

as lieutenant-colonel, and becoming lieutenant-general of Frisia later in life. Both Anna's husbands were also active in warfare. The first one, Hero van Burmania, a cavalry captain, was killed in the siege of the Southern Dutch town of Maastricht in 1632. Anna remarried Philip van Boshuisen in 1635 who had come to Frisia in 1620 as captain of the guard of the new Frisian Stadtholder Ernst-Casimir.

Most relatives of Anna, however, were not active in the military but in local and national government, diplomacy, or in court, and were well educated at the local universities, such as the one in Franeker, where they also served as curators. It was most likely the influence of Anna that helped her 2nd husband, a foreigner to Frisia, to obtain in 1644 the governmental positions of 'grietman', head of police, court, and government of the municipality 'Het Bildt', and of deputy of the State of Frisia at the States General of the Republic of the Seven Provinces in the Hague.

Both marriages of Anna remained childless. After Philip's death in 1652 Anna decided to erect a 'hofje' to the remembrance of her husband and herself. It was apparently built the same year. The trusteeship went to her nephews who were also nephews of her first husband since niece-cousin marriages were common in the Frisian nobility. Anna died 3 years after completion of the 'hofje', at the age of 59 years. Anna and Philip have both been buried in the church of Stiens where a gravestone carrying their sculptured picture is still present.

References

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BOOK REVIEW

Eli and Doron Peli. Driving with confidence – A practical guide to driving with low vision. New Jersey, London, Singapore, Hong Kong: World Scientific Publishing. 192 pages, of which 112 are 6 appendices and Index. ISBN 981-02-4704-4 (Bound: US\$ 28, £19), ISBN 981-02-4705-2 (Paperback: US\$ 10, £ 12).

This book is just what the title indicates – a practical guide for individuals with low vision who want to learn to drive or who already have a driver's license and want to continue to drive despite having an eye disease which in some way reduces visual capacity. The book is also useful for ophthalmologists, optometrists, opticians, and other professionals involved in medical assessments of fitness to drive, as it describes different types of visual aids or different types of eye surgery that may help a low-vision driver to drive safely. Although the book is based on regulations and requirements in the different states of USA, it can be helpful for specialists as well as for visually impaired drivers in all places of the world. It is not, however, a legal document.

At the very first line of chapter one, the authors discuss the issue of whether driving is a right or a privilege and clearly state that driving is a privilege that can be revoked at any time when the necessary prerequisites for holding a driver's license are not longer present. This position is, however, tempered further along, when the authors invoke the individual right to enjoy the mobility afforded by a car. This gives a somewhat contradictory impression that is a good illustration of the complexity of the issue.

A useful and well-structured overview entitled 'Vision and driving – facts and fiction' conveys information that is easily understandable for the layman. Here, the authors mention a fact well known among

researchers, which is that common visual acuity is not a good predictor of future crash involvement. The relevance of dynamic acuity, with a ten times higher correlation to crash involvement as compared to static acuity is highlighted. Sadly, this measure is not used at any DMV office in the USA. The perhaps more interesting phenomenon, a drop in acuity between static and dynamic presentation of the optotypes, is not considered.

Peripheral vision/visual field is discussed in detail, and the authors emphasise the difference between visual field loss in retinitis pigmentosa or glaucoma, as compared to that of stroke resulting in bilateral homonymous hemianopia. In the latter condition, some drivers can probably compensate for the restricted visual field. One important issue concerning individuals with stroke and stroke-related visual field restriction is, however, not mentioned. Individuals suffering from stroke very often have cognitive impairments, for example memory deficits, psychomotor slowing, and lack of insight and judgement, which, in combination with loss of parts of their visual field, must be extensively tested and evaluated by specialists on medical fitness to drive before driving may be resumed. The concept of UFOV (Useful Field Of View) created by Owsley and Ball, represents a function which lies between vision and cognition. The test is easy to administer and has been validated against actual crash risk.

Finally, the eye itself and the function of the different structures in the eye are described in an easy way which can be understood by anyone reading the chapter as well as the part about diseases affecting the vision. In connection with different diseases, the authors review the possibilities to treat or compensate for the effects of the diseases. The problem in some cases after laser surgery of the cornea in terms of reduced night vision and glare is not mentioned.

There are sometimes great differences in visual requirements between the states as well as differences in handling the question about driving with low vision. As a consequence of these differences, the authors recommend, as a rule, never accept an initial decision of the person at the DMV counter as the last and final word, if the individual feels that he or she can drive safely. Perhaps the most important statement in this book, although not supported by any reference, is that many vision-impaired persons can drive just as safely or even safer than other driver groups.

The chapter entitled 'Thinking about driving', is central. It contains a brief self-administered questionnaire and a guide on how to interpret results. If the driving license candidate answers affirmatively to 6 crucial questions, he or she is deemed to have the prerequisites for seeking licensure. The advice given seems very good, although one has to keep in mind that the lack of insight seen in many individuals with stroke (or some other vascular disorders) limits the value of the questionnaire. Having thus been encouraged to seek licensure, the reader is then informed about enhancement or optimization of vision by vision aid(s). Biopic telescopes, navigation systems, and peripheral visual field devices are those briefly reviewed and described in more detail in the appendix. Advanced surgery, for instance implant of a telescope lens system behind the iris is discussed. Expanding visual field for hemianopia patients is also discussed, where the authors are pioneers with, but it seems very difficult to expand the visual field sufficiently to fulfill visual field criteria. Another important issue for a low-vision learner driver is to find a qualified driving instructor. As stated by the authors, training learners with low vision to drive safely is not for amateurs.

Once the best vision aid has been acquired, a comprehensive training program, guided

by a professional, is recommended to sharpen skills. Initially, the new aid might be used in a structured training program, firstly in non-driving situations and as a passenger in a car. Much practical advice is given, as well as recommendations on how to facilitate the learning process. After getting the driver's license, sustained training to acquire the habits of good driving are discussed, followed by a long list of practical hints.

Finally, the authors address the issue of managing to live without driving. In this context, change of transportation needs, new alternatives for transportation etc. are discussed. This is also important, as not every person with impaired vision will be able to benefit from training and pass the driving examination. The book also discusses the ethical problems for physicians, in the case they report a visually impaired driver to the licensing authorities. The last half of the book consists of appendices such as legislation, useful terms, examples of low vision aids, and a bibliography.

The layout of the book is adapted to readers with low vision, with a font size of 18p, although the contrast might have been somewhat better with a white and thicker paper. As it is, when reading a page, the text of the two following pages can be seen through the paper, resulting in a blurred background that may disturb a low-vision reader.

In summary, this book imparts advice to the low-vision individual concerning the possibility of getting a driver's license and how to go about to do this, and in what cases it is necessary to give up these plans or stop driving. The contents are presented in a clear and instructive manner. The book is recommended not only for those license applicants/drivers, but also for specialists involved in the assessment or decision procedure of driving with low

vision. As low vision is a growing problem with increasing age, it may be of interest to translate the book into other languages and adjust the appendices to conditions in other countries.

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ISG BUSINESS

Where are the members?

By June 2003 our society had members on 4 continents: North America, Europe, Asia and Australia. South America and Africa are still devoid of members, while Asia is not well covered yet. In addition 9 libraries in 6 countries are subscribing to the journal. By contacting local organisations devoted to the well-being of older persons the ISG-board has started a scheme to further enlarge the membership.

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OUR DOMAIN IS BACK!

On September 27, 2002, the website of the International Society for Gerontechnology was taken over by an internet scammer. At <http://www.gerontechnology.org> a homepage on sex for older adults was placed. An internet search revealed the name of the