BOOK REVIEWS

Ministry of Labour Gazette, Vol. LXVI, No. 8, August 1958. **The Work of the Industrial Rehabilitation Units.** (1s. 9d.). London: H. M. Stationery Office.

Here and there, sparsely distributed in the industrial areas of Great Britain, you will find an industrial rehabilitation unit. Anything with a name like this is certain to be paid for by a government department. In this instance it is the Ministry of Labour.

There are 15 of these units designed to reinforce, by a period of training, the prospects of employment for the physically and mentally handicapped. To gain admission you need not necessarily live within daily travelling distance, for 284 of the 1,600 places available carry a residential scholarship, as it were. Moreover in a number of places lodgings are available for trainees, but seen as a statistic you are less likely to stay the course if you are a lodger.

Various aspects of the work of these units have been reviewed before. In this report the Ministry answers such questions as, Where do they come from? What is wrong with them? How do they last out the course and how do they make out afterwards? They are analysing 9,608 people (8,262 males and 1,346 females) who knocked and were admitted during 1956.

From the rather sticky mess of figures and tables from which you can gain the complete answers if you can afford the time to fiddle, certain salient facts emerge.

(1) Seventy per cent of the entrants come from medical sources, half of them from hospitals. (2) The rest come from employment exchanges and half of these are permanently disabled. (While the Report suggests that the referral from doctors could well be stepped up it insists that some of the intake should still be reserved for the employment exchange.) (3) Those who have suffered from tuberculosis form by far the largest group. (4) The psychoneurotics are the next largest and after them come the heart cases. Injuries of upper and lower limbs together about equal the heart cases. Entries suffering from psychiatric disabilities have shown an upward tendency in the last five years and together accounted in 1956 for 17% of all entries. The increase is most marked in the psychotic group, possibly because lately the industrial rehabilitation units have admitted patients direct from mental hospitals before their discharge, an arrangement that the Piercy Report recommended be extended.

(5) Nineteen per cent of all entrants fail to complete the course, over half for medical reasons. The least likely people to give up are the tuberculous and the most likely, the psychoneurotics. (6) Of those completing it, 82% were placed in work or started training within six months. Those suffering from injuries of the upper and lower limbs and the tuberculous were easy to place; the arthritics, the

heart cases, and the mentally deficient were relatively difficult.

(7) Six months after leaving, the welfare authorities write and ask, "How are you getting on?" Of those who replied among those under review, 62.4% said in effect "I'm in work and I like it." If you now ask, "Ah, but how many replied", I believe the answer is there somewhere but it is not obvious.

My impression is that these units are certainly achieving their objective. At least some of the handicapped are being offered a lift and we should all rejoice. The factors influencing success are obviously complex. The tubercle cases do the best, but are probably more carefully selected by the chest physicians than most entrants. They are also younger. Those who have been out of work a long time before starting the course are harder to rehabilitate than those who have only been out for a short time. That is not surprising. When it comes to finding a job again the illiterate and those with little schooling are harder to place. Nor is that surprising in a scientific age.

It is interesting and perhaps surprising that 500 patients who had a claim for compensation pending did rather better than the others. Possibly the person under the shadow of a fortune from misfortune never consents even to knock at the door of an industrial rehabilitation unit.

There is one further item worth recording. Youth employment officers are allowed to send a number of badly handicapped young people to an industrial rehabilitation unit for a short vocational assessment by the industrial psychologist which may take from one to five days. Two hundred and twenty-eight young persons were assessed in the 14 months, October, 1956, to October, 1957, and three months after assessment 65% of them had been placed in open employment. Good.

TOM GARLAND

Cardiovascular Rehabilitation. Edited By Paul Dudley White, Howard A. Rusk, Bryan Williams, and Philip R. Lee. (Pp.vii + 155. 50s. 6d.) London, New York, Toronto: McGraw Hill. 1957.

This is a lightly edited report of a two-day conference held in New York in May, 1956. The first two editors were co-chairmen at the conference and the last two were conference coordinators. There were 31 other participants representing cardiology, physiology, public health, industrial health, physical medicine, rehabilitation, and psychiatry.

The objectives were to state "the major problems facing the practising physician", the "major areas of current and future research", and the educational requirements of public, physicians, and other personnel

in relation to the rehabilitation of patients with cardiovascular disease. For this purpose presentation and discussion were conducted under the five headings of "Emotions", "Work", "Practice of Cardiovascular Rehabilitation", and "Teaching and Research", and these form the separate chapters of the book.

Time and space were too short for a fully supported dissertation from any one contributor on any of the very numerous aspects brought up and ventilated. However there are over 500 references.

