Gastric and Duodenal Ulcer: A Modern Industrial Problem. Report and Recommendations. (Pp. 6, 1s. 6d.) Issued by the British Council for Rehabilitation, London. 1957.

This booklet contains the report and recommendations of a working party on the gastric problem in industry set up in 1955 by the British Council for Rehabilitation. The terms of reference were:

"To consider the problem of peptic ulcer in industry. To examine the possibilities for research work being done in this field, which might include the results of efficient early treatment, the working capacity after partial gastrectomy, and the determination of the benefits derived from special dietary facilities in canteens."

The Chairman of the Group was Dr. F. Avery Jones, one of the most experienced gastro-enterologists in Europe. Working with him were several medical men associated with industry and a member of the Trades Union Congress. It is interesting to note that the British Dietetic Association was also represented.

Although at first sight the terms of reference appear to be somewhat ill-defined, the working party interpreted them correctly as an instruction to produce a short authoritative and well-balanced report which could be easily read and understood by all those interested in the welfare of the industrial worker.

The report concludes that it is both undesirable and unnecessary to exclude anyone with peptic ulceration from employment in industry. This is a bold statement and even in these days of enlightened personnel management will not always be easy to implement. The opinion is expressed that much can be done by good personnel management to help people suffering from peptic ulcer to remain at work. Particular care must be given to the needs of individual sufferers, especially as regards their working conditions and feeding facilities. While most readers will agree with this view, some will feel that it would have been more complete had mention been made of the need for a close liaison between management, however much enlightened, and the industrial medical officer.

No new scientific data have been described but it is obvious that the results of modern thought and research on the subject have been an important influence in the final preparation of the report. The avoidance of physical fatigue and mental strain are stressed as an important factor in preventing recurring attacks of peptic ulceration. Practical suggestions in this connexion have been laid down. It is particularly satisfactory to note that smoking, alcohol, and aspirin are mentioned as aggravating factors and important elements in the prevention of healing of an ulcer.

The problem of shift working is discussed in some detail and the report makes it clear that such work need not be harmful to those with peptic ulceration, provided the shifts are regular and the change-over not too frequent; and also provided that adequate canteen facilities are readily available.

In a restricted but responsible way mention has been made of surgical treatment, and it is pointed out that in

those cases selected for surgery the individual is usually restored to full working life and able to eat normal food again. It might have been useful and have completed the picture if readers were informed that the number of cases selected for surgical treatment was on the increase.

Taken as a whole, this report is a useful contribution to lay understanding of peptic ulceration as it affects the worker in industry.

J. SHARP GRANT

Report of the Committee of Inquiry on The Rehabilitation, Training and Resettlement of Disabled Persons. (Pp. 126. 5s. 6d.) London: H.M. Stationery Office, Cmd. 9883. 1956.

The Committee, which was appointed in 1953, with Lord Piercy as Chairman, to review in all its aspects the existing provision for the rehabilitation, training, and resettlement of disabled persons, has now published its findings as a comprehensive account of the services which a disabled person may now expect to receive under the welfare state, and makes some 46 recommendations. The report will be of interest to all who are concerned with treatment and in particular to those who are practising medicine in industry.

The public conscience has become increasingly alive to the needs of the disabled and this is in no small part due to the initial efforts of voluntary organizations. The valuable contribution which these organizations can continue to make should, in the opinion of the Committee, receive careful consideration.

It was found that no national figures were available to provide an accurate assessment of the size of the problem. This may explain the exaggerated claims which are occasionally made for the provision of additional facilities. It is suggested that the medical profession as a whole has failed to realize the scope and potentialities of effective rehabilitation or to use to the best advantage existing techniques and facilities.

The Committee appears to agree that rehabilitation is essentially a medical problem and should at all stages be under medical control. Emphasis from the initiation of treatment should be on the restoration of working capacity and the goal of all treatment is return to work and a normal way of life. An effective programme must extend far beyond the field of physical medicine and should be based on work of therapeutic value, if at all possible within the framework of industry.

An interesting recommendation is that comprehensive centres should be established on an experimental basis to maintain the principle of continuity, and to provide facilities for hospital rehabilitation, industrial rehabilitation, and assessment of capacity on one site. The fact that an experiment on somewhat similar lines has been already carried out in this country seems to have escaped the notice of the Committee.

The need for a closer link between the hospital service and industry is appreciated. There is little doubt that liaison with industrial medical officers could help to bring this about. General practitioners are urged to take on fuller responsibilities and to make greater use of