

BOOK REVIEWS

The Handicapped and Their Rehabilitation. Edited by the late Harry A. Pattison; Introduction by Major General Melvin J. Maas. (Pp. xxxii + 944; illustrated. £5 12s. 6d.) Oxford: Blackwell Scientific Publications; Springfield, Illinois: Charles C. Thomas. 1957.

This book gives a comprehensive description of the rehabilitation services at present in operation in the U.S.A., together with some account of the extent of incapacity among the population at large. It is perhaps of interest to the lay administrator and those concerned with the ever widening field of rehabilitation activities rather than to members of the medical profession. Complete accounts are given of the practice in the Veterans Administration hospitals dealing with ex-service personnel and headed by a "physiatrist", a trained physician who correlates the activities of the various members of the rehabilitation team. This includes surgeon specialists, neurologists, psychiatrists, and specialists in all branches of medicine and surgery including the industrial doctor, as well as the ancillary services provided by the nurse, physiotherapist, dietician, social worker, clinical psychologist, vocational rehabilitation counsellor, and those concerned with recreation, religion, psycho-social welfare, and library services. Initial treatment is followed by educational and occupational therapy, progressing to vocational training (referred to as "manual arts therapy"), and special training for the blind, deaf, and aged. Experience in the Veterans Administration centres has shown that, as an investment, rehabilitation pays off economically. However, it appears that, from a practical point of view, with a few notable exceptions (the Liberty Mutual Insurance Company), rehabilitation of the injured worker is not provided for a large section of the community and too much reliance is placed on solving this problem on the medico-legal basis through compensation.

In some States, the cost and duration of medical treatment are limited by law, and in many others, the maximum weekly compensation is so low that the injured workman is forced to resume work before function and skill are completely recovered.

It is difficult to understand the inclusion of a chapter on plastic surgery in a book of this nature, but there is a good account of cardiovascular disease, including the appearance of death and disability claims under Workmen Compensation arising out of cardiovascular disease during the course of employment. The natural history of tuberculosis is dealt with in rather fuller detail than appears to be necessary and includes the remarkable statement that for every 100 marriages in the U.S.A. there are reported to be 30 or more divorces.

Awareness of the problem of the aged and what is being done for them is fully described, and a statistical review estimates that by 1960, 30% of the population of

the United States will be between the ages of 40 and 65, and by 1976 some 80% of the 20 million people over 65 years of age will be eligible to draw a Federal pension.

The impact of industrial factors as a cause of deafness giving rise to compensable claims, has stimulated audiological research, and there are informative chapters on the rehabilitation of patients suffering from cancer, mental disease, epilepsy, and diabetes, the latter disease affecting about a million persons.

One learns that each year in the United States, some 90,000 workers are permanently disabled by industrial accidents and that, in contrast to what is being done for ex-service personnel under the Veterans Administration, it is only during recent years that individual States as well as a number of trade unions, have established their own rehabilitation and vocational training centres. A special course of training in "manual arts therapy" is now in existence, but a great deal more needs to be done in this direction through the medium of sheltered workshops providing employment for permanently incapacitated persons as exemplified by the Caterpillar Tractor Company. Federal legislation to provide for rehabilitation on a limited scale was first introduced in 1920 and was extended in 1943 under the exigencies of war. In 1954, the State Office of Vocational Rehabilitation was established under Public Law 565 of the Eighty-Third Congress in order to provide a full service on a national scale.

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Vore Almindelige Sygehuse og de Erhvervshaemmede (Need of Vocational Rehabilitation Among Patients Discharged from a Danish Hospital). By K. H. Backer. (Pp. vii + 306 pages with summary in English.) Copenhagen: Ejnar Munksgaard. 1958.

The purpose of this study was to ascertain to what extent patients admitted to the wards of general hospitals in Denmark during 1949 were discharged with a vocational problem due to a decrease in their working capacity, and what measures might be taken to prevent or remedy this state of affairs. Observations on 2,138 medical, surgical and gynaecological patients with an average age of 37.8 years and an average stay in hospital of 19.2 days, revealed the following: 81.1% were considered fit for work on discharge; 16.6% of the medical cases (about 50% of the whole) had reduced working capacity, of which 12.9% were considered in need of rehabilitation. Among the surgical cases, rehabilitation was considered to be necessary in 6.3%.

It is, therefore, recommended that the hospital staffs should pay more attention to this problem, particularly in long-term cases and cases of neuropsychosis, and that this need is just as real for all occupational groups as for the manual worker. There was evidence from the Disablement Insurance Court that rehabilitation may