No one will be surprised that diametrically opposed opinions were expressed about almost everything and that although many questions were raised few could be dogmatically answered. A notable exception was the general agreement that the definition of rehabilitation should include restoration of both mental and physical activity. With this no one could take exception, and indeed most people would agree that the mental aspect of rehabilitation is as important as the physical aspect.

The conference underlined the absence of a simple clinical test for gauging the physical stress that an individual may experience without harm and pointed out that the patient's own opinion on the effects of work that he has just done or attempted to do may be quite inaccurate in terms of too little or too much, depending to some considerable extent on his mental attitude.

Everyone will agree with Dr. Benton when he states "that a man with a catheter threaded into his heart, a Courmand needle in his femoral artery, a continuous infusion running into his arm vein, a catheter in his urethra, feet on the pedals of a bicycle, and lying on his back on a fluoroscope table in a darkened room, must be considered as being in somewhat other than a basal state!" But it is surely to be hoped that some of these methods of investigating reaction to work load, together with more accurate methods of estimating work load itself, may lead, as so often in the past, to the dispensing with these complicated procedures and the establishment of simpler accurate tests.

With so little known and agreed on the basic factors it is reassuring to hear from Dr. Franco that 70% of all acute "coronary" cases occurring in his factory return to work, often without change of job (only 5-7% are retired) and more recently from Dr. Hellerstein* that 75% of all subjects attending his (and other) cardiologist work classification units return to competitive work to the satisfaction of themselves and their employers.

The importance of cardiologist, general practitioner, industrial medical officer—as well as the general public—becoming rehabilitation minded is stressed. In this connexion the undergraduate is the main target. The role of medical school, work classification unit, public health authority, and industry in education and research is discussed and progress reports of some of the recently initiated programmes are briefly given.

This book has the advantages of brevity. The disadvantages are met by the very adequate bibliography. It is an excellent introduction to the problems of cardiovascular rehabilitation in the U.S.A. today and to some of the ways in which these problems are being tackled.

AUBREY KAGAN

*H. K. Hellerstein (1958) *Circulation*, p. 114.

Report of the Survey of Paraplegic Mineworkers. Under the direction of Alan G. Hardy. (Pp. 82). London: Coal Industry Social Welfare Organization. 1957.

This report reviews 497 mine workers, 97% of whom had been underground workers who suffered from traumatic paraplegia. In the main the report examines the social problems attendant upon and the welfare services available for this condition.

It is surprising to learn the degree of independence achieved by these men. Despite half the cases having complete paraplegia (the other half had varying degrees of partial paraplegia) only 27 men were confined to the house. No fewer than 409, or 83%, were able to go out alone.

There are many other tables in the report concerned with nursing care, bladder and bowel control, etc., but probably one of the most useful functions of the report is to spotlight the inconsistencies shown by various ministries and local authorities, both with regard to procedure and speed of action. The inconsistencies are particularly applicable to speedy provision of motorized wheel chairs, widening of doors, provision of hand rails, and charges by local authorities for the provision of mattresses and bedding. A standard procedure should be laid down which allows prompt attention to these matters instead of the frustrating delays which now obtain.

The degree of cooperation between the National Coal Board and the National Union of Mineworkers is highly commendable in the way that washing machines, television sets, and holidays are provided.

Finally, there is a plea for the provision of facilities for paraplegics who are willing and able to earn a living.

This report may have a limited appeal to industrial medical officers but some of the problems which are spotlighted are applicable to other forms of disability and other industries.

R. A. TREVETHICK

L'Acide Sulphurique et ses Dangers (Sulphuric Acid and its Dangers). By A. Vallaud and P. Salmon; Foreword by Dr. Henri Desoille. (Pp. 180; 71 figures, 1 colour plate. Fr. fr. 300.-) Paris: Institut National de Sécurité pour la Prévention des Accidents du Travail et des Maladies Professionnelles. 1957.

This useful monograph forms one of a series on the practice of industrial hygiene, prepared by l'Institut National de Sécurité in France. Previous monographs dealt with benzol, carbon monoxide, dermatoses in the metal industry, and chlorinated solvents. The authors of the present volume, A. Vallaud and P. Salmon, are respectively chief of the technical services and engineer to the Institute. In six chapters they give a remarkably complete account of the dangers attending the manufacture, handling, and use of sulphuric acid in industry, beginning with a recapitulation of the physico-chemical properties of the acid, and the conditions under which accidents arise. Though they are not medically qualified, they also deal with the toxicology and treatment of acute and chronic poisoning by sulphuric acid. This section is adequate but not authoritative, and the authors are