

grow and may shrink. If the liver is so damaged that recovery of its detoxicating function is impossible, the patients dies, not of cancer, but of liver failure.

The author decries surgery and x-ray therapy. These merely remove or destroy one of the results of cancer and add nothing to the expectation of life.

Reading the book gives the impression that most of the chapters were written as separate essays. The author jumps from the first to third person and repetition of the main theme is almost *ad nauseam*. But in spite of all criticism, one wonders if he really has "got something". It seems a tenable supposition that liver dysfunction is the basic factor in many chronic disorders and that cancer is one of these. In other words, cancer is not a local, but a general disease. Unfortunately the supporting evidence is meagre.

A Clinical Prospect of the Cancer Problem. D. W. SMITHERS, M.D., F.R.C.P., F.F.R. Edinburgh and London. E. & S. Livingstone, Ltd. 1960. Pp. v. + 232. Price 37s. 6d.

This is the introductory volume in a series of monographs on neoplastic disease at various sites under the general editorship of Professor Smithers. The four volumes so far published in addition to this are on lung, bladder, rectum and oesophagus, and volumes in preparation include prostate, brain and spinal cord, and larynx and pharynx.

This is a delightful volume of what are really essays, from the clinician's point of view, on various aspects of the cancer problem. Anybody who has listened at postgraduate courses to Professor Smithers' lucid expositions will immediately realize that here are a rare collection of speculative, philosophic, and provocative expressions of opinion, backed by a lifetime of experience.

Every family doctor interested in the cancer problem will find contained in this book exactly what he has always felt himself, but has never been able to express with comparable clarity. It has been the feeling of the reviewer that comparatively small effort is devoted to clinical research on the cancers, and too much high-powered research is carried out completely divorced from the patient. Professor Smithers says that he wrote the first draft of this book in 1945 on a wave of dissatisfaction for entirely the same reasons.

The book is full of so many quotable passages that it is possible

to single out only a few. In his introduction, Professor Smithers says:

It often seems to doctors that many scientists concerned in cancer research have little contact with the problems towards the solution of which their efforts are officially directed. . . . I suspect that there may be a special tendency to lack commonsense about the everyday world in those who are most expert in complex but restricted fields.

So would say all family doctors! On population screening in the asymptomatic stage he sums up the whole problem thus: "It would probably take the entire resources in man-power of the present Health Service to supply regular and complete half-yearly examinations designed to detect neoplasia for the entire fit population of this country". On treatment he says: "The aim of treatment for neoplastic disease should be to allow the patient to live the life which might have been his if he had not developed the particular disorder in question and to live it in the greatest possible comfort". On palliation, he comments:

Its art lies in making the best of the natural history of the disease, delaying progress where useful life is to be had, relieving symptoms wherever possible, and finally trying to ensure a peaceful and dignified death with the relatives satisfied that everything possible has indeed been done.

On the cancer death rate he says:

A country with a high cancer death rate is likely to be one with a good standard of living and an efficient medical service . . . New considerations of education, both of doctors and of the general public arise; the first have to understand much more about the natural history and treatment of neoplastic diseases and the second have to be weaned from fear and a belief in magic into a more adult frame of mind.

Of the eleven chapters, undoubtedly the best are those on "Natural History" and "Quackery and Education". Professor Smithers believes that for all our need of detailed knowledge of cell growth and differentiation at the molecular level, it is at the level of the individual human being that understanding, like effective action, must really lie. He is critical of the concentration on the "cancer cell" as the focus of research and believes that, until we know more about senescence, we will advance little in our knowledge of the progress of tumours.

This book is heady wine for the clinician: if taken in large doses it is liable to produce over-stimulation of the cortex. It is for the mature, the level-headed, and the philosophers of the profession, and not for those with an obscurantist's faith in the expert's special skill. In short, it is a book to be appreciated by all good general practitioners, and all will say, as they lay it down, what an excellent family doctor its author would have made, had he not aspired to other heights.

The production is up to Livingstones' high standard, with delight-

ful paper, fatigue-free print and crisp illustrations. This is a book to be bought, not borrowed, and thumbed well in the midnight hours.

Demonstrations of Physical Signs in Clinical Surgery. HAMILTON BAILEY, F.R.C.S., F.A.C.S., F.R.S.E. Thirteenth edition. Bristol. John Wright & Sons Ltd. 1960. Pp. iv + 928. Price 75s.

This book has become, over the years, a classic and the latest edition has been enlarged and the illustrations, which have always been a feature, are quite outstanding and always in or near the reading matter they concern.

The author quotes Professor Logan Clendening as saying "Clinical diagnosis is an art, and the mastery of an art has no end, you can always be a better diagnostician".

It is quite certain that the general practitioner will be a better diagnostician if he read this book and studied the 1,142 illustrations.

The tendency today is to rely on laboratory findings in the quest of a diagnosis whereas if the general practitioner will use his eyes, his ears and his hands first, the laboratory or x-ray department will, in the great majority of cases, confirm that his findings are correct.

The two chapters on common and less common acute abdominal conditions and that on abdominal and pelvic injuries, if read and studied, will save the general practitioner endless worry and anxiety on countless occasions.

An excellent book for the general practitioner.

Psychiatry: Descriptive and Dynamic. JACKSON A. SMITH, M.D., F.A.C.P. William and Wilkins Co., Baltimore. Baillière Tindall and Cox Ltd. London. 1960. Pp. i + 342. Price 56s.

This is an ambitious book, by the clinical director of the Illinois State Psychiatric Institute; it is intended both for students and physicians. It is wide in its sweep but unequal in execution. For instance, there are biographical notes on physicians interested in mental illness from Hippocrates onwards, including Jung and Adler, but none on Freud, though his dynamic theories are the subject of a whole chapter.

Differing theories of illness are described, but the author's own bias is not made clear. Besides chapters on the signs, symptoms