BOOK REVIEWS

Casualty Services and Their Setting: A Study in Medical Care. (Pp. viii + 135; 3 plates + 10 tables. 7s. 6d.) Published for the Nuffield Provincial Hospitals Trust by Oxford University Press. 1960.

This report derives from an assessment of casualty services in 14 areas, covered by 20 main hospitals and several smaller ones. The background landscape included fenland, mountainous moors, sea-side villages, county boroughs (some highly industrialized), and part of London town. The population in this patchwork was over five million.

The report is highly critical; critical of medical staff, accommodation, equipment, records, control of infection, and follow-up. Only the quality of the sister-in-charge scores a consistently high rating. Not a great deal is offered in the way of answers but much is offered as a guide to the questions.

A casualty department means in many places an ever-open door for one and all to enter when in need of medical treatment for sundry serious or trivial ailments or injuries at any time of the day or night. From this fact alone stem many of the valid criticisms. The department is an alternative to the general practitioner, often with extremely little communication between the overlapping medical parties concerned. Accommodation becomes overcrowded, the staff harassed with trivialities, the work unattractive to young doctors and unnoticed by consultants. An astonishing figure is given of eleven million casualty attendances during 1958—a third of all in-patient and out-patient attendances at all hospitals.

At this point a glaring weakness in records becomes apparent. Nothing is known about these cases beyond the mere number of them, the proportion that walked in on their own, or were sent by a doctor, or who arrived by ambulance is not known, nor is their age or sex or occupation, nor is anything known of their treatment and disposal. Their bare numbers are the only statistical data upon which is based such important matters as number and quality of staff. The relevant facts upon which to base a policy now and for the future are not there.

The medical staffing situation presents a gloomy picture. There is an alarming and growing shortage of junior casualty officers and on these grounds alone a strong case exists for area rationalization to ensure a reasonable cover. When senior men of S.H.M.O. grade are appointed they rarely stay long, for the post as it is at present conceived is not one to hold a high grade man. The instability of medical staffing is one of the biggest handicaps. Finally the committee criticize the lack or perfunctory nature of consultant cover. Consultant responsibility and supervision is a principle upon which hospital standards are founded but only in one of the

hospitals visited did this requirement score a maximum rating.

An interesting suggestion is made (in one hospital it was already in practice) that suitable G.P.'s be appointed as casualty officers on a sessional basis, thus improving the standard of medical cover and linking the practitioners more closely with their local hospital. It is evident that a similar arrangement could be adopted with local industrial medical officers, who, in any case, are usually part-time G.P.'s.

Industrial medical services in fact operate to a large extent as extensions of the hospital casualty service. Were they to be increased, especially for small firms, where they are at present virtually non-existent, it appears likely that many of the difficulties of casualty departments in industrial towns would be solved. This is a powerful argument why the Ministry of Health should give at least some assistance to industrial health services; at present it gives none.

One of the most critical passages in the report is that dealing with control of infection and appreciation of the sepsis problem. Detailed comments on every section are given in the appendices and some of those related to cross-infection and sepsis are certainly startling but can it really be just to say that in 12 hospitals out of 18 appreciation of the sepsis problem was nil?

The report ends on the note that much confusion exists as to the function of a casualty department and little constructive thinking is being done to remedy widely known faults. While there can be no fixed pattern, a casualty service should primarily be for those injured in accidents and for medical emergencies requiring immediate attention. Each region should produce facts in order to formulate a rational policy. A great deal of field work will be required but this report has at least done much of the preliminary thinking.

T. O. GARLAND

Disc Lesions and Other Intervertebral Derangements. By E. J. Crisp. (Pp. viii + 158; 48 figures. 15s.) Edinburgh and London: Livingstone. 1960.

This excellent little book fills a gap for those interested in the problem of the back and its treatment, particularly by manipulation.

The first part of the book is concerned with the anatomy and physiology of the back, including its development, growth, and age changes.

Dr. Crisp's simplified interpretation of radiographs on page 23 would not be accepted by all and again his views on osteochondritis juvenalis and tight hamstrings is open to doubt. Despite these minor criticisms the greater part of this book is sound—written in a clear style and reasonably dogmatic. The x-ray illus-

trations are of good quality and the various diagrams explain the points well, although Fig. 17 looks very like an acute disc lesion and not due to fibrosis of the ligamenta flava—a condition rarely seen at operation.

