the review. For some compounds national tolerances are given, followed by tolerances recommended by joint meetings of F.A.O. and W.H.O. Suggestions about work required in future are included in each review. Terms used in this publication were agreed by a joint meeting of F.A.O. and W.H.O. and are defined and explained in the glossary.

ELSA REINER

Pesticide Residues Report of the 1967 Joint Meeting of the F.A.O. Working Party and the W.H.O. Expert Committee 1968. WHO Tech. Rep. Ser. No. 391. (Pp. 43; 6s.) Geneva: World Health Organization, 1968.

This report was published after a meeting of the F.A.O. Working Party and W.H.O. Expert Committee, which took place in Rome in December 1967 to discuss pesticide residues.

The report considers methods of estimating tolerances and of sampling for estimating pesticide residues, and it discusses the significance of the interaction of residues, and the difficulties in total diet studies. Several recommendations were made. More studies should be carried out on the toxicity of organochlorine compounds, as some of the compounds persist in the animal and human body, and show effects on the liver at low doses. Some organochlorine compounds produce hepatomas in laboratory animals, and the relevance for man of these findings should be discussed. Recent work on the chronic toxicity of DDT in mice should be evaluated, and any future work considered necessary should be given high priority. Finally it was concluded that more information is needed on patterns of food consumption and about sampling in total diet studies.

The appendices of the report, which make up about half its length, contain recommended values for maximum acceptable daily intakes, tolerances, temporary tolerances, and practical residue limits for 29 insecticides in raw agricultural products. The verbal definitions adopted by the meeting for use in this report are explained in detail. A list is also given of the more recent publications (1965 to 1967) by F.A.O. and W.H.O. on specific compounds.

ELSA REINER

The Work of a Family Doctor. Edited by R. M. McGregor. (Pp. 266; 45s.) Edinburgh and London: Livingstone. 1969.

For anyone contemplating a career in general practice this book gives an excellent account of what can be achieved. Dr. McGregor records every encounter with his patients over a period of 12 years in his neatly contained practice, part rural, part town, within 50 miles of Edinburgh. His system of recording, which was also carried out by his assistants and locums, enables him to reproduce the work loads, morbidity, and progress of his patients over this time.

Any family doctor is in a unique position to achieve this continuity which is perhaps the trump card which this branch of the medical profession can produce over the remainder. He tends the day-to-day care of the

hopeless cases of inoperable carcinomas which survive for many more months than predicted by the operating surgeons. He is also that much nearer to the tragedies of growing old when family relatives grow callous and demand the dependent's removal to the Infirmary. The point is made that the recuperative powers of the aged but mentally alert are equal to that of a much younger person.

From his records he confirms many long-held theories – that town dwellers of all age groups have twice the incidence of bronchitis when compared with the rural dweller but are less frequently involved with degenerative arterial changes. His records show the decline of pertussis, rheumatic fever, and diphtheria, etc., and the growth of allergies, cancer, and arterial disease.

The range of disease this book deals with is comprehensive and is always spiced with common sense. He accepts as normal the fact that symptoms of a disease are often better the moment the family doctor has been summoned by the responsibility being shared. Those labelled as anxiety states and who frequently attend the surgery rarely lose much time from work and are consequently valued members of the community.

Preventive medicine as applied to general practice includes many novel aspects together with the expected immunization programmes.

This book should encourage those who feel they would like to have a planned approach to medical practice and should be well received by all interested in this subject.

P. M. O. MASSEY

A Handbook for Research in General Practice. 2nd ed. Edited by T. S. Eimerl and A. J. Laidlaw. (Pp. 155; 17 figs; 30s.) Edinburgh and London: Livingstone. 1969.

For anyone interested in using family practice as a means of epidemiological study, with the added satisfaction that small, simple but constant flow of recorded observations can give much useful information to the general medical picture, this book is invaluable: for instance, the marked vulnerability of females, of all ages, to urinary infection; the persistence of acute bronchitis in males which throughout life is one third more than females of comparable age; the relative freedom of the male from hypochromic anaemia; and the marked amount of conjunctivitis and blepharitis in children under five.

This book gives a general idea on how to write up any medical subject which interests the practitioner. It gives a method of recording disease by numbered classification conceived by the Royal College of General Practitioners and a number of useful practical suggestions to maintain records whilst visiting patients in their homes.

A particularly useful section was the chapter on how to use a medical library and the help the Librarian can give in tackling any subject. Expert advice on the selection and guidance is offered by the College. A section on elementary statistics and their significance is conspicuously absent in a book of this type but perhaps it was omitted to preserve the interest of the doctor who has always reserved research for others or energetic registrars.

