

ness of doctors and the poor design of appointment systems, due to block bookings being too high, appeared to be the two major causes of patients waiting. Waiting time can be measured and reduced by quite simple methods, particularly in clinics where the appointment systems are grossly inaccurate.

This slim volume should be studied by all who control or work in hospital clinics, and doctors in charge ought to be reminded of Beatty's comment to a brother officer, "Don't be late Admiral; anything but late".

Nurse and Patient. GENEVIEVE BURTON. London. Tavistock Publications. 1965. Pp. xi+220. Price 21s.

This book is No. 10 in the series *Mind the Medicine Monographs*, edited by Michael Balint, and though directed at the student nurse is worthy of attention from a much wider field, including both established and intending general practitioners. Medical practitioners have traditionally given tacit recognition to the emotional and personal problems relevant to medical care, but the pressures of advancing scientific knowledge in the past few decades have tended to push this side of medicine into the shadows. This book, like many others now appearing, is evidence of the current reaction, and the study of personal relationships as they apply to medical and nursing care is becoming a subject for formal study. No general practitioner can afford to neglect advances in this field.

One of the book's outstanding merits is its clarity: it is exceptionally easy to read and free from jargon. Genevieve Burton is an American, but her text has been altered where necessary to bring it into line with current English usage. The text is heavily larded with case-reports, which successfully illustrate the perils of neglecting the patient's emotional difficulties and problems; and the nurse's need to understand her own emotional reactions and attitudes in professional relationships. Almost everything demonstrated could apply with equal force to doctor-patient relationships, and this easily read, small book is well worth inclusion in the general practitioner's reading list. It should be particularly helpful to students during their clinical training, and is recommended to them.

Transactions of the World Asthma Conference. London. The Chest and Heart Association, 1965. Pp. 9+223. Price 37s. 6d.

In this volume, the Chest and Heart Association has brought together over 50 papers, delivered in nine sessions and six group discussions.

In *The Natural History of Asthma as seen in General Practice*, Dr

John Fry distinguishes between an incidence rate of 25 per 1,000 and an annual prevalence rate of 12 per 1,000—figures which are higher than the usually quoted one per cent of the population.

Dr Michael Hume gives a very clear account of intrinsic asthma, and points out the severity of this condition, which commonly occurs in adult patients between 30 and 50 years old, and is usually triggered off by respiratory infection. Corticosteroid therapy is often required in this form of asthma, and the prognosis has thereby been improved.

Dr Michael Dunnill's account of *The Pathology of Asthma* must be one of the best. Dr Bryan Gandevia from Sydney describes clearly his research into "the reversibility of airways obstruction in asthma" and points out the importance of relaxation in therapy. The effect of exercise in promoting attacks of asthma is clearly shown by Dr Ronald S. McNeill of Dundee. Dr Andrew Douglas of Edinburgh describes the use of intra-bronchial balloons for measuring bronchial muscle contraction—which may be responsible for much of the airways obstruction in asthmatics.

The section on *Fundamental Approach to the Mechanisms of Asthma* is much too complicated for the average general practitioner, but shows that much research is being done on the nature of antigen-antibody reactions. In *The Psychological Features in Asthma*, Dr Maher-Loughnan of London gives a good account of the value of hypnosis in treatment. Dr Eric Stroud points out the difficulty of the early diagnosis of asthma in infants, and its differentiation from bronchiolitis. He emphasizes the neglect of the use of antispasmodic drugs in bronchiolitis, in which they may be life-saving. Dr Morrison Smith of Birmingham gives an account of the treatment of the five per cent of asthmatic children who are severely affected. Dr Archibald Norman discusses, with somewhat complicated diagrams, the effects of corticosteroids on adrenal function, in children with chronic asthma. A description of the treatment of asthma in the children's clinic at Davos is given by Dr Hans Meyer, and spa treatment in France is described by Dr Andre Debidour.

Dr George Gomez discusses lung function tests in general practice. "Every doctor has a thermometer, a weighing machine and a sphygmomanometer. He should also have a peak flow meter, and, if possible, a vitalograph." There were sessions on Allergy and Infection (under the chairmanship of Dr A. W. Frankland) and Welfare and Rehabilitation Services (Sir Hugh Beaver). The 'delicate' child, from boy to man, by James Elliott, gives a clear personal account of the difficulties encountered by an asthmatic child. The final session on *The General Management of the Asthmatic Patient* includes valuable papers on the use of corticosteroids by Dr Ian Grant from Edinburgh, and on *Status Asthmaticus* by Dr Haddon Carryer of the Mayo Clinic.

The conclusion of Dr Wigfield (school medical officer, Eastbourne) bears infinite repetition . . . "We help them best, not by offering special help all the time, but by helping them to help themselves".

This volume should be looked at by all general practitioners. All those particularly interested in chest or allergic disorders will wish to keep it on their bookshelves.