
This report, which is based on a WHO Task Group examination of some 200 original publications as well as earlier reviews of the literature, deals with only the biologically significant oxides of nitrogen, namely nitric oxide and, predominantly, nitrogen dioxide. While the stated aim of the Task Group was to evaluate the health risk from exposure to these gases, its findings may disappoint the industrial physician and occupational hygienist in that no attempt has been made to assess the reliability of the current Threshold Limit Values for oxides of nitrogen as hygienic guides for the workplace. To be fair, the report does point out that the literature on industrial exposure provides little useful data on the chronic or acute effects of exposure to low levels of oxides of nitrogen. The Group accordingly confined its efforts to producing a guideline for community health protection against nitrogen dioxide. Here again, because of insufficient data from epidemiological studies, the Task Group concluded that the best available evidence on which to base a health protection guideline is that from controlled human studies and animal experiments and, as a consequence of the lack of information on the effects of long-term exposure to nitrogen dioxide in man, only a short-term exposure limit has been developed. This suggests that a maximum one hour exposure of 0.10-0.17 ppm is consistent with the protection of public health and that this exposure should not be exceeded more than once per month. It is further suggested that this exposure limit may need to be lowered in view of biological evidence of the interaction of nitrogen dioxide with other air pollutants or because of the fact that some populations are highly sensitive to this substance.

Many readers of this document will undoubtedly find that its main value lies in the vast amount of information on the sources, chemistry, analysis, exposures and effects of oxides of nitrogen which is presented in a concise and readily digestible form.

J. STEEL


It came as a shock to encounter this new edition of Price’s Medicine and to compare its size (5402 cm³) and weight (4.5 kg) with the 8th edition, which was most readily to hand (2519 cm³; weight 2.0 kg). It is an unwieldy book, comparable to some of the large 17th century folio volumes, and merits a lectern or perhaps in contemporary terms a coffee table. Nevertheless it is well bound and printed with good quality paper and, at the price, represents excellent value. It is encouraging to find a section comprising 14 pages on ‘Occupational Medicine’ by R. Murray. This is only the tip of the iceberg because a search of the index and the text shows that there is, throughout the whole book, a good deal more about the occupational aspects of disease and one can hardly complain that the subject does not have its due emphasis. Although it is not a book which the specialist in occupational medicine will wish to consult for information on his own field, he will certainly find it useful to update his general medical knowledge; while the undergraduate student is provided with a general medical text which includes a reasonable amount of occupational medicine and which draws his attention to the occupational aspects of a wide range of medical disorders.

R. I. MCCALLUM


A code of practice is a set of didactic rules designed to permit a job to be carried out correctly. A variety of adjectives such as ‘safe’ or ‘efficient’ or even ‘cost effective’ can be added to the term to focus more accurately on the objectives of the code. A number of codes of practice have been published since the Health and Safety at Work Etc. Act 1974 came into effect. Now the Royal College of Nursing has added its contribution.

Where this suggested code gives positive instruction its advice is sound. It may be doubted, however, whether anything is gained in a code such as this by adding superficial comments such as those on the risks, techniques and complications of immunisation. The definition of ‘barrier nursing’ on page 8 is all but useless. The essential practical and general rules of barrier nursing should be given and not relegated to the special section on virus hepatitis. The chapter on tuberculosis is sound and instructive but it is not a code of practice. Similar comments apply throughout the publication.

These criticisms arise from the subtitle of the booklet which suggests that it is a code of practice, and that it clearly is not. In addition, interest in the prevention of acquired infection in hospital is almost exclusive to staff. The omission of rules designed to prevent acquired infection in patients is serious and their inclusion would not be inconsistent with the aims of the publication. Room could be found for such rules by the elimination of some of the repetitions and this might also lead to a better arrangement of the subject matter. Nevertheless, this is a very good and useful account of the principles on which prevention of acquired infection is based. As such it can form the basis of a real code of safe practice for nurses, occupational health staff, and the many non-medical therapists and diagnostic assistants who work in hospitals.

M. SUSSMAN