of right heart strain. No case of cerebral haemorrhage is discussed, although there is mention of a case of cerebral tumour.

Apart from several other lung conditions due to dust such as asbestosis, aluminosis, and siderosis, a variety of lung conditions associated with industrial poisons are exemplified by cases. The production of asthma from exposure to arsenic, flour, or streptomycin is discussed since this condition comes under Disease No. 41, Bronchial Asthma, if it leads to giving up the occupational activity or any remunerative work. On the other hand asthma caused by the inhalation of E.605 is part of a general poisoning—No. 14, Illness due to Phosphorus or its compounds.

A chapter devoted to occupational tuberculosis discusses the relative risk in general and tuberculosis hospitals and the different risks of laboratory, x-ray work, and bedside nursing. The risk from familial infection may be most important. Sarcoidosis—developing in a ward maid, permits a detailed consideration of the relation of sarcoid and tuberculosis. The decision was that sarcoidosis unless it was originally combined with tuberculosis or had passed over into tuberculosis, was not an occupational disease. Bovine tuberculosis occurring in slaughterhouse workers is a compensatable disease under Disease No. 38, Diseases transferred from animals to man; in the particular case it was conceded that bovine tuberculosis had worsened an old childhood tuberculosis.

This chapter on tuberculosis shows that the subject matter may range beyond the limits of questions of compensation. On the whole, however, the appeal of this book will be most to those dealing with compensation problems. It is more than possible that some of the decisions would not be acceptable in this country.

CHARLES L. SUTHERLAND

Cardiacs and Diabetics in Industry: A Study in Work Experience. By Grace Wyshak, L. S. Snegireff, and Augusta Law. (Pp. xviii + 260; 37 tables and 12 graphs. 86s.) Springfield, Illinois: Thomas; Oxford: Blackwell Scientific Publications. 1961.

This fascinating study in work experience comes from the Harvard School of Public Health. It is not a study of the prevalence of cardiovascular and diabetic disease in industry, but a study of some 700 employees diagnosed

as suffering from these diseases as judged by frequency, duration, and severity rates. A carefully matched control group of 700 other employees who did not suffer from these two diseases was used for contrast.

Eighteen firms in the Boston and New York areas co-operated—all employed more than 500, and all had good medical and personnel recording. The median age of both groups (study and control) was 55 years (82% men, 18% women). The occupational groupings were as follows: professional 10%, managerial 14%, clerical 16%, skilled 25%, semi-skilled 16%, unskilled 9%, service 10%. Marital status was also recorded.

The opinion is expressed that cardiacs can and should work. The findings indicate that employees with either disease tended to lose more time than the control group, but marked individual variations occurred, especially in those engaged in production work. Many cardiacs compared favourably with non-cardiacs; many older employees compared favourably with younger ones.

It is very encouraging to find that good medical assessment and careful job placement were important factors in keeping people at work.

This interesting and well-planned study can be recommended with confidence to industrial physicians and nurses. It is worth reading and it ought to be read.

OWEN MCGIRR

'Stroke' Illness—Help for Patient and Family. By N. P. R. Clyde. (Pp. 70. 5s.) London: The Chest and Heart Association. 1961.

It is fair to say that if the family practitioner, the specialist, the nursing staff, and the ancillary hospital staff are all doing their jobs to the full, there would be little need for booklets of this type. One can probably assume, however, that from time to time certain aspects of the management of an illness, such as a stroke, may be overlooked. This is particularly true of such simple things as the timely explanation to patient and relatives of what is taking place. For this reason interested people could benefit from reading this Chest and Heart publication.

Few will quarrel with the material offered to the reader here, though there is still argument among doctors as to how much detailed information patients should be given. The first two chapters dealing with the systems involved and the causes of a stroke are, of necessity, oversimplified, though eminently readable. There follow sections on nursing, muscle retraining, and more advanced exercises, almost all of which nowadays lie in the province of the hospital rather than the home. These chapters could well have been cut still further, and the sections devoted to mechanical aids and gadgets and relearning to walk and work could have been expanded. These latter are not only sensible, but highly practical in nature.

In the chapter on First Aid and Nursing, there are some who will still take issue with Dr. Clyde on his remarks regarding the treatment of bed-sores.

The author, from personal experience, has written with sympathy of an illness which can be a severe test of patient, family, nursing staff, and doctor alike. He neither overstates nor minimizes the difficulties that can arise.

D. S. F. ROBERTSON

Sozialer Wandel und Krankheit. Ergebnisse und Probleme der medizinischen Soziologie. By Manfred Pflanz. (Pp. xii + 403; 8 figures + 49 tables. DM. 34.50.) Stuttgart: Ferdinand Enke. 1962.

In his opening chapters the writer inquires whether there is any demonstrable correlation between social change and specific illnesses arising therefrom.

He is careful to point out that no society is ever static, that the "good old times" are an illusion, and that in the past violent upheavals, wars, pestilence, and natural catastrophes, were as common as today.

The nature and instruments of government, of coercion, and of intimidation have altered. But he draws on indisputable evidence from the past to show that the state of men's minds, though then more clouded by ignorance and superstition, did not differ essentially from that of the present day.

He then considers some of the more common conditions recognized by doctors, both in the physical and the mental fields, and produces a considerable literature from many parts of the world to illustrate his points.

The existence of "manager's sickness" is, in his view, based on very flimsy evidence. But he agrees that those who lead in many fields of enterprise, are, by their nature and upbringing, forcible persons. They like to lead and, though it takes its toll on them, enjoy combat and direction of affairs. In consequence they are exposed to the risks and hazards linked with responsibility, but many thrive on it.

Among the social stresses are those arising from pride of race, of moral and social superiority as seen by those claiming these attributes, and of the clash of populations living closely intermingled but by different standards. Thus an Indian mystic will look with pity and condescension on the European whose god is the motor-car. The latter has his own standards for pitying the former.

It seems that many of the problems enunciated by Dr. Pflanz lie more in the field of the politician than in that of the doctor.

He attributes many conditions needing medical care to habits of living, to diet, to income and occupation, which are not essentially factors linked with social stresses. In general he concludes that there is little positive evidence to associate diseases of a specific nature with specific social changes. Anxiety states have always been common because causes for anxiety have never been absent from our lives.

G. C. PETHER

A Manual of Neurology and Psychiatry in Occupational Medicine. (Modern Monographs in Industrial Medicine No. 6.) By Ralph T. Collins. (Pp. 254; illustrated. 46s.) New York: Grune and Stratton. 1961.

"How much neurology and psychiatry do I need to know?" an industrial medical officer must often ask himself. Dr. Collins gives his answer, and a very good one it is. This is not, as he says, a textbook on either subject; but it will be an invaluable introduction to examination and early diagnosis, with a series of useful "reminders"; certainly a book for the surgery library.