rate of 3.6 per thousand. However, the rate for the country as a whole and for South Wales has fallen since 1959.

Although the information has unsatisfactory features, it is difficult at present to conceive of a better method of looking at the pneumoconiosis situation than this Digest.

R. I. McCALLUM

Emotions and the Job. By S. G. Rogg and C. A. D'Alonzo. (Pp. 192; \$6.75.) Springfield, Illinois: Charles C. Thomas.

Work and Mental Illness. By O. G. Simmons. (Pp. 271; 55s.) London: Wiley. 1965.

The ability to work is a good indication of mental health so that a person's attitude to his job and the stresses which this might impose on him are extremely important. Two recent books examine this complex relationship in quite different ways.

Rogg and D'Alonzo's book *Emotions and the Job* is an interesting and promising attempt to examine the interplay of emotional disturbances and employment. The authors discuss the various problems which may arise in association with anxiety, depression, schizophrenia, alcoholism, etc. when they occur in the employee. Specific difficulties in relation to the adolescent and women in industry also receive a chapter each, as does a consideration of the responsibilities of the employer and employee to each other and hints about the control of job stress. A short chapter devoted to psychotropic drugs reveals among other things that about one quarter of 3,000 employees used these at some time during a 12-month period. The important relationship between accident and emotional stress is discussed in an interesting chapter illustrated by reference to case histories.

The psychiatric orientation of the book is, of course, that of the United States, and many of the views expressed will prove rather astonishing to British psychiatrists. Thus one reads on page 13 that anxiety may overwhelm the individual and result in his becoming psychotic. This type of concept is very much at variance with British teaching where, for the most part, psychosis and non-psychotic mental disturbances are regarded as quite distinct phenomena. On the treatment of depression is the statement that less than 15% of patients are helped by medication as opposed to electrical treatment. This is an opinion again much at variance with British experience. It is also an important point, for though the use of anti-depressant drugs does not in itself prevent an individual from working efficiently, electrical treatment, by its relative complexity and interference with memory, necessitates, for a short period at least, absence from work.

The way in which the book is planned is quite admirable, and it would be extremely interesting and useful if a comparable work were available which was more relevant to the British industrial and psychiatric climate. *Emotions and the Job* is, however, quite easily read and if general principles are sought it should be very instructive.

The prognosis of the major psychiatric illness, schizophrenia, is of the utmost importance to the patient, his relatives, and employers, for though com-

plete recovery with all that this implies does occur, more often one has to assess the degree of residual impairment which will remain. Unfortunately, there are few illnesses about which it is more difficult to prognosticate.

Ozzie G. Simmons, who is Professor of Sociology and Director of the Institute of Behavioral Science at the University of Colorado, has furnished us with eight fascinating case studies of schizophrenics in his book *Work and Mental Illness*. Each case history is a short biography of the individual, and we can trace his development up to the onset of the illness, the disruption of his life which this and his stay in hospital produce, and the success or failure of his return to work after discharge. Each case history is labelled according to the type of outcome which it illustrates, e.g., 'worker to worker', 'worker to non-worker', and 'worker to marginal worker'. The case histories are beautifully detailed and a delight to read. They are given again in short summary form in the final chapter in which Professor Simmons states his conclusions. Four optimal characteristics of employability are described, and each case in turn is tested to see how well the criteria are met. The influence on the patient of his family background, illness, and hospitalization is also analysed critically. Particularly searching is Professor Simmons' appraisal of the part played by hospitalization and the difficulties which this imposes on the patient's attempt to return to full employment. He is particularly scathing about occupational therapy which he describes as pointless, childish, and humiliating. Attempts at rehabilitation by the hospital and social welfare agencies fare equally badly.

Many of the problems encountered by the patient in his work situation are demonstrated by the case histories as stemming not from schizophrenia but from 'the complexities and strains inherent in the development of the career itself'.

The case studies form part of a research project which was directed by the author, and the orientation is a sociological rather than a psychiatric one. This is an intriguing study of the development of the individual in respect of occupational record and gives splendid insight into the relationship between this and schizophrenia. It should be of great interest and very instructive to all who come into contact with the schizophrenic in the work situation.

G. HOPKINSON

Textbook of Medical Treatment, 10th ed. Edited by Sir Derrick Dunlop and Stanley Alstead. (Pp. 1003; 70s.) Edinburgh and London: Livingstone. 1966.

A review of the latest edition of an established and respected textbook tends to reveal more about the reviewer than of the book itself; and, for a book that encompasses the whole of medicine, there is probably no single individual adequately equipped to criticize the combined efforts of its many authors. In this dilemma, your reviewer instinctively and critically inspects those sections relating to his own especial interests and finds that renal and endocrine disease, electrolyte disorders, and the metabolic diseases are admirably dealt with. Reading at random, the section on chemotherapy and antibiotics serves to show how quickly dated one's own

ideas become: and one's relative ignorance of oral contraception is remedied by a clear account of what is surely now the commonest form of self-medication. For those dismayed or irritated by the trivial names of pharmaceutical preparations, a helpful glossary provides the appropriate equivalents of proprietary and official names.

Above all, a textbook of therapeutics must meet the practical needs of the inexperienced or of those meeting a particular situation for the first time. To test this function, the book has been consulted regarding each admission to a general medical ward over a period of two months. In every case—from myxoedema coma to lung abscess, from haematemesis to supraventricular tachycardia—the recommendations have been such as one would be pleased to see one's juniors implement. One might find fault with the suggestion that the metabolic acidosis of cardiac arrest, which is largely due to lactic acid accumulation, should be treated by infusion of sodium lactate. It is also disappointing that no mention is made of the danger of cutting a plastic cannula during its intravenous insertion and no advice is given on the procedures to be undertaken if this should occur. But these are trivial criticisms of a splendid book.

S. W. STANBURY

Social Psychology of the Work Organization.

By Arnold S. Tannenbaum. (Pp. viii + 136; 16 figures; 8 tables; 25s.) Belmont, California: Wadsworth Publishing Co.; London: Tavistock Publications Ltd. 1966.

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 workman 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 this 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

Epilepsy and Driving Licences. (Social Studies in Epilepsy No. 4). London: British Epilepsy Association. 1966.

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