Originally the 100 patients were compared with an unmatched group of healthy individuals of the same age but later they were compared with another group matched for age, height, weight, body build, ethnic origin and occupation. It is interesting that this matching is itself shown to remove some risk factors, for the authors have confirmed by the 30-year observation what was previously only an impression, namely that the typical coronary-prone individual is mesomorphic, i.e. short, thickset and muscular. By having these matched and unmatched controls and by comparing those who have survived 30 years with those who have died of their coronary disease they have material for large-scale comparison. It does not compare in numbers with the much differently designed Framingham study, (100 vs 4500), and where there are differences in conclusions, the weight of numbers must prevail.

Nevertheless, the authors substantially amplified their conclusions by a fairly succinct survey of what the Framingham and a great many other studies and experiments have brought out. If, therefore, one wants a manageable summary of modern thought on subjects such as the predictive value of serum cholesterol and uric acid, on the importance or rather the relative unimportance of diet and obesity as risk factors, on the evidence for cigarette smoking being a habit of great danger, and of the significance of a family history in the case of the young coronary, it is all well assembled here. Hypertension is relatively neglected, because it was purposely excluded from the protocol.

Regarding psychological types, rather interestingly the survivors of both the coronary heart disease group and the original controls have been tested and it was the latter who had more of the alleged dangerous features of Rosenman and Friedman's Type A—i.e. were aggressive, competitive, obsessional and masculine! It is a little feeble to suppose that all the coronary heart disease patients of Type A had during those 30 years died.

In all a fascinating and useful book.

H. A. DEWAR

Serial Mortality Tables—Neoplastic Diseases. Volume 1: England and Wales 1911–70; Volume 2: Ireland (Republic) 1922–70; Volume 3: Northern Ireland 1922–70; Volume 4: Scotland 1911–70. (Pp. 565; no price stated). Institute of Cancer Research, Division of Epidemiology, Royal Cancer Hospital, Block E,

Clifton Avenue, Sutton, Surrey SM2 5PX. 1976.

These four volumes each tabulate by site, sex, age and calendar period the deaths and death rates from neoplasms in 32 sites of disease.

Volume 1 is the most comprehensive and is, as far as death rates are concerned, essentially an updating of the tables produced by Case and Pearson in *Studies in Medical and Population Subjects No. 13*, (HMSO: London, 1957). Where they are available, deaths for each site and sex are given for five-year age groups and for five-year calendar periods. Death rates per 1000 per year lived are similarly presented and interpolation is used to calculate rates for which the full quinary quinquennial breakdown of deaths is not available.

The choice of sites follows the 1911 classification (*International Classification of Diseases*, 2nd Revision) and traces these forward by adjusting later classifications. This is in contrast to *Studies in Medical and Population Subjects No. 29—Cancer Mortality in England and Wales 1911–70* (OPCS, 1975) in which the current classification (*ICD*, 8th Revision) is traced backwards. However, many of the tables in these two complementary publications are substantially the same.

The other three volumes in general follow the same format, classifications and methods of calculation used in Volume 1 except that no interpolation is used to estimate death rates. Because of differences in data collection, death rates in some sites, such as lung and pleura, are not always strictly comparable to those in England and Wales. However, when such differences exist they are indicated in the tables.

In 1940 new rules were introduced for selecting the underlying cause of death from the death certificate. Appendix III of Volume 1 gives a table of correction factors which may be used with any of the four volumes to adjust the material between 1911 and 1940 for this change.

Anyone wishing to study cancer in some occupational or other group or to examine changes in patterns of cancer mortality either in time or in different parts of the British Isles will find these tables extremely useful.

ANN PETRIE

Mortality Surveillance 1968–75: England and Wales. (Pp. 154; £14.50). Office of Population Censuses & Surveys, Medical Statistics Division: London. 1977.

The Office of Population Censuses and Surveys (OPCS) has recently produced a series of sheets giving for the years 1968–75 the number of deaths and death rates per million in England and Wales for each of the 150 specific causes in list A of the current (8th Revision) *International Classification of Diseases* (Volume 1, Pp. 439–444. WHO: Geneva. 1967.)

Six of the causes (A1, A11, A26, A32, A33 and A35) have no associated deaths but many of the others will be of interest to workers concerned with mortality studies.

For each cause the figures are tabulated by sex in five-year age groups from 5 to 85. The figures for ages less than one year, 1–4 years, and 85 and over are also given. In order to assist in the interpretation of trends in any sex and age group, the results of three tests of significance on the rates for the six years 1970–75 are given. If there are no deaths in three or more of these six years none of the tests is performed for the group. The first and third tests given assume that it is known whether the trend if there is one will be increasing or decreasing (in statistical jargon they are one-tailed tests) and in the reviewer's opinion this assumption is hardly, if ever, justified. The second test given assumes no such prior knowledge (this is a two-tailed test) and is much to be preferred. It is worth noting that, although they are interpreted differently, the test statistics for the second and third tests are equivalent.

Using these tables one can see that during 1970–75 information on death certificates indicates, for example, a significant increase in the death rates from malignant neoplasms of the oesophagus (A46), malignant neoplasms of the trachea, bronchus and lung (A51) and ischaemic heart disease (A83) and a significant decrease in the death rates from malignant neoplasms of the stomach (A47), chronic rheumatic heart disease (A81) and hypertensive disease (A82).

The OPCS hope to repeat the analyses as further years' data become available, and the format has been designed to accommodate a maximum of 11 years' comparable figures. The figures given in the present tables for 1975 are provisional. Individual sheets cost 12½p each (plus VAT, postage and packing 10p) while the complete set together with explanatory notes, spirally bound, costs £14.50 (plus VAT, postage and packing 50p). A microfilm version of the complete set, either 35 or 16 mm is available for £2.50 (plus VAT, postage and packing 20p).

