Although it is claimed that a previous knowledge of the subject is not assumed, there are parts of the book which are intelligible only to someone with prior legal knowledge. Some legal concepts, such as *volenti non fit injuria* (voluntary assumption of risk), are introduced but explained only many pages later. Some cases, on their first appearance, are referred to as if they are old favourites well known to the reader (like the reference to *Bourhill v. Young* as 'the pregnant fishwife's case' with no further description). Comments are made about other cases which can be understood only by those who are already familiar with their facts.

Contrasted with this, and despite the pressure on space, about four pages in all are spent in explaining a single case, *Robinson v. Post Office*, while the points it covers could have been dealt with much more concisely. At the same time other topics, such as the availability of an action for breach of statutory duty and the contribution rules for social security benefits, are largely or completely neglected.

The book is also marred by an unusual number of careless errors. There are about a dozen in the table of cases. Among the errors in the text a Social Security officer is referred to as a Social Services officer, a Law Lord is stripped of his title and demoted to the Court of Appeal (with his name spelt wrongly, to boot,) and the Pearson Commission is said to be considering what compensation should be payable for anti-natal injuries.

It is to be regretted that although potentially useful this book cannot be recommended.

ROBERT A. PEARCE


Any study of the progression of pneumoconiosis, and consequent dysfunction, is complicated by problems of subject selection, retirement, change of jobs and from other dusty industries and the concurrence of other pulmonary disorders. This pamphlet, which attempts to relate progression of pneumoconiosis in foundry workers to conditions at work, makes a bold attempt to overcome these difficulties by limiting its objectives to a simple measurement of progression on two films ten years apart in subjects already selected because they had pneumoconiosis, and relating this to a subject's occupation in the foundry. As far as it is goes, it is possible to conclude that foundryman's pneumoconiosis may progress, even after the man has ceased work, and that progression is more likely in the more dusty jobs. Moreover it states that progression is prevented if the worker wears an approved respirator and that the condition should be eliminated by proper dust control.

However, the limitations of this survey are considerable and the layout of the report is clear evidence that it was written by a committee rather than by an author. The format is such that 52 of the 72 pages are appendices and it would appear that not always have the same number of subjects been analysed by the various authors. The details of radiographic method (100 mm films were used) are not given until Appendix 6, where the comments of the clinicians are speculative and imprecise. The physiological findings are valueless and the actual estimates of dustiness are based on engineering inspection some six years after the survey finished.

This pamphlet is hard to read and its conclusions are of limited value. It is however a first attempt to measure progression of pneumoconiosis in the foundry industry. It is therefore recommended reading for those who plan further studies, providing as it does a useful survey of the difficulties and an object lesson in how not to present the results.

ANTHONY SEATON


In his paper 'Experimental and Clinical Investigations for Assessing the Toxicological Hazards of Industrial Chemicals' Professor Robert Lauwersys (Brussels) stresses the need to adopt a flexible, intelligent and experienced approach. He outlines guidelines which he uses to assess the data available for dimethyl formamide (DMF). This exercise leads him to recommend further long-term inhalation studies in animals and epidemiological surveys of workers exposed to DMF with emphasis upon liver function and porphyrin metabolism.

In the subsequent discussion we are reminded that the same basic principles apply to all toxicological investigations, whether they be of industrial chemicals, drugs or pesticides. Pleas are made for toxicological data to be made more generally available, for greater attention to the assessment of central nervous toxicity and to long-term effects of low exposure, and for precise documentation of studies to permit future re-evaluation should the need arise. Toxicologists are asked to advise legislators clearly about the merits and limits of current toxicological tests. Readers are asked to consider the logistic problems, how many industrial chemicals should be tested and to what depth.

Professor Irving J. Selikoff (New York) in his wide-ranging paper, 'Perspectives in the Investigation of Health Hazards in the Chemical Industry' examines criteria for setting priorities; experimental and epidemiological methods and the roles of industry, labour and government.

Studies of large groups of occupationally-exposed workers, particularly those exposed to widely disseminated materials should, he considers, receive high priority, as should studies of chemicals already suspect. In the discussion section attention is drawn to the difficulty in discovering how much of an individual chemical (finished or intermediate) is in use; to the need for involvement of an educated public in the evaluation of an acceptable risk; to the value of negative data, to the difficulty experienced in obtaining funds for such work and to the need to define clearly the sensitivity of the methods used when reporting a negative effect.

In the section on mutagenicity tests for the detection of carcinogenic activity the review paper by Dr Bartsch (Lyon) on the Salmonella test system is an excellent short résumé of the field.

The relationship between carcinogenesis and mutagenesis is explained and the advantages and limitations of *in vitro* test systems described. The point is made that, in preliminary screening tests, false negatives and false positives are probably unavoidable, but for a final test no false positives can be tolerated. Needless to say,