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


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


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 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 EEG 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

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