

"For strategies requiring modification of external events—for example consequences and cues (figure 8.2)—a definite plan and time schedule are established to implement them.

If the strategies are based on positive reinforcement (i.e. consequences that increase behaviour) a schedule is established which provides reinforcement for each time desired behaviour is performed. The schedule then moves to intermittent reinforcement to allow for strengthening the behaviour, and later withdrawal of external reinforcement".

In spite of this major drawback the book contains a wealth of information as the following Chapters and Appendices show:

#### Chapters

- (1) The Clinical Dietitian at Work
- (2) Health Teams in Client-Centred Comprehensive Care
- (3) Nutritional Counselling in Client-Centred Comprehensive Care
- (4) A Systems Approach to Nutritional Care
- (5) The Medical Record
- (6) The Interview
- (7) The Diet History
- (8) Data Analysis and Hypothesis of Needs
- (9) Literature as a Resource
- (10) Designing and Counselling Plans
- (11) Counselling the Client
- (12) Managing Clinical Practice
- (13) Measuring the Success of Counselling
- (14) In Prospect—Clinical Practice Revisited.

#### The Appendices contain

- 2 Questionnaires (to be filled in by the Client).
- Medical Record Abbreviations.
- Guide to Nutritional Evaluation in Biologic Fluids.
- Guide to Determining Obesity from Skinfold Measurements Calculation of Ideal Body Weight.
- Recommended Daily Dietary Allowances U.S.A.
- Dietary Standard for Canada.
- Abstracting Services.
- Current Awareness Sources and Indexing Services.
- Partial Listing of Journals, etc. Applicable to the Practice of Clinical Dietetics.

Because of the different approach to Health Care in the U.S.A. and because the reader has to wade through abstruse verbiage to reach the meaning of each Chapter (except Chapter 14) I think this book will have only a limited appeal in this country. This is a pity since there is a real need for a publication answering clearly the question "What Does a Dietician Do?"

The subjects to be included in the Dietitians Degree Course could be based on that answer.

In Chapter 14 Dietitians in this country will be surprised to see how similar is the image they present to that of their American colleagues.

MC

THE REHABILITATION ENVIRONMENT. By C. M. Brodsky and R. T. Platt. Lexington Books, U.S.A. 1978. Pp. 157. £11.00.

The American propensity for soul-searching and self-analysis is well-seen in this short hardback. In 1960 an unnamed University psychiatric unit was started, which proved unsuccessful. Accordingly, to use the current N.H.S. jargon, a change of user took place in 1969 when it was reopened as a rehabilitation unit dealing with a variety of chronic clinical conditions, as listed on page 26, which included many neurological and orthopaedic problems. As the authors rightly state in page 3, debilitating illness or trauma cannot be "cured", the objective of such a unit, therefore, differs from that of conventional medicine.

Therein lay the rub! There had been little thinking-through in the planning and setting-up of the unit. As a result, stresses and strains occurred between the patients, the nurses and other staff and the administrators. These last-named were also concerned at the low bed-occupancy and the resultant financial loss! Matters reached such proportions that the unit was forced to close some five or so years after it began.

Much of the book is concerned with an analysis of why this happened. There are surprising analogies to the recent revelations at "Normansfield", to the wave of strikes now affecting the N.H.S., and to the present and future care of the ever increasing numbers of the elderly and infirm here.

As such, the book can be commended to both lay and medical administrators alike for its frank, if at times verbose, discussion of the problems of the long-term management of incurable patients.

IML

**HYDROGEN SULFIDE.** By the Subcommittee on Hydrogen Sulfide, Committee on Medical and Biologic Effects of Environmental Pollutants, Division of Medical Sciences, Assembly of Life Sciences, National Research Council of the U.S.A. Pp. 183 + xi. University Park Press, Baltimore, U.S.A. 1979. \$16.50.

**AMMONIA.** By the Subcommittee on Ammonia (same authors and publisher). Pp. 384+ xiv. 1979. \$22.50.

**IRON.** By the Subcommittee on Iron (same authors and publisher). Pp. 248 + xii. 1979. \$18.00.

These books are part of a series which also includes volumes on Zinc (480 pages, 1979, \$21.00) and on Airbourne Particles (352 pages, 1979, \$18.00).

Recently this reviewer was being driven from Aberdeen to Edinburgh by a colleague. An appalling smell led to suspicion, possibly mutual, that his companion had intestinal troubles. Next day press and TV carried reports of a cloud of hydrogen sulphide drifting over East Central Scotland at the relevant time. The source was never identified with certainty, though oil-related industry at Grangemouth seemed a possibility. The incident caused no more than a nasty smell, but  $H_2S$  can kill. It is an extremely toxic gas at high concentrations the ability to smell it can be lost. Hydrogen Sulfide mentions deaths in the sewers of Paris in the 18th century and industrial accidents in the 20th. In Mexico in 1950 the fire of an oil and natural gas plant malfunctioned. Exposure to  $H_2S$  led to 320 people being hospitalized and to 22 deaths.

The nature, chemistry and biological role of the gas, and its place in the sulfur cycle, are described in detail, along with the circumstances in which it may be released and its effects on plants, animals and people. Those at risk include sewer workers, farmers handling manure, fertilizer factory workers, those processing oil and natural gas, shale, rayon, heavy water. Treatment is mentioned in relation to cases described.

Emphasis is given to prevention of poisoning and the importance of removing those affected from the source of contamination as quickly as possible. The "buddy system" of not allowing workers to be in dangerous area alone is recommended.  $H_2S$  can be handled safely if it is handled carefully.

The amount of life that the Earth can support is dependent on how much nitrogen, usually in the form of ammonia, can be made available. Ammonia describes the gas and its salts, and the nitrogen cycle. The feedstock for ammonia production is often natural gas, which provides both the energy and the hydrogen required—as well as being a source of  $H_2S$ .  $NH_3$  and  $H_2S$  can both damage the eyes.  $NH_3$  is essential for life, but can also be toxic in excess or in the wrong place. Its effects on plants, animals and humans are described, including industrial accidents and, in particular, how to prevent and treat damage to the eyes and skin—the most obvious way being immediate, preferably within seconds, washing with or immersion in water—and a change of cloths. Some 80 occupations with exposure to  $NH_3$  are listed.

Iron describes this, the fourth most abundant element in the Earth's crust. In a book which