BOOK REVIEWS


This manual provides concise guidance for US medical examiners assessing commercial drivers. It covers similar ground to the now rather old UK publication ‘Medical Aspects of Fitness to Drive’, and takes account of more recent studies on medical risks in driving. It also provides details of the current US standards, while acknowledging that these are in a state of flux.

The basis for standards is common ground internationally. The US ones are notable for being written largely in terms of functional capability. Because only the regulation of commercial drivers is a Federal responsibility, these standards are separated from those used for smaller vehicles.

For those interested in international comparisons or who have to advise commercial drivers in the USA, this book is an important source of information. Its place as a handbook for occupational physicians in other countries is likely to be limited.

Tim Carter


This is a simply written book that presents the facts about chronic fatigue syndrome (CFS) in an objective, informative and comprehensible way for a lay readership. The book benefits immensely by the fact that it was written by two authors, one being a physician/psychiatrist/researcher who is a recognized expert in the field and the other a CFS sufferer and counsellor. As a self-help guide for CFS sufferers, it is based on scientific evidence that is vital when discussing one of the most controversial and misunderstood illnesses in the Western world.

The book provides valuable information for those seeking to understand the illness, ranging from what to call it, to what is known and to what is myth, and then dedicates >100 pages to practical and evidence-based self-help, including balancing rest and activity, improving sleep, improving mood and thinking, and managing relationships, people and employment. The final section discusses therapies and therapists, both medical and complementary/alternative, and, importantly, cognitive behaviour therapy and graded exercise therapy. There are appendices relating to medical terms, keeping a diary, and the Oxford and Centers for Disease Control definitions.

The book is aimed at sufferers of CFS and those seeking to understand their condition better, such as friends and family. I wholeheartedly endorse this book for this audience, but I also recommend it for a much wider audience. Health professionals will find it useful to learn how to impart medical facts to lay people with CFS in a straightforward way. It should also be essential reading for managers who might have staff who suffer from CFS, since CFS is probably most misunderstood among lay people who have no first-hand experience of it. It is certainly worth having a few copies in the occupational health department to loan out to managers and supervisors. People with CFS and health professionals will want to have their own copy.

Paul J. Nicholson


The path from the International Commission on Radiological Protection (ICRP) 1990 Recommendations to the UK Ionising Radiations Regulations 1999 (IRR 99) has been a long, intensive and participative journey, passing through the European Directive of 1996, with an implementation deadline of 13 May 2000 set by the latter.

The IRR 99 replace those of 1985, which were already very effective in controlling radiation exposures. However, the changes in dose limits, the introduction of other legislation since 1985 [i.e. The Ionising Radiations (Outside Workers) Regulations 1993], the greater focus on risk assessment [as required by the revised Management of Health & Safety at Work Regulations (1999)—MHSWR] and the Health & Safety Executive’s (HSE) refocus to a more goal-setting and less prescriptive approach required more than a modest revision. The process of producing the first draft of IRR 99 encompassed wide consultation with many interested parties, using focus groups to identify consensus and to allow areas of continuing debate to be widely publicized in the Consultative Document. One of the main areas of debate related to the annual dose limit for employees. The National Radiological Protection Board had recommended a limit of 20 mSv (the ICRP’s recommendation had been 20 mSv averaged over defined periods of 5 years, with no more than 50 mSv in any single