
The Report of the Fifth Session of the Joint I.L.O./W.H.O. Committee (reviewed in October 1967) serves as the introduction to five papers which examine the problems of occupational health in developing countries more deeply and in greater detail than is done in the Report. Dr. Fuchs sets out the ideal scope of these services, how they should be organized, and how liaison with other disciplines inside and outside the relevant countries should be maintained. In the next paper, Dr. Batawi deals with the factors influencing health in industry and the duties required of the doctor in the industrial health team. The broad principles are very similar to those accepted in our own country, but the needs of developing countries differ from those of the more industrialized countries in temperate climates, and he shows clearly where the differences of application should lie. The organization of occupational hygiene services is described by Mr. Windish. Dr. Sofoluwe describes the present state of occupational health in Nigeria as an example of what is happening in a developing country. This section contains a great deal of interesting factual information which is the more interesting in that an international seminar on occupational health problems in developing countries is to be held in Lagos in April 1968.

The last paper, which comprises more than half the book, is by a distinguished panel which includes Professor Forsman, the President of the Permanent Commission and International Association on Occupational Health. It is an elegant and authoritative appraisal of the present situation of occupational health services in under-privileged countries throughout the world. The authors examine the whole problem in considerable detail. Their review of the objectives is far reaching and contains a wealth of recommendations for the future. It covers the responsibilities of governments, employers, and workers' organizations, of medical and para-medical personnel, the problems of finance, staffing, and training and education for occupational health and hygiene.

There is, perhaps unavoidably, much repetition in the book, but if this serves to emphasize the many important principles, it may be worth the risk of the irritation some readers may feel. One might also cavil that, in some parts, there is too much detail, but in this may be the report's greatest value. Workers in isolated situations or with expanding units may be well aware of the principles to which they want to work and acutely conscious of the basic needs of the community they serve, but they may be desperately starved of information on practical matters. For this reason one may accept with equanimity the detail on such matters as the equipment needed to set up a laboratory, the type of record forms best suited to the work or the minutiae to be included in the training of auxiliaries in the occupational health team.

This report will be read avidly in many developing countries. It will engender much hopeful planning, but it may be many decades before its recommendations can be implemented universally. In the vast majority of countries the need for effective occupational health services is great, and it will become greater as industrialization increases. The aims for the future are clearly set out in this publication. It is to be hoped that it will serve as a stimulus to the establishment and improvement of these services; at least it supplies a constructive blueprint to be kept in the forefront of our planning.

T. S. Scott


The number of men claiming benefit for pneumoconiosis, first diagnosed, continues to decline year by year. This applies not only to coal mining, which is a contracting industry, but to other industries also, with the exception of asbestos working in which there has been a steady rise in asbestosis from 1961. This presumably reflects the growing awareness of lung disease associated with asbestos, and the detection of a backlog of hitherto unrecognized cases.

During 1966 coal mining accounted for over 70% of the total cases of pneumoconiosis diagnosed, and a high proportion of the coal mining cases were first diagnosed on re-examination. As in previous years, the majority of men boarded have a low percentage disability assessment, mainly below 20%. The overall rate of new diagnoses of pneumoconiosis in coal mining has remained at about 2.2% since 1964, although the total numbers have dropped from 1,213 to 937 over this period. The decline of cases in other industries, with the exception of asbestos working, is not perhaps as great as might be hoped, and it is tragic that there are still even a handful of men seeking benefit for pneumoconiosis from, for example, foundry work, or slate mining, or quarrying, in the light of knowledge available over several decades. More than 52,000 people are now receiving payments under all the benefits schemes.

R. I. McCallum


Even to those with some knowledge of pneumoconiosis its diagnosis and assessment for statutory purposes can at times appear baffling. Occupational disease of the lungs may be encountered anywhere in the British Isles, and both general practitioners and hospital specialists are likely to see it from time to time, even in areas without a coal mining industry or cotton mills. Quite apart from the widespread use of materials potentially harmful to the lungs, such as asbestos, population movements mean that men who have been exposed in the past to dust in coal mines or quarries may be seen in urban areas in other jobs. In rural areas farmer's lung is probably much more common than is generally realized.
In a brief and humane foreword to this description of the diagnosis and procedure for claiming industrial injuries benefits the Chief Medical Officer of the Ministry of Social Security expresses the hope that chest physicians and general practitioners will find it useful, which is likely to be so. It gives a brief description of occupational lung diseases prescribed under the Industrial Injuries Acts and, bearing in mind that controversial issues cannot be discussed in a pamphlet of this type, it is accurate and clear.

The booklet is in three parts: the first deals with diagnosis; the second describes the work of the Pneumoconiosis Medical Panels; and the third gives general information about benefits. In Appendices are given prescribed occupations in detail, and addresses of Pneumoconiosis Medical Panels.

In reading a Government publication on occupational lung disease it is necessary to remember that it is the legal definition which counts in this context. That the definition of pneumoconiosis is entirely in terms of pathology should perhaps have been emphasized as it may not be obvious to some readers, but in the same paragraph in which the definition is quoted, diagnosis is referred to as depending on a radiograph, clinical examination, and the work history. It is unfortunate also that in the description of radiological appearances the term 'reticulation' is referred to, only to be followed by the statement that it has been superseded, the one previous reference to it being in the legal definition of pneumoconiosis where it has a purely pathological and not a radiological meaning.

The question of the co-existence of chronic bronchitis with pneumoconiosis of any type or stage could also have been elaborated in view of the difficulty which is felt by many people in cases where the disability from bronchitis is much greater than that from pneumoconiosis.

Symptomless pleural calcification as the sole evidence of previous exposure to asbestos is not mentioned. The dictum that asbestos bodies in the sputum represent only exposure to the dust but not asbestos is stated, although later on asbestos bodies are given as a diagnostic pointer in mesothelioma where there may be no overt pulmonary fibrosis. It would seem safer now to regard asbestos bodies in the sputum as evidence of some lung damage, and probably potentially serious.

In the section on byssinosis the disease is described as occurring in workers employed in cotton rooms, blowing rooms or card rooms. There is now evidence that winders in the cotton industry are also at risk.

The description of the work of the Pneumoconiosis Medical Panels is concise and helpful.

R. I. MCCALLUM


Dr. Acheson's book is the result of years of careful work. It sets out in great detail the reasons why it is necessary to link together medical data from many sources. Written from the viewpoint of a doctor, it has, however, wider implication concerning both central and local authorities. Dr. Acheson points out the cost of the present inefficient system and the cost of a computer system. This appears to be sensibly costed.

The book illustrates that, although much of the information gained by the study of a medical nature, other subjects, such as housing and town planning, would also benefit greatly.

It was refreshing to see that the numerous examples of the various studies were drawn from many of the advanced western nations and not only from England, showing that the problems are international as well as national.

As a result of the growing importance of the subject of record linkage, Dr. Acheson's book should be read by all who are concerned with medical data related to birth, death, marriage, and ill-health.

The medical record has implication for a whole spectrum of researchers in many aspects of medical science. Reading this small volume should give them a new concept of the information they are handling.

An extremely important point made very well is the need to appreciate that the computer problems in this subject are trivial when compared with the collection, transcription, and input problems that amassing such data generates.

The perennial problem of the confidential nature of medical records is properly treated in the chapter on 'The Public Issues'.

The author is to be congratulated for producing such a readable and informative text in so few pages. It is sad to see that his work has not yet been taken up at a national level.

D. E. CLARK

BOOKS RECEIVED

(Review in a later issue is not precluded by notice here of books recently received.)


