

presentation of the papers brings many of them into perspective.

T. S. SCOTT

**Proceedings of the Fourth International Congress on Hyperbaric Medicine.** Edited by J. Wada and T. Iwa Sapporo. (Pp. 555; 183 figures; 129 photographs; £15.00.) London: Baillière, Tindall and Cassell. 1971.

Oxygen is essential to cell life and lack of oxygen is a common factor in a wide range of diseases. It follows that, in theory at least, patients suffering from diverse disease processes might be expected to benefit from a better supply of oxygen. This can be achieved by giving oxygen at increased atmospheric pressure, commonly described as hyperbaric oxygen. The re-introduction of treatment with hyperbaric oxygen in recent years has been associated with the development of small one man pressure chambers, and with the construction of much bigger compression chambers capable of taking a surgical team and equipment. Possession of a large and very costly chamber has been an added incentive to exploit its possibilities fully, and it seems unlikely now that there is any condition in which lack of oxygen might play a part which has not been treated in a hyperbaric chamber.

At the Fourth International Congress on Hyperbaric Medicine held in Japan in 1969, there were 90 scientific papers from a number of countries, including several from Scotland, and the range of enquiry is impressive. The first two sessions deal with experimental work on oxygen toxicity which, because it is an intractable problem at pressures substantially higher than atmospheric, seriously limits its use. From the papers which follow it is evident that hyperbaric oxygen has been used in circulatory disorders including haemorrhagic shock, peripheral arterial disease, pulmonary oedema, and coronary disease; in gas gangrene and carbon monoxide poisoning; in organ preservation for transplantation; in the surgery of heart disease, skin grafting, and skin burns; in the treatment of cancer, and on people with chronic lung disease. In spite of such intense activity it is still difficult to assess how much progress has been made since the previous international congresses in defining the scope of hyperbaric oxygen. Evidence is presented to support the view that hyperbaric oxygen is essential treatment for gas gangrene and carbon monoxide poisoning but it is still not clear how substantial is the improvement using hyperbaric oxygen over present treatment and whether hyperbaric facilities should be generally available for the treatment of all such cases. The treatment of decompression sickness in tunnelers and other compressed air workers was briefly discussed and attention was drawn to the very serious fire hazard of oxygen at high pressure especially when this treatment is given at a construction site. It is this risk which has so far deterred the civil engineering industry in the United Kingdom from introducing oxygen treatment.

Concern was shown for possible hazards to staff working in large hyperbaric chambers who are in compressed air while the patient is given oxygen. Although the claim that hyperbaric chamber workers are exposed to the same hazards as those working on civil engineering contracts may seem a little exaggerated, Professor

Boerema of Amsterdam refers to bends occurring in three anaesthetists and paralysis of a leg in a surgeon.

In spite of all the intense effort that has been put into the investigations reported in these Proceedings, there are still too many uncertainties to predict that hyperbaric chambers will become an essential part of the equipment of a large general hospital for the treatment of medical and surgical conditions other than decompression sickness.

R. I. MCCALLUM

**The Sociology and Social Psychology of Disability and Rehabilitation.** By Constantina Safilios-Rothschild. (Pp. 326; no price stated) New York: Random House. 1970.

This carefully documented book deals with the position of disabled people and with the complex of factors likely to affect the outcome of rehabilitation programmes designed ostensibly to reintegrate them into a 'healthy' society. Despite the (almost) exclusive concern with recent experience and research in the United States the book has value for the British reader.

The author aims to analyse critically the multidisciplinary social institution of rehabilitation within a framework of theoretical sociology yet in a way which will appeal to practitioners and students in all occupations concerned directly or indirectly with the physically disabled. The chief interest for readers in disciplines outside sociology lies in the author's persistent questioning of both the philosophy behind long-accepted methods of societal response to the needs of members made deviant by the fact of disability, and also of the efficacy of these methods. She makes a searching enquiry into the attitudes and expectations directed towards the disabled—both historically and cross-culturally. For example, we are brought face to face with the ambivalence inherent in rehabilitation programmes which help men and women to overcome their vocational deviance (unsuitability for employment) while conditioning them to accept permanent social deviance (a disabled status with its accompanying societal segregation).

A number of specific problems familiar to British readers are discussed. The average general practitioner's lack of knowledge about jobs and the physical abilities needed to perform them is one. Another, the plight of those hard-core unemployed who are physically disabled, is dealt with at some length. They tend to be rejected as unsuitable for scarce places in rehabilitation facilities although their need for help is greater than the need of people with a better prognosis.

While British administrative processes of assessment and rehabilitation are more objective and fair in several directions than those of the United States, Constantina Safilios-Rothschild's criticisms will find an echo here. This country does not yet operate the 'general governmental disability insurance program for all disabled regardless of type or cause of disability' attributed to it on page 24.

Summing up her analysis, the author demonstrates how little we know objectively about the disabled and their treatment (should they not devise their own programme of rehabilitation?) or how to achieve what she calls their 'real' integration into society. It is perhaps