BOOK REVIEWS

THE PRACTICE OF INDUSTRIAL MEDICINE
By T. A. Lloyd Davies, M.D., M.R.C.P.

We greatly welcome the appearance of a British treatise on industrial medicine, particularly when it has been written by somebody so well versed in all aspects of industrial medicine as Dr. Lloyd Davies. This book is nicely balanced between the many approaches to the subject, and this is well shown by the chapter headings: Historical and Introductory Survey; Medical Examination; Accidents, Fatigue, and Environment; The Social functions of Industry; Industrial Disease and Toxicology; The Hazards of Coal-mining; Workman’s Compensation and Rehabilitation. The author’s greatest interest in industrial medicine is in the social aspect of it, and in this he is right, for as he says: “The social and environmental circumstances of industry affect all persons employed under industrial conditions, whereas relatively few workmen are exposed to the risk of industrial disease.” His exposition of the problem of adolescence in industry is outstanding, but he does not deal with the social aspect to the exclusion of any other. The toxicological section is as complete a reference section as any industrial medical officer could wish for; and here again the author’s own work on manganese pneumovalia is the most outstanding piece of original toxicological work which has been done by any industrial medical officer in the past ten years. In this section prevention is stressed, as it rightly should be, since every industrial disease is preventable.

The factory department of the Ministry of Labour, which has done so much to further industrial medicine in this country, has perhaps grown up on the prevention of accidents and the various aspects of this subject are well discussed. Physiological requirements include the maintenance of pure atmosphere, the right temperature, adequate lighting, avoidance of excessive noise, adequate space, and good nutrition. Psychological requirements are that there shall not be mental or physical fatigue but that recreational facilities shall be available; whilst hygiene and social standards shall be those prevailing in the community. At the same time there shall be protection against infection and accidents and this means that the engineering shall be of a high standard and properly executed. As the author writes, the primary duty of every industrial medical officer is to prevent accidents and to ensure that the workman will not be harmed. However, if the worst happens, it is important that he should know about workman’s compensation and rehabilitation; and this chapter, like the rest of the book, is well written.

No praise can be too high for this book and it is to be hoped that every industrial medical officer will read it and will see that there is a copy on the bookshelf in his works surgery.

K. M. A. P.

TUBERCULOSIS IN YOUNG ADULTS
By Marc Daniels, Frank Ridehalgh, and V. H. Springett

Over a period of ten years more than 10,000 young people have been examined by tuberculin tests and radiographs. Five main groups were examined: nurses, medical students, contacts, Navy boys, and a group of controls consisting mainly of office workers. The mean age was 21 in nurses, medical students, and controls, 18 in contacts, and 16 in the group of Navy boys. The nurses were divided into two groups, those nursing the chronic sick and including many Irish and Welsh girls, and those in ordinary general hospitals.

The tuberculin test was positive on entry in 85 per cent. of males and 82 per cent. of females; and was about 10 per cent. higher at 23 than at 18 years of age. On routine x-ray examination 0·5 per cent. had active tuberculous lesions, 1 per cent. showed evidence of inactive reinfection tuberculosis, and up to 9 per cent. showed evidence of calcified foci: 85 per cent. of visible pulmonary lesions occurred in the upper zones, the incidence of such lesions being higher in girls from rural Ireland and Wales than in those from rural England or from urban areas of any of the three countries.

The greater the degree of reaction immediately after Mantoux conversion, the more likely was tuberculous disease to develop: and the greater the degree of exposure to infection, whether in Mantoux-positive or Mantoux-negative persons becoming positive, the higher was the tuberculosis morbidity. The figures were 71 cases among 1,766 Mantoux-negative persons and 124 cases among 7,755 Mantoux-positive persons. When infection occurred among those who had recently become Mantoux-positive, symptoms generally appeared within one year of conversion, whereas in the initially Mantoux-positive group the incidence of tuberculous disease was low in the first year and tended to increase with each year of nursing experience.

The prognosis of the minimal lesion is always a source of anxiety to those treating tuberculosis; it is, therefore, of interest that of 68 cases found on entry to the survey 51 per cent. proved to be progressive and 49 per cent. retrogressive or stationary: and of 97 cases arising after entry and observed for two and a half years 45 per cent. became active, 28 per cent. showed evidence of spread without symptoms, and 27 per cent. were non-progressive. Thus it is evident that the majority of such lesions are progressive.

The whole report gives a wealth of information about the epidemiology of tuberculosis, and will well repay study by all industrial medical officers, who might play an important part in the prevention of this highly preventable disease.

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