

- 327 Alcoholism, Mental Illness and the "Drunk Driver". M.L. Selzer, et al. Am.J. Psychiat. 120, 326 (1963).

In a series of 67 drivers arrested for driving in an intoxicated state, 38(57%) were alcoholics, 10 (15%) were classified as "probably alcoholics", 4 were pre-alcoholic and 15 were not alcoholic, revealing that 78% of the arrested drivers had pathological drinking problems. Forty-five drivers (67%) were suffering from recognizable psychiatric illness exclusive of alcoholism. The vast majority of the group belonged to the lower socioeconomic classes. Most of the drinking had been done in taverns, clubs, and at house parties, while only a minority had been drinking in their own homes. Apparently a great number of traffic violations and mishaps incurred under the influence of alcohol are connected with alcoholics whose mental disorder makes them immune to the usual educational and legal devices intended to curb driving while inebriated. Detection of the alcoholic driver's psychiatric illness and his addiction, and rehabilitative measures will be effective in protecting the community from repeated exposure to mishap caused by the same accident-prone persons. It is suggested that alcoholic drivers convicted for traffic offenses committed under the influence of alcohol should be required to undergo treatment before resuming driving.

-- Can. Med. Assn. J. Absts.

- 328 Cardiac Resuscitation- The Present Status of Defibrillation and Stimulation Techniques. J.A. Hopps. Can. Med. Assn. J. 90, 122-128 (Jan. 18, 1964).

Recent advances in electrical treatment and control of the heart are reviewed. The methods which have evolved for AC and DC countershock defibrillation and arrhythmia correction are outlined, and the parameters defined for determination of the efficacy of treatment. The principal types of cardiac stimulation are described and evaluated in terms of their electrical energy requirements. Externally controlled and implanted stimulators are compared and cause of failure stated. Current developments, reported at a recent Conference on Pacemakers, are included, with a summary of discussions by leading investigators in the field. Studies conducted by the National Research Council (Canada) medical electronics laboratory are also discussed.

-- Author's abst.

- 329 The Role of the Physician in Space Medicine. D.H. Stoddard. J. Occ. Med. 5, 516-519 (Nov. 1963).

Every day, man's progressively augmented technical ability enables him to produce environments which exceed the physiological tolerance of the human organism. He can also transport himself to an unacceptable environment such as space. It becomes of paramount importance, therefore, that physicians participate fully in preventive medicine and engineering programs designed to protect the human being rather than restricting their interests and talents to the treatment of injuries or disease sustained in these hostile environments.

--Author's conclusion

- 330 Eye Problems in Industry. Hedwig S. Kuhn. J. Occ. Med. 5, 532-539 (Nov. 1963).

There are 8 basic elements in a complete eye program for an industrial plant: (1) A study of the various eye hazards in the plant and designation of protective equipment appropriate for each hazard (This is best developed from a study of the men at work in the plant by the plant doctor, the safety director, and the consulting ophthalmologist.) A plan for the application of the techniques of modern first aid and emergency eye care in the plant dispensary. (3) The use of modern techniques in medical and surgical care of eye injuries by the consulting ophthalmologist. (4) Provision of equipment and methods for modern binocular testing techniques within the plant. (5) Determination of minimal visual standards for each job and operation in the plant, following the principle of "eyes for the job". (6) Organization of an effective, controlled, ethical referral system for visual correction. (7) Securing of a basic knowledge of illumination and color factors in the various work areas. (8) Provision for active professional participation within the plant. It is not implied that all 8 of these elements of a complete eye program can be, or should be, provided in every plant, although the entire program is in use in a number of companies. A small plant can take

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