Further information can be obtained from Mortality Surveillance, Statistics Servicing I, OPCS, 189-199 West Street, Fareham, Hampshire PO16 0HB.

ANN PETRIE

Hazards in the Chemical Laboratory, 2nd edition. Edited by G. D. Muir. (Pp. 473; £7.00). The Chemical Society, Burlington House, London W1V 0BN. 1977.

Hazards in the Chemical Laboratory, a lineal descendant of a number of Royal Institute of Chemistry Publications, is the second of this title by Dr. Muir and a marked improvement on its predecessors.

It is written for chemists and, having bound it in a waterproof cover, the publishers may be assumed to regard it as a laboratory reference work. The practitioner of occupational medicine should not be put off by this.

Chapter 8 (327 of the 473 pages) printed on yellow paper, is an alphabetic list of hazardous chemicals giving briefly their physical properties, physiological responses to them, toxic effects, hazardous reactions, first aid, fire hazard and spillage disposal. This edition is greatly improved by being cross-referenced to Bretherick's *Handbook of Reactive Chemicals* and by the inclusion of a chapter on Reactive Chemical Hazards by that author.

The remaining chapters are on the *Health and Safety at Work etc. Act, 1974*, Planning for Safety, Fire Protection, Chemical Hazards and Toxicology, Medical Services and First Aid, Safety in Hospital Biochemistry Laboratories and Precautions Against Radiations. These chapters each contain a lot of very useful information but a few of them are inadequately referenced and some references are woefully out of date. On the credit side there is a good index.

Inevitably the question will be asked, 'How does it compare with Sax's *Dangerous Properties of Industrial Materials*?' Physically it is smaller and handier, it is written for the reader in the United Kingdom and is only a quarter the cost. Chapter 8 lists fewer chemicals but the loss is not serious. Altogether this edition is a much better buy.

Most people, one fears, will buy it merely to refer to chapter 8. A more liberal use of paragraph headings, more line drawings and perhaps a few cartoons might produce a more attractive format. As it is, many people who ought to read the chapters printed on white paper may not, which is a pity. Their contents ought

to be that part of the subject known by all who are concerned with chemistry and chemicals.

The editor and publishers are to be sympathised with, a reorganisation of the Health and Safety Executive having made their list of Employment Medical Advisory Service offices out of date. Readers should note two changes:

<i>N.E. Region</i>	<i>Scotland</i>
EMAS	EMAS
8, St. Pauls Street	Meadowbank House
Leeds	London Road
LS1 2LE	Edinburgh

K. EVERETT

Asthma. Edited by T. J. H. Clark and S. Godfrey. (Pp. 409; £10.75). Chapman and Hall: London. 1977.

There are thirteen distinguished contributors to this comprehensive volume which presents up-to-date views on the physiology, pathology, causation and treatment of asthma. The text is unusually well-written and easy to read. The elimination of all references from the text undoubtedly contributes to this, but at times may leave the reader wondering whether the author has failed to consider a recent report, or has even more recent information which contradicts it. References for further reading are given at the end of each chapter.

There is a very useful chapter on Occupational Asthma, but the occupational physician may consider that the influence of non-specific industrial irritants on the asthmatic subject does not receive sufficient attention. Challenge tests may sometimes help to solve problems in industry, but the authors stress that these should be carried out only in hospital under careful medical supervision. This warning comes on page 147 and is not repeated in the subsequent chapter on Occupational Asthma. If it is intended to apply to the investigation of occupational asthma it is clear that there is still no easy test that the occupational physician can carry out for himself, other than observing the effect of suspension from work and subsequent re-employment. There is hope that serum tests for specific IgE may eventually become available.

The chapters on treatment of asthma in children and adults are particularly helpful, and this book will be of great value to anyone who is interested in increasing his knowledge of this common, and often baffling, condition.

G. L. LEATHART

Notices

International Section of the ISSA for the Prevention of Occupational Risks due to Electricity

The Fifth International Colloquium on the Prevention of Occupational Risks due to Electricity, entitled Safety for the Electrical Expert—his Basic and Advanced Training, will be held in the Kongresshaus, Lucerne, Switzerland, from 17-19 May 1978. The agenda will include items on basic training of the electrical expert in matters of accident prevention; procedure and methods used for theoretical and practical training; technical and didactic educational aids; instruction given to the electrical expert to qualify him for work in particularly dangerous areas; advanced training and refresher courses; and the possibility of effectively influencing procedure by means of publicity. The registration fee is DM 300, and application should be made, if possible, by December 31st 1977, or by February 28th 1978 at the latest. Further information may be obtained from the Secretariat of the ISSA Section, Berufsgenossenschaft der Feinmechanik und Elektrotechnik, Oberländer Ufer 130, D-5000 Köln 51, Bundesrepublik Deutschland.

International Symposium on Occupational and Toxicological Aspects of Styrene

The Institute of Occupational Health, Helsinki, Finland, will hold a scientific symposium entitled Styrene: Occupational and Toxicological Aspects, from 17-19 April 1978. The aims of the symposium are to review current knowledge regarding hazards associated with the production and use of styrene, for example in the reinforced plastic industry. The symposium is open to scientists from universities and other research institutes, government organisations and industry. The registration fee (\$50) will be collected on April 17th, but the closing date for registration is February 28th 1978. For further information, please contact Dr Jorma Järvisalo, Institute of Occupational Health, Haartmaninkatu 1, SF-00290 Helsinki 29, Finland.