

INDUSTRIAL MEDICAL PRACTICE

- 1133 Hyperbaric Oxygen: A Review of Treatment in Eighty-Three Patients. J. H. Duff, et al. Can. Med. Assn. J. 97, 510-515 (Sept. 2, 1967).

A broad experience in therapy with hyperbaric oxygen has been reviewed. For patients with gas gangrene, the results in this and other series suggest that hyperbaric oxygen is a worthwhile addition to current therapy. Although carbon monoxide poisoning is becoming rare in Canada, two patients so affected improved dramatically when given oxygen at 3 atmospheres pressure. Both made a complete recovery. The necessity of a hyperbaric chamber for the treatment of decompression sickness is undisputed. This condition is an increasing industrial and recreational hazard. In the treatment of patients with chronic infections such as leg ulcer the use of hyperbaric oxygen is less impressive, although further trials in this area are indicated. In the treatment of carcinoma, the results of treatment with a combination of hyperbaric oxygen and radiomimetic drugs are also equivocal and trials are still in progress. Hyperbaric oxygen was not found to be of benefit in the treatment of ischemia and gangrene or in patients in shock. In respiratory distress syndrome transient improvement was achieved but all three infants died. There are 21 references. -- Authors' conclusions

- 1134 Industrial Hygiene Problems Within Research Laboratories. P. G. Rentos and E. J. Baier. Public Health Repts. 82, 72-74 (Jan., 1967).

Evaluations of research installations in Pennsylvania have been and are being conducted to assess the character of operations in terms of immediate hazards to personnel and to gain knowledge about future stresses and air-contamination hazards in the manufacturing and service industries. -- Public Health Eng. Absts.

- 1135 Early Recognition and Management of Emotional Distress in Executives. L. E. Himler. J. Occ. Med. 9, 336-338 (July, 1967).

Despite the strenuous demands on personality function and the heightened tensions under which executives work, there is no mental disorder peculiar to this occupational level, nor is there need for any therapeutic approach different from that given to other patients in whom symptoms of emotional distress are identified. Many minor symptoms of tension, anxiety, or stress are alleviated successfully in the course of regular medical contacts or periodic health examination. When there is evidence of more severe or chronic emotional distress, the physician in industry will employ accepted techniques of emotional first-aid. This will provide the short-term support that may be required while the patient's symptoms are being fully evaluated. Consultation with the patient's private physician or other designated consultants will determine the course to be pursued relative to referral to specialists in the mental health field.

- 1136 Prognosis for Severe Psychiatric Disabilities Incurred in Naval Service. E. K. E. Gunderson and R. J. Arthur. J. Occ. Med. 9, 327-335 (July, 1967).

Psychotic and neurotic patients who were retired from the naval service with disabling psychiatric disorders were followed up for 5 years by means of medical and Physical Evaluation Board records. The employment records of these patients indicated that a large proportion were able to make constructive work adjustments in the community 3-5 years after retirement. Diagnosis and clinical symptomatology were found to be highly related to rated degree of disability at the time of retirement while employment status and remission of symptoms were highly related to later disability ratings. A number of demographic variables were significantly related to diagnosis. Certain social background factors, such as race and education, appeared to have short-term effects upon the employment records. There are 11 references. -- Authors' summary

- 1137 Social Drinking and Blood Alcohol Levels. W. J. Pryor. New Zealand Med. J. 65, 689 (1966).

An arbitrary level of blood alcohol, above which it would be an offense to drive a motor vehicle, should be set sufficiently high to allow for a wide individual variations in alcohol tolerance. Almost a bottle of wine in the course of an evening with the appropriate amount of food is necessary before the 100-mg. level suggested by the British Medical Association is reached. -- Can. Med. Assn. J. Absts.