Book Reviews


This handsome, well-bound volume is a veritable mine of information about virtually every aspect of transport—and transport concerns people, whether operating staff or passengers. In some ways, therefore, this is a textbook of occupational medicine and as such it will illuminate the work of most industrial physicians. Few undertakings are devoid of both a domestic transport system, and staff, who from time to time must be transported. The problems which of necessity arise are here considered and authoritative statements are made by some 41 contributors. It was inevitable that there should be some overlapping, and the fact of having three editors, however eminent, has made the task of pruning and co-ordinating more difficult. A good index, however, makes relatively easy the search for all the material relevant to a particular topic.

Not all the contributions are of the same high standard but the value of the book lies in the fact that, while the chapters on surface transport and its problems will especially interest some, and those of air transport, others, here is an outline of most of the human problems involved in the industry of transportation. A recital of some of the chapter titles gives some idea of the scope of the book—Organisation and Operation of Medical Services, Routine and Periodical Medical Examinations, Assessment of Fitness for Work, Eyesight Standards, Ergonomics, Psychiatry, The Working Environment, Medical Records and Statistics, Catering Services, Medical Research, and Transport of Dangerous Materials. The section on Civil Air Transport should be invaluable to any physician who has responsibility for the well-being of colleagues or patients who travel at home or abroad by modern aircraft.

Clinical standards for operating staff and information about the carrying of invalids are clearly set out and, although not everyone will agree with all of them, it will be recognized that they carry the authority of great experience. This is a valuable addition to the literature of occupational medicine—the pity is that its price puts it beyond the reach of many who would profit from its perusal.

James A. Smiley


This report, like its predecessors, comprises three main parts, the first dealing with matters of policy and administration, the second consisting of short, authoritative articles on selected aspects of medical research, and the third outlining the work of the Council's numerous and varied research units and of the organizations and groups receiving its support. The third section is an especially useful reference for research workers. Much of the work described in it has a bearing on problems in the industrial medical field.

Special mention is made of the Clinical Research Centre which, in co-operation with the North West Metropolitan Hospital Board and the Ministry of Health, is planned as a combined research centre and district hospital at Northwick Park, Middlesex. Building has already begun, and one wing of 140 beds has been designed specifically for the needs of clinical research with accommodation for patients in two- and four-bedded rooms and research laboratories nearby. Other research facilities are to be integrated with particular departments in the hospital such as those of obstetrics and psychiatry. The Centre will provide for the clinical services the multi-disciplinary approach which the National Institute at Mill Hill has developed in the non-clinical field. Professor G. M. Bull is Director-designate and Dr. Richard Doll, F.R.S., Deputy Director-designate.

In the second part, an article of special interest to industrial physicians deals with the problem of decompression sickness in diving and civil engineering. As it is a synoptic review of work proceeding in a field with which the Council is actively associated, it does not lend itself to brief abstraction and should be consulted in the original by those interested. Among the important matters reviewed is the experimental reassessment by Hempleman of the theories propounded first by Haldane and subsequently amended by Hempleman, and by Rashbass of the limiting mechanisms on the uptake of gas by human tissues in deep sea diving. The reassessment has invalidated the assumption that the risk of decompression sickness depends only on the degree of saturation at the time of rapid decompression and on the ratio by which the pressure fell, regardless of how these conditions were arrived at. Hempleman has shown that a given saturation carries a greater risk if preceded by a fall of pressure than if preceded by a rise. Saturation and de-saturation are not the symmetrical processes analogous to elimination of anaesthetics that these had been thought to be in relation to the risk of decompression sickness. This and other considerations have led to a tentative theory that 'on decompression so-called “silent” bubbles may be found which do not produce symptoms, but which can interfere with the elimination of gas, and can expand so as to cause symptoms if there is a further reduction in pressure'.

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