cancer. Copies of the Commissioner's decision are available on request.

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Bladder cancer in rubber workers

Sir,—In their recent article (1987;44:187-91) Bernardinelli and colleagues drew attention again to the continuing problem of cancers in rubber workers. Their brief review concluded that although it has been over 30 years since an excess of bladder cancer was first identified, the fear has persisted that these hazards (exposure to benzidine, alpha-naphthylamine, and beta-naphthylamine) could still be affecting men working in the industry today. In a previous article (1982;39:209-20) Parkes *et al* concluded that: "The absence of any excess of bladder cancer affecting men who have entered the (rubber) industry since 1950 is particularly noted and provides firm reassurance that measures then taken to remove from production use all suspect bladder carcinogens have been effective." This conclusion is disputed, however, by R A M Case in his report of 1983 entitled "The Misbegotten Camel" (unpublished). Case refers to the continued risk of exposure to carcinogens in the rubber industry after 1949, particularly in the use of recycled rubber made from materials compounded from formulations in use before 1949. As late as 1966 the consultant rubber chemist of the Dunlop Rubber Company was asked to demonstrate to representatives of the Factory Inspectorate a specially developed technique which could detect carcinogenic aromatic amines in reclaimed rubber. In this demonstration he prepared a cured rubber using "Nonox S" as an antioxidant and was able to detect beta-naphthylamine in a finished product.

As recently as December 1986, the Social Security Commissioner accepted that a worker employed in the rubber industry from 1969 to 1984 suffered from bladder cancer caused by exposure to beta-naphthylamine; he had been employed extensively in work with reclaimed rubber. After considering Case's report the Commissioner decided on balance of probabilities that a claim for disablement benefit could be made.

I write to alert those of your readers who are medical practitioners or other occupational health workers and who may be asked to advise those who suffer from bladder cancer on their rights to compensation. Certainly the Commissioner's decision (reference CI/021/1986) should be of considerable help to those who have worked in the rubber industry after 1949 but with reclaimed rubber and suffer from bladder

Book review

Health and Safety in Field Archaeology. J L Allen and A St John Hold, Standing Conference of Archaeological Unit Managers, Poole, 1986. (£15.)

As anyone who has visited an archaeological site will know, the conditions under which the work is carried out vary enormously and giving attention to the health and safety of those on site is not the thought always uppermost in the director's mind. So a manual dealing with this important aspect of archaeological field work is to be welcomed, especially as the previous handbook published by the Council for British Archaeology has been out of print for some years.

The present volume deals in some detail with health and safety law as it applies to sites and then gives over most of its space to recommendations about safe working practices. This part of the book is well done, although the style is dry and makes for rather dreary reading.

The small section of the book that deals with health, on the other hand, is extremely badly done and betrays the authors' lack of medical knowledge. There are errors both of commission and omission. Dealing with heat and cold, for example, the book rightly recommends good foul weather clothing to protect against the cold but to infer that people on site may "very quickly suffer a condition known as hypothermia" is surely an exaggeration. Again, I doubt that there are many field workers in this country who have suffered from heat stroke but those working abroad may well develop heat stress and should be advised on how to protect against it. Those working abroad for long periods in hot climates should also be warned of the risks which they may run from skin cancer, particularly if they are fair skinned.

Among the other conditions mentioned as hazards to archaeologists are welder's lung and Weil's disease, which must be excessively rare in archaeologists; incidentally, the authors should note that Weil's disease is a leptospiral not a bacterial disease.

The section on dermatitis is adequate and mention is made of a number of potential skin irritants and sensitisers including petrol, paraffin, some solvents, tar and pitch, cement dust, and lubricating oils, al-