This is an Inaugural Lecture by the Haden-Pilkington Professor of Environmental Design and Engineering in the University of London. Professor Hopkinson discusses the need to set standards, to develop valid techniques for setting the standards, and to develop methods of sensory evaluation in the completed building which will reveal whether or not the standards have been met at a subjective level.

Much of the lecture is devoted to methods of correlating the physical measurements of the environment with the subjective sensations of observers. For a time, with increasing familiarity with an environment the observer becomes more sensitive to its imperfections until a steady state is reached—his subjective impressions are then more valid and reproducible. In designing experiments it has to be remembered that, broadly, successive doubling of the strength of a stimulus to a sensory system is required to produce equal changes in the subjective sensation.

The illustrative examples are mainly from the effects of environment on vision—in particular refinements in the daylight lighting factor and glare index and their application to the design of schools and hospitals.

This interesting and closely argued lecture is rounded off with a discussion on the implications for architecture and town planning of the development of validate standards for all aspects of the built environment.

P. A. B. RAFFLE

Compendium of Emergencies, 2nd Ed. Ed. H. Gardiner-Hill. (Pp. 374; 60s.) London: Butterworths. 1965.

It is not surprising that the first edition of this book, which appeared in 1963, was sold out so quickly. Dr. Gardiner-Hill, the editor, was wise to prepare a second edition rather than a reprint. This made it possible for his authors to revise and bring up to date the material in the original chapters.

In this edition there are three more chapters, each written by a specialist in the subject; the new section on air, sea, and underwater hazards could well have been fuller, especially on in-flight emergencies, and the hazards of high-altitude flying are not dealt with but the emergency problems of drowning, underwater hazards and decompression sickness are succinctly and adequately described. The new chapter on burns and scalds comprises an excellent up-to-date description of their assessment and treatment.

This is not a book for the first-aider. It is an informed description of the nature, pathology, diagnosis, treatment, and management of medical and surgical emergencies. The new chapter on the hazards of medical procedures is therefore perhaps not misplaced in this volume, and it may be necessary reading to those who have to undertake some of the procedures advocated in the rest of the text, procedures as routine as blood transfusion or as esoteric as pericardial aspiration.

It should be emphasized that this is a book for doctors who may have to undertake emergency treatment in conditions outside their own spheres of practice. Industrial medical officers should find it of great practical

value when they are faced with certain serious emergencies and when specialist help is not immediately available.

T. S. SCOTT

The Prevention and Control of Dust Diseases in Industry. (Pp. 20.) London: British Chemical Industries Safety Council. 1966.

This publication is the most recent in a series on medical care and safety published by the British Chemical Industries Safety Council which was established as a joint body by the Association of British Chemical Manufacturers and the Association of Chemical and Allied Employers now amalgamated as the Chemical Industries Association. The size of the pamphlet precludes it from being a comprehensive treatise on dust disease but it summarizes well the physical properties of dust and the various types of pneumoconiosis. The control of dust in industry is discussed on general principles of occupational hygiene. A comparison of the relative efficacy of the different types of dust mask is made. Methods of estimating dust in the working environment are described shortly but no real comparison of their value or any recommendation of which to apply in any given situation is made.

The booklet contains little for the expert but for the novice in industrial medicine and the lay administrator it provides a broad outline of the problems created by dusts in industry, of the means at present available for assessing them, and methods for the suppression of dust in the atmosphere. It is a useful starting point for the layman or the doctor unfamiliar with industrial problems who wants an introduction to the general aspects of occupational dust disease.

T. S. SCOTT

Death Rates by Site, Age and Sex 1911-1960, Scotland. Series 1. All Causes of Death. Deaths from Cancer at all Sites. Deaths from Cancer of the Digestive Organs. Compiled by Joyce L. Harley and Catherine A. Hytten. (Pp. 49). University of Aberdeen: Dept. of Public Health and Social Medicine, 1966.

This is the first of a set of publications showing the mortality rates in Scotland from cancer from 1911 to 1960, by site, sex, and age, and also mortality rates from 'all causes'. The method of presenting the tables follows that described by Case and Lea as comparative cohort analysis. This volume contains the rates for 'all causes' and for cancer of the various sites of the digestive organs. The denominators on which the rates are based are shown in separate tables.

Workers in research and teaching of epidemiology will be grateful to the authors because tables of this type are essential in our libraries and it needs a great deal of work to prepare them. Cohort analysis, as the method is called, has proved its value in a number of instances, and mortality studies in general still have a lot to offer. The tables are well set out and the explanatory notes are adequate although a beginner may want to