Book Reviews

Symposium on Candida Infections. Edited by Winner and Hurley. (Pp. 249; 35s.) Edinburgh: Livingstone. 1966.

The list of contributors to this symposium and those invited to take part in its deliberations establishes beyond doubt the weight of authority behind the facts cited and the conclusions drawn from them.

Many types of approach to the subject ranging from the academic to the clinical are embraced in the work and the presentation is lucid, the absence of the jargon which pollutes so many scientific publications being most welcome.

Mackenzie's account of laboratory investigation of Candida infection is masterly and of great value to those engaged in routine hospital laboratory work. Various aspects of the treatment of Candida infections, experience of some of which is limited to very few individuals, are dealt with in a manner which is most valuable to clinicians who have to handle such cases.

Candida infection has an importance in certain trades and this work can be recommended to industrial, and indeed all, doctors as an authoritative, stimulating, and distinctly readable volume.

JOHN CURRY

Digest of Pneumoconiosis Statistics 1965. Ministry of Power. (Pp. 13; 10 tables; 4s. 6d.) London: H.M.S.O. 1966.

Although this report refers primarily to mining and quarrying, comparative material is included from other industries to give a broad picture of pneumoconiosis in Britain today. The numbers of cases reported in some industries are small, but the range of the industries is interesting and cases of pneumoconiosis from abrasive soap powders, oil shale mining, lead mining, tin mining, as well as the commoner sources of pneumoconiosis are included.

In the preamble to the report, the greater readiness of work people to present themselves for X-ray examination is noted, and this, together with the widespread use of chest radiography in diagnosis, must mean that a very high proportion of all forms of pneumoconiosis is now likely to be detected at an early stage.

Coal mining still accounts for 80% of the new cases discovered annually, but it is noteworthy that the number of scrutinies of radiographs with negative results has increased over the years and that between 1960 and 1965, the boardings at which the first diagnosis was made fell from 3,279 to 1,007. In general, the number of new cases reported from slate mining and quarrying, pottery work, refractories, foundries, and steel dressing

is static. Other mining and quarrying occupations show a fall to about half the figure of five years ago. The exception is asbestos workers in whom the notified cases rose from 29 in 1960 to 82 in 1965, and no doubt a further rise yet can be expected. The great majority of cases are judged at first diagnosis to have disability of 50% or less.

Pneumoconiosis is a disease of middle and old age but is still being found in men of under 40 years of age in the coal mining industry. Although nearly 54,000 men are receiving disablement benefit, this includes a large proportion of men receiving an award of 10% or less under the National Insurance (Industrial Injuries) Act. The rate per thousand of coal miners with pneumoconiosis still tends to fall everywhere in the country except in the midlands, and this is presumably related to higher productivity in that region.

R. I. MCCALLUM

Beryllium: Its Industrial Hygiene Aspects. (Pp. 394; 93s.) London and New York: Academic Press.

This book provides a full account of the industrial hygiene aspects and toxicology of beryllium and its commercially useful compounds. Prepared by the American Industrial Hygiene Association for the Division of Technical Information, United States Atomic Energy Commission, it is the second to be published of a series dealing with the health protection of those exposed to toxic substances.

There are chapters on the chemistry, experimental toxicology, and analytical determination of beryllium. Engineering control in various situations and those monitoring devices which have been found in practice to be most useful are described in detail. The provision of aircleaning equipment, which is only efficient if properly designed and serviced, is often essential in beryllium work, and as might be expected the discussion of this important subject is most thorough. Advice is given on emergency procedure in plants and on the action needed to protect and reassure the community in the neighbourhood of a beryllium factory. The evidence on which the generally accepted threshold limits of exposure to beryllium have been based is examined, and the argument for and against retaining these are stated.

An early chapter gives an account of how beryllium disease gradually became recognized; because of the useful lessons to be learned this story will always be of great interest to anyone concerned with occupational health. Although it was never the intention in this monograph to deal fully with the clinical aspects of beryllium illness, there are illuminating sections