between patients, and that no prescribed level can be demanded. It is for this reason that the licensing authority evaluates each patient individually, based on their own consultant's assessment of treatment needs and its continuing effectiveness.

We agree with Dr Lewis that the responsibility for disease management lies with the patients just as every driver is responsible for ensuring that he or she is in a fit state to be behind the wheel. At the time of the workshop, however, we were not aware of any robust evidence that the use of driving simulators nor the use of other tests of wakefulness could predict poor driving performance or accident involvement in individual cases. The necessity to recreate the sort of driving environment conducive to sleepiness, for example, monotonous motorways, would require a prolonged period of simulated driving. Experience shows this likely to induce vestibular disturbance in many subjects and, in addition, knowledge of being 'under test' necessarily increases alertness compared with normal driving conditions. The availability of simulators that supply any sensory input other than visual and auditory is also extremely limited. We will, however, view any additional available evidence with interest and will be considering carefully the recent paper by Jones and Carpenter on ocular-monitoring techniques.

The authors would also make clear that responsibility, extending to a legal obligation, rests with all drivers to report to the licensing authority any medical condition likely to affect their fitness as a driver. This applies equally to drivers diagnosed with narcolepsy or with Parkinson's disease as to those diagnosed with symptomatic obstructive sleep apnoea syndrome. In all cases, patients are generally reliant on their physicians to advise that they have a condition potentially relevant to safe driving and that they, the patient, must notify the licensing authority (and their insurance company). The licensing authority will then evaluate each case individually.

In respect of the other medical conditions mentioned by Dr Lewis, we would point out that drivers are unable to hold vocational entitlement unless the vocational epilepsy regulations can be met. By definition, patients with a history of epilepsy are required to be off treatment for more than 10 years (as well as symptom-free) before licensing can be considered, so the issue of compliance with treatment is not relevant. In patients with cardiac arrhythmias, some objective evidence in support of patients' self-reporting is available through appropriate electrophysiological and other investigation; this is normally demanded before vocational licensing can be issued. Those patients with an implantable cardioverter defibrillator can be objectively evaluated through interrogation of the device but the latter is, in any event, currently a complete bar to Group Two entitlement.

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Flesh in the age of reason

Editor – In his fascinating review of *Flesh in the age of reason* by Roy Porter (*Clin Med* July/August 2004 pp 379–80), Sir John Grimley Evans begins by asserting that 'Philosophers such as Grayling and Tallis look back to the 18th century as a Golden Age of Reason'. I cannot speak for Grayling but this is definitely a simplification of my viewpoint.

I suspect that he is referring to my defence of Enlightenment values against the contemporary counter-enlightenment in 'Enemies of Hope'. However, in that book I advocate not a rerun of Enlightenment with its scientistic (*sic*) ideals but a chastened version of the Enlightenment. I characterise my book as a 'yes – but' to Sir Isaiah Berlin's 'yes – but' to the Enlightenment.

My distance from the materialistic and scientistic thought that characterised some of the less attractive aspects of the work of the *philosophes* is evident in the large number of books I have written criticising attempts to reduce the mind to a function of the brain.

What we need is not a wholesale rejection of Enlightenment values or an uncritical embrace of their aspirations. Reason, yes but '*rationalismus*' no; a meliorative approach to social ills but not Utopian holistic social engineering.

Those who criticise the Enlightenment often forget how much of the good things we take for granted were actually the fruit of those brave and generous thinkers who saw themselves as belonging to the 'Party of Humanity'. Society's recourse to superstitions both benign and malign, dotty and all powerful, are a reminder of how hard-won was humankind's liberation from what Kant in '*Was ist Aufklarung*?' described as man's 'self-imposed minority'.

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