
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 laying down of peptic ulceration as it affects the worker in industry.

J. Sharp Grant


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 about. General practitioners are urged to take on fuller responsibilities and to make greater use of
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existing facilities to meet the needs of temporarily or permanently disabled patients.

Local authorities were given wide powers to promote the welfare of the disabled by the National Assistance Act of 1948, but comparatively few have taken advantage of these powers. The use of "work aids" is discussed and the cooperation and ingenuity of industry in providing these is commended.

The Committee supports the quota scheme for the employment of disabled and refutes the suggestion that their apparent segregation is undesirable. This is contrary to the opinion of Hanman and others in the United States. Assessment of capacity is stated to be a medical responsibility and it is presumed that this refers to physical capacity and the part which the doctor plays in placement in industry. Attention is directed to the role of the Disablement Resettlement Officer and the need for careful selection and suitable training for this important post is stressed.

The difficulty of obtaining remunerative employment for the severely disabled is recognized, and the recommendation that transport should be provided for these workers is practical.

The Committee do not consider that much in the way of additional capital expenditure is required. Apart from the experimental centres to which reference has been made, it is urged that all major hospitals should establish resettlement clinics, that hostels for the disabled should be provided, and that there should be an expansion of the welfare services of local authorities.

The report is certainly comprehensive though its length may defeat the object of ensuring greater knowledge of the wide range of services. While all may not agree with certain recommendations, the Committee are to be congratulated on the production of a report which must have entailed much work and which clearly demonstrates that this country leads the world in this important branch of social service.

A. AUSTIN EAGGER


The second volume of this well-known work deals with injuries around the hip and fractures of the femur. The subject matter is very fully discussed in the 430 pages and is illustrated by a wealth of radiographs, photographs, and diagrams. Every aspect of these injuries has been covered. The author has obviously intended that the book should be used for reference by all members of a fracture unit; for instance, we find detailed lists of material and instruments required for the application of a hip spica; facts which are more necessary to the plaster sister than for the orthopaedic surgeon. Also, the questions which follow each section of the book are much more reminiscent of a cram book for the medical student than a specialist textbook. The practising fracture surgeon would be inclined to consider Prof. Bohler rather too verbose on some of the more archaic methods of treatment; 17 pages devoted to the treatment of fractures of the neck of the femur in a Whitman plaster may be of historical value, but are hardly of any practical use. There are several similar examples which obscure the really valuable information.

Despite these criticisms the book remains a valuable study of femoral injuries and will continue to hold its place as one of the foremost works of reference.

J. N. WILSON


The present era of high-grade precision work in a wide variety of industries has brought a realization that light is one of the most essential factors in efficient and accurate work. On this level the proposition is soon apparent even to refractory minds, but it should be no less apparent to employers and managers in all industries. The standards laid down by law are minima and do not sufficiently impress the great effect of a pleasant and bright ambience on the contentment, liveliness, and effectiveness of workpeople. In the words of the well-known authority, Weston, the law sets "a limit to the dimness allowable". All too frequently in the factory or workshop presents far too dim and gloomy an atmosphere, a situation which, in most cases, readily remedied often at little expense. Expenditure or not, however, the provision of adequate general lighting combined with local lighting, which permits good visibility without strain at the working point is a requirement to which every workman has a right. The problem varies in different industries and calls, in the more difficult instances, for specially expert advisers since no universal standard can be laid down. But there are general physiological principles which relate visibility to illumination which should be understood by all medical personnel in industry.

Dr. Tizzano has, in the present little volume, given a quick but valuable review of present knowledge on this matter. There were and still are many difficulties. The scrambling growth of industry soon blocked out even the proper use of the best of all sources of light by design and congestion of buildings, hopeless ill-supply of window space, and accumulated opacity of even such windows as there were. In modern times sustainable excuse remains neither for industrial gloom, nor for lack of information, especially in the minds of medical men and women in industry, on the various lighting codes which have been worked out.

Tizzano, himself a contributor to modern techniques of industrial illumination has, in this work, given the principles, based on results obtained mainly in the last 20 or 30 years, especially in Britain and America, which must be understood in order to build up a rational lighting system for any industrial operation. Starting from the prime factor of visual acuity (power to distinguish test objects of known size at known distances or, quantitatively, the reciprocal of the angle subtended at the eye by the smallest test object distinguished) and those influencing it (contrast, seeing time, luminance of the background), the author proceeds to the most important