In the section dealing with treatment all the normal methods are well described together with an excellent chapter on manipulative techniques.

This book will appeal particularly to the practitioner interested in the manipulative treatment of back disorders.

G. P. ARDEN

Evaluation of Industrial Disability, 2nd ed. By Packard Thurber. (Pp. 63; 78 figures. 10s.) New York: Oxford University Press. 1960.

This is the second edition of a book first published in 1950 by Dr. Thurber, chairman of the sub-committee for the standardization of joint measurements in industrial injury cases in California, U.S.A.

From the details and precise measurements in this book it is obvious that this subject is taken more seriously in the States than over here.

Dr. Thurber has tried to standardize the terminology, history taking, and method of measurements in industrial injury cases. A brief description is given of the normal anatomy and an attempt is made to define degrees of pain, which is almost impossible owing to the variability of patients. There are numerous photographs and diagrams showing how various parts of the spine and joints are measured. The methods closely resemble those used over here: in all cases a goniometer is used which certainly helps to reduce the margin of error.

Some confusion is caused by describing the knee and elbow range as 180° extension–140° flexion. Surely 180°–40° extension range is much simpler.

What Dr. Thurber calls thumb abduction is anatomically thumb extension, abduction being at 90° to the plane of the hand. Finger movements are measured in great detail and one wonders whether functional tests would not be better, such as the power of grip and ability to hold domestic articles or tools.

At the end of the book there is a table of average joint movements and a section on eye and head injury disabilities.

This book is a laudable effort to standardize what is at the moment a somewhat inexact science, and it is particularly valuable to those doing medico-legal work and for those concerned with industrial disability examinations.

G. P. ARDEN.

Radiations in Industry: How they affect you. (Pp. 95; illustrated. 4s.) London: Trades Union Congress. 1960.

How does one evaluate the curate's egg, the classical example of something good in parts? Doubtless it depends on the consumer. The Trades Union Congress, who issued this booklet, must know how to judge what the average trades unionist will want to know and to write accordingly. They have not, however, been able

to marry this information with scientific exactitude and so satisfy the scientific reviewer.

Chapter 1 is the plain man's guide to radiations, units, and instruments. There is too much unnecessary loose talk of "atomic radiations" and some misleading information, such as cosmic rays "are all relatively low powered" and radioactive materials enclosed "in containers . . . are then known as 'sealed sources'".

Chapter 2 on the use of radiations in medicine, industry etc. is much better. The whole pamphlet is extremely well illustrated with photographs and this is most helpful.

Chapter 3 is on radiation risks. Here is dogma, which in the circumstances is desirable and excusable.

Chapter 4 is on safeguards. It is in most ways admirable, but marred by howlers like "the maximum genetic dose to the whole population must not exceed 5 rems per year"—an error of thirtyfold.

Chapter 5 is all about international and national ways and means, particularly committees. The most important means is education. This is one of the booklet's messages and cannot be too greatly stressed. To make this publication part of the public's educational reading would need its revision by a firm editor.

JOHN F. LOUITT

Chemicals in Food and in Farm Produce: Their Harmful Effects. By Franklin Bicknell. (Pp. 192. 12s. 6d.) London: Faber and Faber. 1960.

In his first sentence of Chapter 12 the author writes "Congenital abnormalities, physical and mental, are mainly caused by the alien substances added to food." This provides a representative benchmark by which the well-informed medical reader can evaluate the author's knowledge and judgement. An appendix containing about 90 chemical formulae and 291 references should not lead the reader to believe that this is a scientific treatise. If he consults those references which provide factual information he might well draw conclusions sharply at variance with those drawn by the author. It is to be hoped that the credulous reader will neither die of starvation nor require the administration of tranquillizers to allay the anxiety that might be aroused by accepting this as a serious presentation of a medical problem.

J. M. BARNES

Growing Old in a Mechanized World. By F. Le Gros Clark. (Pp. 145; 3 tables. 7s. 6d.) London: The Nuffield Foundation. 1960.

This short book reviews the position of "elderly" men at work, whatever their chronological age, and comments on the trends which seem likely to take place with increasing mechanization. The problems which it highlights are widely experienced in industry, and are illustrated by a description of eight varied but fairly mechanized firms.

The book stresses the urgency of "a recasting of social values" with respect to retirement, including both financial aspects and the use people make of their