Laboratory can be a valuable adjunct to, but should never be a substitute for, medical judgment'.

Section 12 is, necessarily, presented in a telegraphic style, and the information on toxicology varies from 'unknown' (amylamine) to one page (lead). Where the American Conference of Governmental and Industrial Hygienists has published a Threshold Limit Value this is usually stated, and the inquirer knows that he can delve more deeply. Otherwise there are no references to the sources of the toxicological information (these would be a valuable asset but might make the book of unmanageable size). It is possible to fault the book on some details: Cotton dust 'can cause a mild febrile condition of the lungs known as byssinosis or Monday fever'; 'Aniline, and certain other amino compounds, particularly benzidine and beta-naphthylamine, have been suspected of causing the condition' (papillomatous growths of the bladder). Such inaccurate statements should make the industrial medical officer realize that 'Sax' can be a valuable adjunct to, but should never be a substitute for, the up-to-date original literature on the subject.

But when all the carping is done, the book stands firmly as a necessary and valuable reference work for every doctor in industry. A firm employing a fitter but not providing him with a spanner is likely to expect the medical officer to work without 'Sax'.

W. R. LEE


Over two million working days are lost each year through varicose ulcers. Innumerable hours are spent by district nurses dressing broken-down old ulcers of patients who have spent many weary weeks in bed. Any advice that can alter this sorry state and help patients back to work earlier is to be welcomed.

Mr. Stanley Rivlin, Surgeon to the London Varicose Clinic, has aimed his book at district nurses primarily, explaining clearly and concisely why a varicose ulcer occurs and how from a mechanical point of view this should be remedied. His most interesting advice is that patients should not be kept in bed more than 24 hours and should use the leg continuously.

This manual contains a new application of well-known facts presented with practical commonsense. It is clearly and simply written with excellent illustrations. It can be strongly recommended to every district nurse, medical student, and general practitioner.

J. M. TOMLINSON


The title of this book accurately describes its purpose. It is written primarily for reference by physicians faced with a patient who has swallowed some possibly toxic trade-marked product. The emphasis is therefore different from that usually found in books on industrial toxicology. Furthermore, chemicals which are used only by industry in manufacturing processes and which are not found in the final consumer product are not included. Thus 'benzene' is to be found in Section III under the heading 'xylene' as they produce similar acute effects although further on there is a comment on their different effects in chronic poisoning. Again, one can find no reference to poisoning by trichlorethylene. Finally, the book is written for the American home market and therefore substances are found listed under their trade names in the United States.

With these reservations in mind the industrial medical officer may be cautious about purchasing the book. Nevertheless, because of the wide overlap of industrial and clinical toxicology, parts of this book will be of interest to the doctor in industry. It is a well-written book with the great asset of having a large number of up-to-date references where further information may be found. It is certainly a book the doctor in industry should know about and to which he might turn if his more usual works of reference fail.

W. R. LEE


Obviously intended for medical officers as a summary of the hazards and treatment of those conditions occurring in naval vessels and coastal arsenals, this handbook is basically a digest, fairly elementary in content, and some of the views expressed may strike the English reader as somewhat outdated. The chapter headings give an adequate account of its scope: Work Hygiene, Diseases due to Physical Agents, Industrial Toxins, Eye Diseases, Skin Diseases, the Pneumoconioses, and a final chapter on Industrial Psychology by Professor Tommaso Sessa. Unfortunately, it is impossible to assess the value of the latter since, in the review copy at any rate, at least half is missing, being replaced by a repetition of the previous chapter on silicosis. Little is discussed that is exclusively marine and not equally available in any textbook of industrial medicine with the possible exceptions of seasickness, a purposely unnecessary description of no less than 11 methods of artificial respiration, and a frightening account (which left the reviewer mildly sceptical) of the perils of the deep from jelly-fish to sea-serpents. The book contains numerous photographs of excellent quality although their relevance to the text is not always apparent, and a number of diagrams mostly poorly reproduced and some bad to the point of being quite incomprehensible.

J. A. C. BROWN


During September and October 1962 the World Health Organization arranged an Inter-regional Travelling Seminar which visited Yugoslavia, the U.S.S.R., Finland, and Sweden. Twenty-six participants, physicians, engineers, and chemists, from 21 developing countries took part, and the seminar was led by Dr. M. O. Shoib, Chief Medical Officer in the Social and Occupational Health Section of W.H.O. and Lord Taylor, Medical
Director of the Harlow Industrial Health Service. The programme included lectures, discussions, and visits to institutes, laboratories, and factories of sizes varying from 180 workers to 50,000 workers.

The report of the seminar, which appeared with commendable promptness, is a duplicated document of 184 pages in which, with clarity and insight, the differing occupational health patterns are described and contracted. The value to the participants of seeing these things for themselves must have been considerable, but the author of this report has given us the next best thing. The most constant and valuable feature is that the occupational health services are seen against the total medical picture, thus giving us a valuable opportunity of measuring and comparing the contribution of our own services towards the health of workers.

Yugoslavia is industrializing rapidly under a communist regime and, as there has always been a highly qualified cadre of physicians, they have had the opportunity of studying objectively the phenomena of industrialization. Occupational health services are fully integrated with general health services and there are 536 occupational health units staffed by 682 specially qualified physicians providing a diagnostic, therapeutic, and social service for all workers.

The fantastic industrial development of the Soviet Union has taken place in 40 years. Occupational health is dealt with along two parallel lines, one integrated with the general therapeutic services through medical sanitary centres or health stations in each factory manned by fieldshers or physicians and the other with the public health services through regional sanitary epidemiological stations or ‘sanepids’ with full industrial hygiene laboratory facilities. The trade unions run the factory inspectorate and provide social and convalescent facilities. Research is on a vast scale, though its effectiveness is diminished by the lack of opportunity for Soviet physicians to travel abroad. Teaching is likewise on the grand scale; its nature depends on whether the student enters the hygiene faculty as distinct from the faculties of therapeutics or paediatrics where the teaching of occupational health is on a similar level to our own.

In Sweden the main body concerned with occupational health is the Swedish Employers’ Confederation whose occupational health division performs the functions of a university and a Ministry of Labour in so far as it carries out surveys, undertakes teaching, and distributes technical information; 40,000 workers’ safety representatives act as supernumerary factory inspectors responsible to the joint works committees which are compulsory in factories employing more than 50 workers. The differential between industrial injury benefit and sickness benefit, common to the other countries, has recently been abolished without apparent difficulty.

Finland has recovered rapidly from the war and although it is still underdoctored, its occupational health services, based on the Institute of Occupational Health in Helsinki, are of a very high standard. This Institute, through its medical, rehabilitation, industrial hygiene, physiology, and psychology departments, provides a service to industry and the government and conducts a teaching programme for doctors, nurses, and engineers as well as an impressive range of research projects.

There are many lessons to be learned from this report, which should be read in its entirety, not least that the practice of medicine is indivisible. It makes the point that ‘the effects of work on health do not end at the factory gates or at the end of the working day. The roots of illness in the home may be found in the working environment just as illness at work may have its roots in the family and the home’.

NOTICE

Mackenzie Industrial Health Lecture

Dr. John Rogan, Chief Medical Officer of the National Coal Board, will deliver the Mackenzie Industrial Health Lecture 1964 at the University of Sheffield on Thursday, July 16 at 3 p.m. under the chairmanship of Dr. R. A. Trevethick, President of the Association of Industrial Medical Officers. The subject of the lecture is ‘The Future of Industrial Medicine’.

[Note: The text is cut off and not fully transcribed.]