

INDUSTRIAL MEDICAL PRACTICE

- 18 The Future of Industrial Medicine in Great Britain. Mackenzie Industrial Health Lecture delivered at the University of Sheffield, July 16, 1964. J. Rogan.
Brit. J. Ind. Med. 21, 251-258 (Oct. 1964).

The author discusses the subject under the following headings: The Future of Medicine, the Future of Industry, Political Attitudes to Industrial Medicine, Review of Future Trends, The Future of Industrial Medicine, Functions of an Occupational Health Service, Organization, Staffing, and Research. Reflecting on the lack of any material advance of industrial medicine in recent years, on the negative attitude of the responsible authorities, and on the apathy of many employers, it seems to the author that some responsibility for this state of affairs may be attributed to the persistent advocacy of a rapid and indiscriminating expansion of industrial medical services. The arguments and proposals advanced in this lecture may not be congenially received in all quarters but to the author they seem to be realistic and justifiable. In advancing them he had the sole purpose in mind of suggesting a form for industrial medicine which can meet the needs of industry without excess or extravagance and which can ensure that industrial medicine will remain not only viable but full of promise for the future.

- 19 The Hyperbaric Chamber at the Royal Victoria Hospital, Montreal. J.H. Duff, et al.
Can. Med. Assn. J. 91, 1051-1055 (Nov. 14, 1964).

The single apparent and potential benefit of hyperbaric oxygen is the great increase in the blood content of dissolved oxygen achieved when pure oxygen is breathed at increased pressure. The design of an economical chamber for this purpose is presented. A large number of physiological measurements (cardiac output, electroencephalogram, electrocardiogram, etc.) can be performed on patients or experimental animals within the chamber by use of unique electronic connections in the chamber wall which permits all recording equipment to remain outside. Expected arterial blood oxygen tensions have been achieved by patients studied at 2, 3, and 4 atmospheres. Safety features are emphasized. No complication has resulted in 113 dives over the period January to June 1964, one-half of which were for treatment of patients. The chamber has been used clinically as an adjunct to treatment of shock, certain forms of malignancy, anaerobic infections, coronary occlusion, and problems of ischemia, and for preservation of organs for transplantation.

-- Authors' abst.

- 20 Gynecologic Problems in Aviation and Space Medicine. H.G. Mutke.
Deut. Arztebl. 61, 985-987 (April, 1964). German.

Gynecological problems in aviation and space medicine are described in view of the increasing number of women flying either as passengers or in a professional capacity, e.g., stewardesses. Flight stresses have been blamed for polymenorrhea, or amenorrhea, fatigue, and exhaustion in airline stewardesses. Psychological stresses, including anxiety, fear of flying, and emotional stresses occasioned by continuous dealing with people contribute to gynecologic disturbances. Irregular sleep periods, disruption of diurnal periodicity on transcontinental flights are stresses specific to flying occupations. Acceleration stresses, such as hypoxia, lowered atmospheric pressure, heightened exposure to cosmic radiation are to be considered. Up to now a clear-cut direct effect of flying on the menstrual cycle has not been shown. With respect to pregnancy and abortion the prevailing opinion is that flight travel is harmless during normal pregnancy but is contraindicated in the presence of habitual abortion, eclampsia, motion sickness, or morning emesis. Noxious influences of radiation, hypoxia, noise, and vibration on the maternal endocrine system and the forming embryo have been found in animal experiments. Space stresses, particularly weightlessness, are still relatively unexplored with respect to the female organism.

-- Aerospace Med. Absts.

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