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


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


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, equant 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

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to be required only so far as is reasonably practicable, whereas the safe person approach is a matter for strict compliance.

Progress against most dangers to health at work invariably brings a shift to the safe place emphasis. In the long run it is doubtful whether the deferment of safe place strategies by means of safe person is really the bargain which the strategists suppose.

Here is the dilemma for occupational health: should practitioners defend the safe person approach on a cost and feasibility argument when the strategic decision never lies with them? By defending it are they encouraging and prolonging an approach which is not only uneconomic but also fundamentally unsound?

G. R. C. AHERLEY


Sir Andrew Bryan is a well-known figure in the mining industry and has been recognised for years as an authority on the development and enforcement of safety legislation in the UK. Much of his experience is recorded in this book.

It starts with a summary of the events, mainly in the north of England in the early part of the last century, which led to the establishment of investigating committees; and an account of H. S. Tremend-her who did so much to alleviate the conditions under which women and children were employed in the mines. This is followed by a description of the developments in technology, the new hazards that arose from them, and the background of investigations which led to the legislation and the appointment of mines inspectors in the years up to the consolidating Acts of 1872 and 1911.

Thereafter the book deals with the development of legislation up to 1954 and includes accounts of the expansion of the Mines Inspectorate and the increasing health hazards mainly due to increasing dust production from mechanised systems of working.

The last chapter includes a searching analysis of the recommendations of the Robens Committee and the impact of the new Health and Safety at Work Act 1974 and its effects on the mining industry.

Throughout the style of the writing is full of interest and Sir Andrew’s book will undoubtedly become a classic to those interested in the history and development of mining legislation in this country.

R. K. DUNIHAN


This book is aimed at the traveller whoever he or she may be, so it is not a book for physicians. It is divided into four main sections: preparation for departure, the journey, after arrival (or during overland travel), and after return home. Appendices are given on the representatives in Britain of overseas countries, yellow fever vaccination centres (in UK only), conversion tables for weight, length, volume, and temperature.

This is a well-written little book which could be of value to anyone who is travelling regularly. It contains much good, common sense and medical advice. Nursing staff could also benefit by having a copy in their library. This book does not give detailed information and is probably adequate for the city bound executive but it would be much less use under expedition conditions, when James Adam’s book A Traveller’s Guide to Health would be preferable.

Minor criticisms could be made; for example, the recommendation of acriflavin cream for treating minor burns, but in general the advice is sound and up to date. The book is British in tone and content. At today’s inflated prices the cost is reasonable.

A. WARD GARDNER


New legislation on health and safety brings in its wake an epidemic of books, pamphlets and innumerable articles produced either to explain the new law or to expose its imperfections. These two booklets provide examples in relation to the British Health and Safety at Work Act which came into effect in 1975.

Health and Safety at Work was produced as a guide for workers’ safety representatives who wish to learn about the subject without being confused by technical or legal jargon. It has succeeded in this objective and the anonymous author is to be congratulated on a most useful and readable booklet. In 18 brief chapters, each with its checklist, the health problems of air pollution, noise, skin hazards, manual handling and welding as well as the physical safety aspects of machinery, hand tools, lifting gear, fire and so on are succinctly described in relation to the new law. There are also most informative chapters on the permit-to-work procedure and the way in which the Act now covers many workers previously left out. I was interested to learn that clergy and ministers of religious organisations are now protected by law from the occupational hazards of their work.

Although reluctant to criticise such a helpful and inexpensive booklet, I hope that the next edition will amend the clear implication on page 24 that there is no such thing as an inert dust and that bronchitis is ‘often contracted from unhealthy working conditions’. The chapter on manual handling refers to International Labour Office recommendations on maximum weights, goes on to set out a much reduced scale recommended by ‘some experts’, and ends with a TUC recommendation that even these lower weights should be reduced by 25%. The next edition should also quote metric weights.

This booklet will certainly help trades unionists and I would strongly recommend it to any occupational health practitioner working in industry.

The Shop Steward’s Guide to Workplace Health and Safety, on the other hand, was written to draw the attention of trades unionists to the implications and, more importantly, the limitations of the new Act, and it proposes action to improve what the authors consider to be an unsatisfactory situation. Although much of the booklet is written in unemotive style, and contains useful facts and figures derived from official and other publications, there are occasional barbed comments. The underlying message is that employers can seldom be trusted to take sufficient care, and the Factory Inspectorate also comes in for criticism. Codes of practice receive little support and the contention is made that safety rules are often flouted because of the two most prevalent industrial diseases affecting management, namely ‘acute production pressure’ and, as the authors describe it, the highly contagious ‘blind eye’.

The main proposal put forward in this booklet is that trades unions should establish their own workers safety in-