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.

A. R. THOMPSON

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

have been started too late, and that there was lack of continuity in rehabilitation measures. The need is stressed for the creation of special rehabilitation and local vocational guidance centres which should work with, and not form part of, the hospitals.

A. R. THOMPSON

Pre-Employment Disability Evaluation. By William A. Kellogg; Preface by H. L. Herschensohn. (Pp. xv + 155. 80s.) Oxford: Blackwell Scientific Publications; Springfield, Illinois: Charles C. Thomas. 1957.

Pre-employment medical examination is less common in Great Britain than in the U.S.A. Under state compensation laws American employers can face financial loss if a man with some disability is given work for which he is not physically fit and where as a result he suffers further disablement. In such cases employers, with no national health service to fall back on, may be faced with the whole cost of medical treatment, sometimes extending over months or even years; large sums of money can thus be involved, apart entirely from compensation awarded by the courts.

The author of this book has examined medically in great detail some 20,000 applicants for employment in industry. His view is that examination must result in an accurate evaluation of disabilities. Disability must then be related to the man's working capacity, but no objective method is described by which this can be done. It is difficult, for example, to understand the reason for stating that "applicants for work as moulders and die finishers should have a red blood count and haemoglobin"; or that "applicants for key administrative positions should be rejected if their E.C.G., chest radiograph, or blood chemistry" varies "much from the normal".

British readers will be interested to know that where there is no doctor available the American industrial nurse can be made responsible for pre-employment examinations. She can give decisions based on her findings. She may listen to the heart and lungs, and where the signs are "recognized" by her (whatever this may mean) she can reject an applicant. If she finds a positive Romberg test this "would be a cause for rejection", but no reason why is stated. The advice given to a nurse undertaking this work is: "When in doubt, reject".

In the author's experience "the mechanism of making certain that no one is assigned to the wrong type of activity can be controlled by the imposition [by the doctor] of appropriate restrictions". Many of the restrictions listed seem reasonable in general terms but some of them are less realistic: "In plants where the noise registers 90 decibels or more the applicant should be prevented from working if he has a hearing loss of over 25% in one or both ears". "Only applicants with minimal evidence of arthritic conditions should be approved for industrial work". "Where there is doubt [in cardiac cases] the actual working capacity can only be ascertained through the test of actual performance on the job", but this reasonable advice is followed by a statement that in such cases "the advisable policy would be to reject such individuals and refer them to a rehabilitation agency for study and evaluation".

It is our experience in this country that medical examinations before employment can be valuable where there is a proved hazard in the job and where a specified and generally agreed standard of physical fitness is required. So that advice can be accurate and effective the different demands of the job or range of jobs offered to an applicant for work should be made available to the doctor. There is wide variation in the reactions of individual persons to the physical and psychological demands of their occupation, and identical physical lesions may produce differing degrees of disablement. It is well known that many people with severe physical handicaps prove by satisfactory performance that they can contend on equal terms with their healthy fellow workers, for performance is not only related to physical capacity but depends also on attributes such as emotional stability, intelligence, and the response to incentives.

The type of medical examination suggested in the book is prodigious in extent. It must incur much of the doctor's time and be costly to the employer. In America this may be considered well worth-while, but if carried out in this country to any comparable extent it could well retard the development of a satisfactory industrial health service.

DONALD STEWART

Rehabilitation of the Hand. By C. B. Wynn Parry. (Pp. vii + 273 + Index; 101 figures. 45s.) London: Butterworth. 1958.

The hand is intolerant of disuse and the penalty is stiffness of the fingers. This principle must ever be remembered by those who treat its lesions and seldom has its application been better exemplified than at the R.A.F. Rehabilitation Centre at Chessington. This book records its practice.

Perhaps the best section is that on peripheral nerve injuries, though the chapters on the rheumatoid hand and on reconstructive hand surgery are admirable.

The use of lively splints, as one would expect, is rightly stressed and it should be possible for most occupational therapy departments to make them from the instructions given.

A few minor disagreements: early osteo-arthritis is surely one of the common causes of ulnar neuritis produced by lesions of the elbow. We have seldom seen adhesions of the extensor tendons following simple fractures of the metacarpals not caused by crush injuries properly treated, and fixation for three weeks is adequate for most simple metacarpal fractures.

The chapter dealing with resettlement inevitably makes the process look a little more cumbersome than it is. More stress might have been laid on the importance of the hospital surgeon getting in touch with the works doctor at an early date, thus preventing any resettlement problems arising—if the works is of any size. This chapter might well be reprinted as a leaflet and circulated to hospitals in industrial areas and to the teaching hospitals, especially the latter.

One intractable problem is the "compensation case". Here we have to educate the legal profession or give judges medical assessors, when perhaps the scamp will cease to profit more from his injury than the honest man.