Family practitioners must, nevertheless, regard this

book as a basic guide in preparing a paper and, provided the interest of the patient comes uppermost, there is an enormous epidemiological field open for the benefit of everyone.

P. M. O. MASSEY

Air Sampling Instruments. For Evaluation of Atmospheric Contaminants. In sections; (£10.0.0.) American Conference of Governmental Industrial Hygienists, 1014 Broadway, Cincinnati, Ohio, 45202, U.S.A. 1967.

The British occupational hygienists are currently preparing a directory of the air sampling instruments in general use in this country. The publication of this 1966 edition of the A.C.G.I.H. directory may well make them envious; it emphasizes the availability of 'hardware' in the United States, hardware not necessarily better in performance but greater in variety.

The first section of *Air Sampling Instruments* deals with the principles of sampling and instrumentation, two very valuable sections. They are followed by the lists of instruments divided according to type, each instrument being illustrated, described, and commented upon. Inevitably there is a compromise between manufacturers' opinions and field experience, and, very occasionally, this shows. It is encouraging to see so many old friends from the British stables prominent in the lists.

In practice, the choice of sampling instruments follows a consensus opinion of the hygienists concerned, be it a given field or country, and while this volume is sufficiently inexpensive to find a place on every hygienist's bookshelf, it should be there as a reference book, and not as a buyer's guide. For the latter purpose, for this country, the British directory, when it appears, may be of value despite its limited size and presentation.

E. KING

The Control of Indoor Climate. By T. C. Angus. International Series of Monographs in Heating, Ventilation and Refrigeration. Vol. 4. (Pp. 110; 50s.) Oxford: Pergamon Press. 1968.

This book is one of an International Series of Monographs (Editors – Billington and Owers) intended to extend the knowledge of persons with a general engineering background in special subjects relevant to heating and ventilation engineering. Dr. Angus, who will be known to many readers of this Journal for his work at the London School of Hygiene, states that his intention was to provoke an interest in the standards for thermal comfort, their measurement, and their attainment through the use of modern appliances, rather than to provide a designers' textbook. The consequence is a rather superficial and selective review of the field. There is a serious lapse in proof reading on page 35 which has resulted in reference to a pulse rate of 215 'points' and to a rectal temperature of 125°F. (51.7°C.) as possible physiological criteria for the assessment of heat stress. The serious student to whom this series appears to be

aimed would prefer initially to read a fuller treatment of the topic, as is available in previously published works.

D. TURNER

Absenteeism – Causes and Control. By P. J. Taylor. (Pp. 30; 7s. 6d.) London: Industrial Society. 1969.

Sickness absenteeism is topical and the Industrial Society has done well to produce this excellent booklet on the subject. It sets out to explain the forms and causes of absence from work and the factors that affect it. It then considers the practical problem of reducing absenteeism – what actions the manager can take to reduce the present absence rate and what climate he should try to establish to reduce the future problem. There are many specific examples of situations that have existed in companies and the ways in which they were handled.

The technical information on definitions and measurements and the methods of collecting absence rates is accurate and clearly presented. The section on factors affecting absence is comprehensive, helping the uninitiated in matters of sickness absence measurement from ignoring influences other than sickness which may invalidate comparisons between groups. The sections on the control of sickness absence would be particularly valuable to managers who wished to tackle the problem of sickness absence with some hope of success.

This is a booklet which any industrial medical officer can recommend to any management which is interested in understanding and controlling absenteeism.

P. A. B. RAFFLE

General Principles of Monitoring for Radiation Protection of Workers. A Report by Committee 4 of the International Commission on Radiological Protection. ICRP Publication 12. (Pp. 24; 15s.) London: Pergamon Press. 1969.

This is a report of a Task Group of one of the standing committees of the International Commission on Radiological Protection (Committee 4). The terms of reference of the Group were to prepare a report on the principles of monitoring for radiation protection of workers. It was to include monitoring of workplaces, personal monitoring, and the relationship between the two. It should be read in conjunction with a number of the main recommendations of the Commission (ICRP Publication 9, 1966).

It covers the field in a comprehensive manner and will be a useful document for all those embarking on work in the field of radiological protection. It points out at the beginning that, like its more general parent, occupational hygiene, the principal aim of radiological protection is the achievement and maintenance of safe and satisfactory working conditions. Measurements are of great importance in any radiological protection programme because they help both to achieve safe conditions and to assist in demonstrating that safety has been achieved.

The booklet discusses the objectives of the design of programmes for the monitoring of workplaces for external radiation, surface contamination, and air contamination