Book Reviews


Medical practitioners who have recently entered industry will find this short book well worth reading. It will tell them nothing about industrial medicine, but it will help to explain the organization in which they find themselves. Be it right or wrong, the American worker is in a tougher situation than his British counterpart and probably produces more—and not only because he has more machine power to his elbow. The financial spur is sharper, and his bosses have thought more deeply about how to get work out of him and are not inhibited from using their knowledge. This book deals with the characteristics of organizations and the human factors in them, and describes once again the classical Hawthorne studies of 1924 which showed, inter alia, that workpeople respond more to interest being taken in them than to changes in their physical environment. Such matters as power, status, motivation and supervision are all discussed, and also such matters as 'razzing a low producer'. Occasionally the kind of approach is necessary, even in academic departments.

For a book of so modest a length, the bibliography is remarkably full and contains as many as 180 references.

R. C. Browne


This booklet is the full Report of the international symposium held at the Congress of Neurology, Vienna, September 1965. It contains six main papers from England (Dr. Aldren Turner), Scandinavia, U.S.A., West Germany, Japan, and the Netherlands, 10 pages of discussion and an admirable summing-up. The booklet is by far the most authoritative and detailed work on this subject and will remain so for many years. It will be of great value to all doctors who are called upon to advise on epilepsy and driving, and particularly to Medical Officers of Health who advise the licensing authorities. The confusing position in Great Britain is clearly set out by Dr. Aldren Turner, but, alas, the official position remains confusing, with some licensing authorities issuing licenses to epileptics, others not. The general tendency is towards a more liberal attitude, to encourage improved control of epilepsy. Swedish studies have suggested that about three traffic accidents in 10,000 are associated with epilepsy in a driver, but it is doubtful whether such a figure can ever be known with certainty.

The main conclusions of the symposium were as follows: there was general agreement that the controlled epileptic should be granted the right to drive, that is, a person who is taking regular anti-seizure drugs and whose attacks are under complete control. In countries such as Western Europe and the U.S.A. (certain states) the adoption of a liberal policy has been 'satisfactory' for road safety, but it is admitted that further studies are needed to confirm the guiding principles advanced in the symposium Report.

Most authorities accept the rule that an epileptic must be completely free of attacks, major or minor, for a minimum of two years before he is safe to drive. Most consider that patients with nocturnal seizures only, or with a distinct warning aura before an attack, should still be covered by the same two-year rule. In the individual case there should be a fully documented report from the patient's physician, but the final recommendation should come from a neurologist. The E.E.G. is of importance in evaluation but its prognostic value is limited. A reliable history of freedom from attacks, corroborated by close relatives, is important. It is important that the patient be dependable. Alcohol in any form must be avoided. The anti-seizure medication which has brought the attacks under complete control must be continued without interruption, so long as this is indicated on medical grounds. Most licensing boards insist on satisfactory medical reports every six or 12 months, and in some cases restrictions may be placed on the conditions of driving. All licensing authorities agree that permission to drive should not extend to a taxi, bus or other type of public transport, or to heavy truck driving. It is well known that some persons with uncontrolled seizures evade the regulations in spite of the advice of their physician; the symposium thought that, for medical ethical reasons, the physician could not inform the licensing authorities that his patient has epilepsy. (Each physician will deal with this problem according to his own conscience.) To make epilepsy a notifiable disease is in no way a solution of this problem and would almost certainly lead to a greater concealment of this disability.

The old-fashioned view that no epileptic should ever drive anything is clearly past. The present position of...
opinion is summarized above and should be read in the original excellent booklet by all, whether doctors or licensing administrators, who are concerned with the problem of epilepsy and driving.

L. G. Norman


Dr. Russell Barton's book, first published in 1959, has now gone into its second edition, and the message it delivers is as worthy of consideration and attention now as it was seven years ago. Large mental hospitals, not to mention other institutions, are still with us and are likely to remain with us for many years to come, so that an awareness of the misery they may inflict on their inmates should be awakened in all concerned with medicine and nursing.

