122 Suicide and Weather. Effect of Barometric Pressure and Humidity. A. D. Pokorny. Arch. Environmental Health 13, 255-256 (Aug. 1966).

This is a report of a partial replication of the study of Digon and Bock (Arch. Environmental Health 12, 279-286 (Mar. 1966)) in which they found significant relationships between suicide and (1) a barometric pressure-humidity combination, and (2) large daily change in barometric pressure. These portions of their study were replicated, using 1960 suicide and suicide attempt data from Houston, to see if these might not have been chance positive findings among the large number of analyses performed. Neither of their findings was confirmed in the present study. The same was true when the same type of analysis was applied to suicide attempts. It therefore appears likely that the two positive findings of Digon and Bock are really chance relationships, and that the negative findings in the remainder of their study are more likely to represent the true relationship between suicide and weather changes. Two references are given. -- Author's summary

123 Personality and Cognitive Characteristics of Engineering Students: Implications for the Occupational Psychiatrist. H. L. Rosett, et al. Am. J. Psychiat. 122 (10), 1147-1152 (1966).

Initial data from a longitudinal study of an entire graduating class at Cooper Union School of Engineering suggest that the concepts of ego psychology and cognitive control (perceiving, recognizing, conceiving, judging, and reasoning), as brought out by appropriate tests, offer a theoretic framework with the potential to encompass many aspects of the productive functioning of scientists in industry. A follow-up study is planned in eight years to determine the practical significance of the preliminary findings that the engineering students showed a predominance of compulsive personality types with high field articulation. The concept of the "clinically normal compulsive personality" who is over-conscientious and has an inordinate capacity for work seems to be descriptive of many effective engineers and scientists. The severity of the compulsive character traits was not significantly related to the cognitive approach. Ultimately industry must adopt a clinical approach in dealing with the uniqueness of the individual scientist.
-- J. Occ. Med. Absts.

124 Your Psychiatric Patient at Work. A. A. McLean. J. Kentucky State Med. Assn. 64 (2), 129-133 (1966).

Work has an increased psychological and social meaning and workers have a greater recognized incidence of psychiatric disorder. Three areas of importance are brought to the attention of people who serve the mental health of the working population. (1) One of the most common prescriptions—time off for emotional disturbance—is incompatible with contemporary thinking in psychiatry, and should be used sparingly when the illness is not completely incapacitating. (2) The industrial medical consultant and industrial management must be aware of the stressful factors impinging upon the life of an employee to intelligently alter his work situation without triggering the development of emotional difficulty. (3) Appropriate medical care for the employee with psychiatric problems requires not drug therapy alone, but drug therapy with more definitive psychological counseling. The overwhelming majority of disrupting emotional disturbances perceived in industry are amenable to treatment. -- J. Occ. Med. Absts.

125 Behavioral Implications of Exposure to Industrial Chemicals. H. V. Brown. J. Occ. Med. 8, 561-566 (Nov. 1966).

When a layman says that a substance is poisonous or toxic, he usually means that it is capable of causing death. An industrial hygienist or an industrial physician describing a toxic material usually implies that it may damage an important organ system such as the liver, lungs, or kidneys. He may possibly mention skin irritation, and, as an afterthought, he may make a comment concerning headaches or dizziness. This order of effects, ranging from severe systemic injury to the minor headaches, is not the order in which they appear in industrially encountered intoxications. Most frequently, the headache and dizziness appear first, then organ damage, and then death. By far the earliest indications of systemic poisoning are the effects on the nervous system. The need for investigating the psychotoxic effects of industrial chemicals has been voiced by a number of people working in the fields of industrial medicine, industrial hygiene, and industrial toxicology. In the face of such interest by nonpsychiatrists, it is surprising to note that little apparent interest in these aspects of industrial mental health has been evidenced by psychiatrists. For example, the author of a recent book on occupational psychiatry devoted less than two pages to a discussion of physical and chemical agents, and another did not even mention the idea that industrial chemicals can affect one's emotional health. Perhaps Kety was correct when he commented that psychiatrists tend to relegate to medicine or neurology those mental disorders resulting from biochemical agents. He said: ". . . Once a mental disorder is reasonably well understood and has had its etiology and pathogenesis adequately explained, it ceases to be part of psychiatry, as if we insisted that only the mysterious ailments were psychiatric in nature." Although it has been known for centuries that behavioral changes can result from industrially encountered toxic materials, only within

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