

say that it could be made available but for the fears, neuroses and anxieties such tests would engender in women. These arguments have been disproved long ago (see *Lancet*, Oct. 1958, p. 895-896 and more recently the *British Medical Journal*—Sir Dugald Baird and Dr Elizabeth McGregor). Why must we assume that the women in the United Kingdom are so very different in their reaction from the women of Canada, America, France, Sweden, Denmark, Holland, where cytology is widely accepted without any outcry from the female population?

The shortage of technicians is still to be solved, yet the need to solve it ten years after cytology has been established is a serious reproach on the lack of prevention in our National Health Service.

Professor McLaren's book has the most compelling figures and diagrams to support his missionary preaching, which, is, unfortunately, so very necessary. He does not omit to put the newer technique of colposcopy into the proper perspective.

It is hoped in further editions there will be an appropriate reference to the South-east Scotland Faculty, who in their pilot procedure of taking cervical smears from apparently healthy women had no embarrassing side effects and raised no doctor/patient problems and repercussions.

Chronic Bronchitis—Prevention and Management. Report of a symposium held in London, November 1962. Published by the Chest and Heart Association. Pp. 71. Price 10s. 6d.

The 'English Disease'—heaven knows what effort the medical profession puts into research on bronchitis, and in treating its effects, but after reading this brief report of contributions by a pathologist, five clinicians, a lecturer in industrial health and a psychiatrist, one wonders whether any useful purpose is served. All contributors agree, in the words of Sir Geoffrey Marshall in his foreword, that "important factors (are) climate, air pollution and tobacco"—Society and the general public surely must be made to realize that here we have a disease far beyond the scope and care of the profession alone.

To what depths of platitude are we driven; "Action against chronic bronchitis. In the early stages the patients main need is education. This involves time either with the individual patient or with a group. The cause of the condition must be fully explained. The irritant must be completely eliminated and this, by itself, will lead to a marked improvement in cough and expectoration. Bronchial spasm (and possible allergic factors) must be relieved. Faulty diet and obesity must be strictly rectified." It all sounds so easy, but to the individual patient, the concern of the general practitioner it will usually mean precisely nothing.

The main blast of common sense comes from Dr Andrew Meiklejohn of Glasgow on 'Industrial Rehabilitation.' He draws attention to what he calls the 'intermediate years' i.e. between slight and advanced disability. "Many patients recognize their handicaps and make their own adjustments at work. I would plead with all doctors to be very circum-

spect about advising a change of employment or job. All too often I have seen precipitate action result in permanent unemployment or a change for the worse. The outstanding fact is that, in maintaining chronic bronchitics at work, calculated, but not too finely calculated, risks have to be accepted." Later he speaks against sheltered workshops, and pleads for "sheltered employment in open industry. Chronic bronchitics are absolutely unsuited for segregation because *as a group* they are chronic grouseurs" (due possibly to cerebral hypoxia, as he very fairly points out.)

The final essay from Dr John Hambling discusses the emotional causes of bronchospasm, and shows how optimistic therapy can assist even when bronchial infection has been present for years; in such a multifactorial disease, the doctor must never get 'bogged down' in one line of treatment, and such an off-beat attack as psychotherapy may perhaps occasionally be of use even in chronic bronchitis. The general practitioner will echo most profoundly in his heart the following final sentences from Dr J. V. Hurford: "Perhaps the hardest problem of all in managing the seriously ill bronchitic, especially with respiratory failure, is to know how far to go. The decision must be individual to each physician, but he should ask himself before he uses zealous or heroic measures whether they have a chance of returning this particular patient to at least a bearable existence." Amen.

Biochemical Findings in the Differential Diagnosis of Internal Diseases.

Edited by R. SCHOEN and H. SUDHOF. First English edition, Amsterdam, London, New York. Elsevier Publishing Co. 1963; translated by DR R. GADDIE and MRS. E. ANNA ILLINGWORTH. Pp. i + 428. Price 110s.

The modern clinician, to be fully effective today, needs an understanding of the importance of clinical chemistry in diagnosis and prognosis. Because of the explosion of knowledge in the clinical sciences in the past 20 years, and because three out of four principals in practice in this country today have been qualified for more than 10 years, it becomes progressively more difficult for each to comprehend the range and extent of this new knowledge and how to apply it in practice to individual patient's problems. Many textbooks of general medicine contain much that is relevant yet there are obvious advantages in having in one volume all the facts of modern biochemistry that enable the physician to make proper use of the laboratory.

The editors have, together with their colleagues in the Gottingen school of medicine produced a work of reference based on the authority of practical requirement and experience. Standard methods are described, the physiological and pathological backgrounds are given when describing tests of function. One valuable characteristic of this work is the presentation of relevant material, easily classified, in a series of almost 100 tables each of which has been compiled with differential diagnosis in mind. The range covers studies of carbohydrate, fat and lipid, blood and bile pigment, iron, calcium, phosphorus and water and electrolyte metabolism besides a