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 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 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


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.