The author considers the apathy, loss of initiative and interest, submissiveness, etc., so commonly seen in many mental hospital patients to constitute 'institutional neurosis'. Aetiological factors include loss of contact with the outside world, enforced idleness, and the general atmosphere of the hospital. Finally a chapter is devoted to the correction or avoidance of adverse influences. This is described in some detail, and while one may view such a detailed treatment somewhat impatiently, nevertheless attention to apparently trivial details can make all the difference to the patient's life.

The reviewer agrees with Dr. Noel Gordon Harris who wrote the foreword to the first edition that the title of the book is not very satisfactory and one could certainly quibble as to the use of the term 'disease' in this association. These criticisms are, however, of a minor nature when one considers the humanitarian purpose of this book, and it should be read by all who are involved in this problem.

Geoffrey Hopkinson

De l'Insuffisance Respiratoire Chronique Invalidante des Mineurs de Charbon non Pneumoconiotiques ou Porteurs d'une Pneumoconiose a Ombres Fines. By Robert Girard. (Pp. 125; no price stated.) University Department of Industrial Medicine, Lyon, France. 1966.

In this short monograph the author reviews evidence from the literature on the incidence of respiratory impairment in coalminers and other men who undertake heavy work in dusty places. He concludes that the incidence is increased in those without as well as those with radiological evidence of pneumoconiosis and suggests such men be eligible for industrial compensation. The argument is based mainly on epidemiological studies carried out by the M.R.C. Pneumoconiosis and Epidemiological Research Units but does not face up to the serious gaps and inconsistencies in the evidence summarized in a recent memorandum (Brit. med. J., 1966, 1, 101).

The monograph provides a useful introduction in French to this important subject.

J. E. Cotis


Dr. Simons is a well-known Dutch dermatologist. The first edition of his monograph was published in 1962 and the second contains some additional material to support his original thesis. His main theme is that the mechanism causing the condition, variously known as dyshidrosis, pompholyx or chiroptolompholyx, is not a blocking of the eccrine or sweat glands. In a series of histological studies he shows that the sweat ducts are rarely involved in vesiculation. A study of the seasonal rhythm of this condition did not reveal a connexion with atmospheric temperature or humidity, suggesting that hyperhidrosis was not an important factor. He describes a series of investigations with trichophytin antigen and found that 57% of patients with pompholyx but without tinea infection gave positive direct reactions to patch testing. He attributes to the development of hyperreactivity and polysensitivity. These factors may also be responsible for false positive reactions to other allergens, leading to mistaken diagnoses of contact dermatitis.

The theory that this condition was caused by blocking of the sweat ducts was originally formulated by Tillbury Fox in 1873 and has not been accepted by English and American dermatologists for many years. The current teaching is that it is a form of eczema, the clinical appearance being modified by the peculiar properties of the skin of the palms of the hands and soles of the feet. The suggestion that the condition should be renamed acrovesiculation recidivans, or the AVR syndrome, will not be well received by the practitioner who is already confused by the multiplicity of dermatological synonyms.

As there is no mention of a translator presumably the author wrote in English, a considerable feat for one not writing in his mother tongue. It may, however, account for some difficulties the reader has in following the argument and for occasional quaintness in phraseology, for instance, 'After a second examination the status was quo ante.'

M. L. Newhouse

NOTICES

Society of Toxicology

The annual scientific meeting of the Society of Toxicology will be held in Atlanta, Georgia on March 23, 24, and 25, 1967. Anyone interested may attend.

Papers for the 1967 meeting may be submitted or must be sponsored by members of the Society. Additional information about the meeting may be obtained from the Secretary: Mr. Carrol S. Weil, Mellon Institute, 4400 Fifth Avenue, Pittsburgh, Pennsylvania 15213.

American Academy of Occupational Medicine

The 19th Annual Meeting of the American Academy of Occupational Medicine will be held in San Francisco on February 8, 9, and 10, 1967.

Details may be obtained from Irving R. Tabershaw, M.D., Chairman, Scientific Program Committee, School of Public Health, University of California, Berkeley, California 94720.
Epilepsy and Driving Licences

L. G. Norman

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