431 Current Medical Terminology. Third Edition. American Medical Association. AVAILABLE FROM: AMA, Circulation and Records Dept., 535 N. Dearborn St., Chicago, Ill. 60610. 969 pp. (1966). PRICE: U.S., U.S. possessions, Canada, & Mexico $4.00; all other countries, $4.50. Medical students, interns, and resident physicians only (U.S., U.S. possessions, Canada, & Mexico) $3.00.

Current Medical Terminology(CMT) is a system of reference for the selection of preferred medical terms including certain synonyms, and generic terms with built-in arrangements to provide maximum convenience in usage, currency, and timely publication. All preferred terms are supported by concise definitions. The audience of CMT includes practitioners of medicine and the specialties, educators, investigators in fundamental and clinical medicine, medical students, interns, nurses, medical record librarians, professional personnel involved in health supervision of sports, pharmacologists, laboratory technicians, medical officers and technicians of the Armed Forces, claims agents of insurance companies, government and private agencies, attorneys, and science writers. CMT also offers interesting possibilities for applications in "computer medicine," notably programmed teaching and diagnosis and the study of patterns of disease, their statistical relationships and occurrences. The system for standardization of medical data is presented as a step in resolving the conflicts and discrepancies of terminology which greatly impair the value of records for retrieval, analysis, and communication. The first two editions of CMT were widely used. However, as would be expected of a new and different type of book, certain limitations were discovered, chiefly omissions. These discrepancies have been carefully considered and corrected. -- Cond. from Foreword

NOTE: This medical classification reference will be invaluable to hospital medical record librarians. It should also be useful to those interested in improved recording and reporting of morbidity and mortality information on industrial populations. Improved standards of job classification are also needed to aid evaluation of potential adverse effects of environment on human health. As pointed out by Smith in Lanza's "Pneumoconioses" (Industrial Hygiene Digest 27: 5 pp. 4, May 1963) in the chapter on Asbestosis: "unfortunately the term 'asbestos worker' very frequently is used to denote a member of the asbestos workers union, a group of people whose chief occupation is the application of insulating materials. Many years ago asbestos was the only insulating material commonly used. Today mineral wool, glass fiber, magnesia, and a host of other products are used in the insulation industry but the applicators still are called 'asbestos workers' because of their union affiliation. ... Perhaps with more accurate reporting the alleged association of inhalation of asbestos fiber and other intercurrent disease conditions would be clearer today.... The true relationship will remain obscure until responsible reporters can evaluate the relationship between agent and disease and not just job title and disease."--RTP deT

432 Ultraviolet Radiation. Hygienic Information Guide No. 84. Pennsylvania Department of Health, Division of Occupational Health. AVAILABLE FROM: Pa. Dept. of Health, Div. Occ. Health, Harrisburg, Pa. 2pp. (1966). PRICE: Not Given.

This leaflet discusses ultraviolet radiation under the following headings: Properties, Sources, Uses, Medical Aspects, Exposure Limits, and Exposure Control. It is suggested that personnel exposed to ultraviolet rays should be required to wear eye and face shields, gloves and protective clothing for prevention of exposure of the entire body. The density or shade of eye protection is dependent on the intensity of the ultraviolet source. The intensity of ultraviolet radiation from electric welding arcs increases as the amperage of the unit is increased. Ventilation should be supplied to maintain exposures to ozone and oxides of nitrogen generated by ultraviolet to less than threshold limit values. For germicidal irradiation, indirect lighting fixtures should be used and positioned so that only the upper air of the area is treated. Walls and ceilings should have surfaces that have low ultraviolet reflective factors.

INDUSTRIAL MEDICAL PRACTICE

433 The Status of Medical Education: A Medical Student's Viewpoint. E.R. Smith. Can. Med. Assn. J. 94, 729-734 (April 2, 1966).

This relatively short paper attempts to deal with a topic about which much has been said and written. What is education? If learning is indeed a personal thing, occurring as an interaction between the student and his environment, is it possible for one individual to teach another? What is the best way to teach medical students? Obviously neither the lecture seminar, laboratory or clinical setting offers the whole solution. Should medicine be taught as individual specialist subjects or should the pathophysiology, the pathology, signs, symptoms, investigation, medical and surgical treatment and prognosis be provided to the student by persons unbiased by their small field of endeavour? How best may the student be examined and evaluated to detect those changes in behaviour which are essential to the development of the good physician? If more physicians

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