

become refined to 'small anterior myocardial infarct' or 'Ca Lung' the latter cannot be so refined without the use of many more words. Moreover, these words could well not be the same when used by different recorders.

However, in practice this does not seem to matter much for there is always the cross reference to the clinical record for greater clarity of meaning.

It is most important to realise as your editorial states (May *Journal*) that it is the problem as defined or perceived by the doctor which is the problem to be recorded. At the same time, the doctor will do well to recognise that the problem presented by the patient and representing the latter's perception of the situation may also be the problem with which the patient requires him to deal.

The method is beginning to be used in hospital departments so that the exchange of problem sheets may become a useful and more comprehensive means of communication.

However the chief difficulty of developing the method for general practice seems to be in the

construction of the 'data base'. What to leave out is a hard decision. Although various working parties are considering the whole question of POMRs much individual experiment and description is required. It seems likely that in the practical situation individual variations must always be expected. We can look forward in due course to reading more widely of actual experience in use of this seminal concept.

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#### REFERENCES

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Byrne, P. S. (1970). *Journal of the Royal College of General Practitioners*, **20**, Supplement No. 1.  
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Tait, I. & Stevens, J. (1973). *Journal of the Royal College of General Practitioners*, **23**, 311-315.

## Book reviews

### Books received

- A laboratory guide to clinical diagnosis** (1973). Third edition. EASTHAM, R. D. Pp. 280. Bristol: John Wright and Sons. Price: £1.75.  
**Advice to the expectant mother** (1973). Fourteenth edition. MCCLURE BROWN, J. C. Pp. 62. Edinburgh and London: Churchill Livingstone. Price: 15p.  
**Ninth symposium on advanced medicine** (1973). Ed. WALKER, GEOFFREY. Pp. 452. London: Pitman Medical for Royal College of Physicians. Price: £4.00.  
**Electronics for medical personnel** (1973). BUCKSTEIN, EDWARD J. Pp. 144. Slough: Foulsham Sams. Price: £1.90.

### Book review

**Death, dice and diesel** (1972). ALLAN CHATELIER. Pp. 47. London: Johnson. Price: 50p.

A muddled account of a muddled hypothesis. The hypothesis starts from the premise that the work of Richard Doll and Bradford Hill on smoking and lung cancer in doctors was "elegant yes, but as irrelevant to the facts of life as those

exquisite little works of the mid-nineteenth century literary cult in France. . . ."

We are next treated to a short selection of other people's views about "statistics and/or truth" and the multifactorial view. Then comes "the indictment", namely: "To draw from a highly selective professional group conclusions about the population as a whole, as Doll has done, is contrary to the tenets of the founder of modern probability theory. . . ."

At this stage one is left wondering whether the author believes there is indeed any connection between cigarettes and lung cancer. Then comes the question: "What is a cigarette?", followed by pages of information in praise of Polish and Soviet methods of drying tobacco so that these have "less carcinogenic agents". Back to square one?

Then comes the second hypothesis. Our epidemic of lung cancer (not denied) is caused not by cigarettes alone but by a synergy of two factors, namely, improperly cured tobacco and 'Derv'. He never reaches the point, however, of showing conclusively what was wrong with Doll and Hill's original conclusion that the fewer cigarettes you smoke, the lower the risk of your developing lung cancer.

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