Book reviews

females, the corresponding rates have continued to rise for at least another 20 years. Any epidemiologist attempting to study cancer mortality in a special occupational or other group will find this volume invaluable.

The *Supplement on Cancer* is the last of a series reporting notifications and survival rates of notified patients. It is sad to report that at this stage in morbidity statistics, the report tells us more about the process of notification and the fallibility of those charged with the duty to notify than it does about cancer. Nevertheless, this report forms the reason for, and the basis of, new simplified reporting procedures for Cancer Registries. Even with these incomplete data, it is possible to identify clearly those cancers with a reasonable 5, 10 or 15 year survival rate, and contrast them with cancers with as yet a much less favourable prognosis.

D. J. NEWELL

The Diseases of Occupations, 5th edition, by Donald Hunter. (Pp. 1225; £15.50) English Universities Press: London.

This book is already a classic and is now becoming an institution. It is certainly the best book on occupational diseases in the English language, and this means almost certainly, in any language. It is really two books. One (perhaps better located at the bedside) on the history of man and his work with emphasis upon the late eighteenth, nineteenth and twentieth centuries, and the other a comprehensive textbook of occupational diseases, better found in the consulting room bookcase or departmental library. The author possesses three qualities which are transmitted to the reader and which are responsible for the success of its five editions in 18 years: an encyclopaedic knowledge of clinical medicine, a sense of the dramatic, and a strong personality. This publication is also a convincing argument for that fast disappearing brand of book, the single author textbook.

This edition deals with a number of new subjects, some of the more important of which are the MRC Decompression Sickness Registry at Newcastle upon Tyne University, the Asbestos Regulations (1969), the Robens Report (1972), and the Employment Medical Advisory Service (1973). The illustrations are as profuse and dramatic as ever, and the index as comprehensive.

For those not familiar with the previous editions, and it is difficult to imagine that

there may be some, the book in its historical sections deals with man and his work, the industrial revolution between 1760 and 1830, the social reforms in the nineteenth century, and the health of the worker in the twentieth century. There are three chapters on the metals, one each upon the aromatic and aliphatic carbon compounds, and one upon noxious gases. Occupational diseases due to infections and to cancer or skin disease, to physical agents and to dust are each allocated a chapter, as is also the subject of accidents. Each chapter ends with a selected bibliography and there is a comprehensive index at the end of the book.

The medical department of every firm of any size should possess this book, but the tactical problem posed to more ordinary mortals is to know how often to buy a new edition. The main and pleasant difficulty in reviewing it is to keep going rather than to allow the attention to be rivetted by the absorbing reading.

R. C. BROWNE

Environmental and Health Monitoring in Occupational Health. Technical Report No. 535. (Pp. 48; 75p). World Health Organisation: Geneva. 1973.

A WHO Expert Committee reported on measures used in monitoring the work environment and workers' health and made recommendations to governments and to the WHO on the role of the two patterns of monitoring in preventive occupational health practice. The Committee consisted of eminent authorities and they have produced a report of considerable significance. It should be read by everyone interested in the role of occupational medicine, and then discussed in detail.

My reaction to the report is that it attempts to reconcile viewpoints which may not be reconcilable. The two viewpoints are reported like this:

There is no general agreement on the relative importance of environmental and medical monitoring. Some would rely entirely on environmental exposure limits, or insist on the air quality inside the workroom being the same as outside, and argue that workers should not be used as sampling devices. Others believe that the only meaningful index of hazard is 'absorption' and that it makes little difference what the stress levels are in the work environment as long as workers are protected through periodic health examinations.

The report considers that the two approaches are complementary and that one may be emphasised over the other according to circumstances.

The two approaches belong to distinctly separate categories of approaches to health and safety at work. The first approach is a safe place strategy belonging with a family of approaches all intended to eliminate *danger* at the workplace. The second approach is a safe person strategy because it aims to protect people against danger, but not by eliminating the danger.

If a safe place strategy is wholly adequate against a particular danger, then a safe person strategy is unnecessary. But the converse is not true: a wholly adequate safe person strategy does not avoid the need for a safe place strategy. This principle is exemplified in the Asbestos Regulations, 1969: asbestos dust must be controlled from all processes giving it off; personal protection for workers directly involved in asbestos processes is insufficient to protect, for example, workers engaged in neighbouring processes.

Thus a safe place strategy represents the objective for efforts directed at health and safety at work. A safe person strategy is an intermediate and incomplete stage of control. If control is to be complete a safe person strategy must give way to a safe place strategy. The approach to *prohibited substances* in the Carcinogenic Substances Regulations, 1967 illustrates the dominating role of the safe place strategy.

The two categorical propositions attributed by the WHO report to the two schools of thought are not complementary: the former is, or should be, sequent to the latter.

Common reasons for not progressing from safe person to safe place strategies are cost and feasibility. Therefore the extent to which safe person strategies are relied upon is an index of the inadequacy of resources devoted to the advance of health and safety at work.

Cost and feasibility are often the overriding considerations when governments or enterprises determine strategy. A safe person strategy is often perceived as the best buy economically even when this has to be backed up by in-work medical care and a compensation scheme. The Industrial Health Advisory Sub-Committee's Framing Noise Legislation (Health and Safety Executive, 1975) displays this outlook very clearly. The Sub-Committee has decided that noise control is too costly for Britain. Therefore, a safe place strategy is