Minimum standards of job training and working rules are defined, and the need for adequate arrangements for washing and changing is discussed.

The suggested methods of medical control make use of the short MRC respiratory questionnaire, together with measurements of FEV₁₋₂ and FVC using a dry spirometer. Pre-employment screening and periodic health checks are recommended. The standards of acceptability for work with TDI are stringent and may sometimes be difficult to achieve in practice. The possible significance of a fall in FEV₁₋₂ and notes on the practical limitations of simple spirometry are helpful. A useful inclusion is a concise but clear set of recommendations for first-aid treatment.

The comprehensive appendices contain the text of the MRC questionnaire and notes on its use, much practical information on the use of spirometers, and a list of the names of manufacturers of protective respirators.

This book is more than a simple Code of Practice but rather a valuable collection of information on many practical aspects of working with di-isocyanates. It should prove to be of great value to all who have to deal with these materials.

K. S. WILLIAMSON


Volume IX in this highly important series of historical publications was designed to close many of the gaps left by the earlier and more highly specialized volumes, especially at the administrative level, and in this it achieves its purpose admirably.

In a lucid foreword Lieutenant General Leonard D. Heaton, who held the appointment of Surgeon General for longer than any other officer in modern times, points out that not only was the army the largest employer in the U.S.A. of civilian and military workers in plants of all types, ordnance shops, and a vast variety of manufacturing enterprises but that disabilities due to environment and climatic factors were recognized to assume a new and unprecedented importance, more than in any other campaign in modern times. Chapter IV, which contains invaluable statistical material not available hitherto, recounts how cold injuries were very largely confined to the front lines in Europe, whereas, perhaps surprisingly to some people, heat injuries (excluding sunburn and burns) were three times as numerous in the continental United States as they were in foreign theatres of the war.

A remarkable chapter (VII) on Medical Laboratories, re-written relatively recently by Professor G. J. Dammin of Harvard, with 196 references and an addendum listing 92 outstanding papers, which are representative of the wide scope of the studies completed by the army’s laboratory investigators in time of war, turns what could have been a relatively humdrum account into a fascinating story of how the conditions of war put army medicine on a true scientific basis.

Chapter V describes the arrangements made for the collection of medical intelligence to assist in the medical and strategic planning and conduct of operations which laid the foundations of the post-war organization for handling this important aspect of military medicine.

General Bayne-Jones is the author of chapter VI on preventive medicine for enemy prisoners of war, an important and humanitarian topic largely neglected hitherto by medical historians. Chapters I, II, and III, on Training, Health Education, and Occupational Medicine and Industrial Medicine respectively, should become required reading for all with a special interest in the development of preventive medicine.

This very attractively produced miscellany has many messages for many people and, in these days of ever more expensive texts of every sort, it is remarkably cheap at $8. It should not only be on the shelves of all medical libraries and departments of preventive medicine but would be a valued addition to the private libraries of all with more than a superficial interest in preventive medicine and the history of military medicine.

F. P. ELLIS


This is a brief and comprehensive assessment of the whole problem of occupational exposure to cadmium and its salts and is a good review of the current problem of cadmium poisoning. The authors stress that occupational poisoning by cadmium is almost invariably due to inhalation of either freshly formed fume or cadmium oxide dust, while non-occupational cadmium poisoning usually follows ingestion. The sources of cadmium in industry and the various processes in which exposure may occur are listed together with the common names of various alloys containing cadmium. Apart from commenting on the occurrence of environmental cases of an obscure disease in Japan ascribed to cadmium exposure this pamphlet refers only to occupational cadmium poisoning.

There is an excellent account of acute poisoning in which the causes are listed and methods of prevention and treatment are given. A full account of two typical cases of acute cadmium poisoning is included as an Appendix.

Threshold Limit Values for cadmium are discussed but it is not clear whether these refer exclusively to the prevention of acute poisoning or whether chronic cadmium poisoning is also considered. Chronic cadmium poisoning is fully described, together with suggested significant blood and urinary cadmium levels. In discussing the typical low molecular weight proteinuria no mention is made of its being accompanied by aminoaciduria and hence its significance in indicating tubular dysfunction. There would not be universal agreement with their suggestion that in certain cases there is a regression of the symptoms of the chronic form of the disease, but their cautious approach to the question of administering