motivation, working in groups, social skills as distinct from manual skills, and certain aspects of rôle theory connected with working in large-scale formal organizations. They may be recommended as a summary introduction to those who want to make acquaintance with the current situation with a view to exploring it further by means of the 16 pages of references.

A brief appendix compares work in Israel, Jugoslovakia, and Japan, but one misses any reference to modern labour camps in Russia where work may be said to be an interestingly intense preoccupation at all levels. There is surely considerable material on these available now. The author is clearly happier in the other appendix on Herzberg's two-factor theory of job satisfaction, where his empirical and experimental interests have fuller play (or work).

Perhaps the unease which may be felt by those who have much, or too much, experience of work on reading books about work—even such skilled and conscientious summaries as this—is similar to the disquiet many feel when reading determinedly scientific, research-based studies of human love or religion or politics. One is inevitably aware of the aspects of the experience which are not scientific facts but which constrain one's thoughts as facts do or ought to. Perhaps we assume too readily that all facts are scientific facts.

D. C. Russell

Rand Mines Limited (Health Department) Annual Report, Director of Medical Services, 1971. (Pp. 27; 25 tables; no price stated.)

The Rand Mines Limited is a holding company for all mining operations of the Barlow-Rand Group, both in gold and coal mining, mainly in the Transvaal and Orange Free State, South Africa. The Group employs over 60,000 Bantu, most of the tables being based on Bantu rates. The labour turnover rate is very high, 75-5% compared with 87% in 1970.

The Health Department provides a general hospital service to both the mining and non-mining communities in a district. The report mainly comprises tables dealing with incidence and lost shift rates per 1,000 for accidents and diseases. The mortality and mortality rates for these broad groups, with the attack rates of 13 important diseases, are listed according to whether the workers were from the tropics or from the east coast. The three highest total shifts lost were from pulmonary tuberculosis (69-2% per case), meningococcal meningitis (8-77% per case), and mumps (6-49% per case). Of the underground 28-5%, and of surface Bantu workers 20-1%, are first-aid holders.

Apart from the accident statistics, the only other reference to specific occupational health statistics is to pneumoconiosis, which showed an increase in the number of cases—84 (1.39 per 1,000) compared with 59 cases (0.96) in 1970. This table differentiates between gold and coal mining: 54 cases with pneumoconiosis only and 30 with pneumoconiosis and pulmonary tuberculosis in the former, and four cases with pneumoconiosis only and five with superadded pulmonary tuberculosis in the latter. In addition, two cases of heat stroke, one of which was fatal, were briefly mentioned.

127,767 miniature radiographs and 3,365 full-size control films were taken of the gold miners.

Every case of enteric fever is investigated thoroughly. Twenty-six cases were recorded (0.43 per 1,000) compared with 15 cases (0.24 per 1,000) in 1970. There were no deaths. The main infection source appears to be food bought outside the mines. Bronchitis with 1,370 cases, and disease of ear and mastoid 1,452, accounted for most of the disease cases in 1970 and 1971, the highest number of deaths resulting from primary carcinoma of the liver and disease of the heart and pericardium.

Separate tables are also included for physiotherapy, dental services, hospital costs for the different types of mining, and feeding costs.

Research concerns primarily The Primary Liver Cancer Project, centred at Crown Mines Hospital and sponsored by the National Cancer Association, the South African Chamber of Mines, and its Mine Labour Organizations; an investigation of tuberculosis in 10,000 men during their sojourn in the mines up to 1972 on behalf of the Medical Research Panel of the South African Chamber of Mines; and preliminary studies on a vaccine for pneumonia.

This report is the last from Dr. A. M. Coetzee as he left the Group after some 16 years' service as Medical Director, and although it is primarily a comprehensive collection of tables, it leaves one with the impression of a well-run Mines Medical Service concerned with the worker's welfare. One small criticism is that occupational health problems receive little mention although this does not mean that they do not form part of the Department's daily work.

D. J. Thomas


Concern with rising trends in absence from work attributed to sickness is found in every industrialized country. It is interesting to read this report of a two-day seminar held recently in Sydney, where the problem of the 'sickie' is clearly just as troublesome and difficult to control as it is in the United Kingdom. There is much of this volume to interest and sometimes to provoke the reader, and in contrast to many other papers on this subject it contains many suggestions for managers and doctors to apply in an attempt to control this problem. There are 16 contributions from managers, a trades unionist, and social scientists as well as from doctors. The first part consists of papers analysing the problem of absence and its many underlying causes while the rest includes proposals for its control. Although most are quite short, three are longer and are well referenced. The first, by an economist, Mr. Gillies, describes how the very substantial costs of absence can be measured; the second, by Dr. Ferguson, describes his epidemiological studies on absence among telephonists and telegraphists; and the third is an