

Book Reviews

Dynamic Approach to Haematology

Haematology in Diagnosis and Treatment. By M. Maizels, M.D., F.R.C.P., F.R.S., T. A. Pranker, M.D., F.R.C.P., and J. D. M. Richards, M.A., M.D., M.R.C.P.(Edin.). (Pp. 319+vii; illustrated. 70s.) London: Baillière, Tindall & Cassell. 1968.

This is a good example of the new-style textbook of haematology in which the emphasis is on cell function and biochemistry and not on cell morphology and the morbid anatomy of the diseases discussed. The division of the discussion also follows functional groupings, so that diseases of widely differing aetiology are found together in one chapter.

The first 70 pages are devoted to the functions of the various blood cells so far as we know them and to factors in blood formation and destruction; the chapter on "development of the blood cells" dismisses in two paragraphs the various theories based on morphological changes and gives much space to such matters as the linking of red-cell maturation with biochemical changes. There is a chapter on the examination of the peripheral blood and a good table on the diagnostic implications of variations in cell site and haemoglobin concentration. There is a really up-to-date account of the significance of white cell changes. The chapter on factors concerned in blood destruction and formation is notable for its quantitative approach—how much of each factor do we

need each day. This preliminary section ends with an account of the use of radioisotopic methods in haematology. The section of diagnosis leads off with the statement that in haematology this depends on clinical history and examination, examination of the peripheral blood, cytology, and tissue biopsy, and finally chemical and other investigations; most haematologists will agree with this order. For the classification of anaemia three alternatives are offered to the reader, aetiological, morphological, and physiological; following modern practice, the authors use the aetiological one. Of the chapters that follow, those on anaemia due to ineffective erythropoiesis and haemolytic anaemias are particularly well done, and it is interesting to see that thalassaemia appears in the former and sickle-cell anaemia in the latter chapter. These anaemia chapters are full, informative, and readable; observations such as the fact that the spleen is always enlarged in congenital spherocytosis, though it may not be palpable, show that the authors are fully conversant with the actualities of clinical variation.

After the 115 pages devoted to anaemia, the authors' interest in the rest of haematology clearly wanes, since only 114 pages are devoted to leukaemia, the lymphomas, blood coagulation disorders, blood groups, blood transfusion, and abnormalities in pigment metabolism. The 30 pages of "myeloproliferative diseases" comprise discussion of acute and chronic myeloid leukaemias, polycythaemia, primary myeloid metaplasia (myelosclerosis), megakaryocytic myelosis, and myelomatosis, plus dysproteinaemias and a discussion of immunological mechanisms. The chapter on blood coagulation follows the teaching of the Oxford school and is therefore readily understandable. There is a very reasonable section on the investigation of blood-clotting disorders with the results well summarized in a clear table, and there is a good if brief discussion of the clinical management of these diseases.

This book is readable and makes anaemias at any rate a much more rational subject than the purely morphological approach can show. Therapy of anaemia becomes also much more easy to understand. So long as students appreciate that it is still necessary, for rapid diagnosis and accurate assessment, to study the blood and marrow cells in most patients, they can be confidently recommended to this book.

M. C. G. ISRAËLS.

Screening and Early Diagnosis

Early Diagnosis Papers: 1-6. Raised Arterial Blood Pressure, by W. W. Holland, M.D. Visual Defects, by P. A. Graham, F.R.C.S. Cancer of the Cervix, by O. A. N. Husain, M.D. Depression, by K. Rawnsley, F.R.C.P., D.P.M. Ischaemic Heart Disease, by M. F. Oliver, M.D., F.R.C.P.(Ed.). Some Diseases of the Lung, by A. L. Cochrane, C.B.E., F.R.C.P., and C. M. Fletcher, C.B.E., F.R.C.P. (Pp. 1-20. 2s. 6d. each.) London: Office of Health Economics. 1968.

Early diagnosis is one of the general practitioner's most important functions, but how much does it influence the course of disease? The Office of Health Economics has commissioned experts to write authoritative papers on diagnostic methods and their limitations. The first, on *Raised Arterial Blood Pressure*, illustrates the main criticism of screening procedures: that they worry the patient without helping him. Screening would reveal hypertension when there are no signs or symptoms, but there is no evidence that drugs improve the prognosis at this stage. Dr. Holland's recommendation of common-sense psychotherapy to relieve stress, a known adverse factor, invites the retort that much of it has been caused by the doctor's intervention.

Mr. P. A. Graham, on *Visual Defects*, points out the limitations of tonometry as a screening test. It will fail to diagnose many patients with glaucoma, but discover a large

number without symptoms who will never have detectable loss of vision. On the other hand, as about a third of patients have a family history, this is significant, and means that only relatives of chronic glaucoma sufferers need to be subjected to regular examinations. On *Cancer of the Cervix* Dr. Husain finds the case for exfoliative cytology unproved. But while there is doubt about the percentage of carcinoma-in-situ which progresses to invasive cancer (it varies from 10% to 60% in different surveys) it is established that women in social classes III, IV, and V who are most at risk are the worst attenders at cytology clinics. Family doctors with age/sex registers could identify and persuade them to accept screening. In *Depression* Dr. Rawnsley points out that the general practitioner is the only effective screening agent.

Screening tests, we are told, are not justified in ischaemic heart disease. They would identify less than half of those who subsequently develop it and could not prevent it in most of these. Hypercholesterolaemia, hypertension, excessive cigarette-smoking, and overweight may be important risk factors, but only one in five middle-aged men with the first two factors will get ischaemic heart disease within 10 years. The general practitioner should advise strongly against cigarette-smoking because men under 44 smoking 25 a day are 15 times more likely to die from ischaemic heart disease than non-smokers. Stopping cigarette-smoking is the only way to arrest chronic bronchitis. Regular

routine chest x-rays don't save many lives from lung cancer because metastases usually occur before primaries are radiologically diagnosable, and miniature mass radiography campaigns for pulmonary tuberculosis cost more than they save, and might be more sensibly confined to immigrants and patients referred by general practitioners.

The concentration of informed common sense in these papers is a useful counterbalance to the euphoria of over-enthusiastic advocates of presymptomatic diagnosis. All family doctors should read them.

ANDREW SMITH.

Operative Gynaecology

Shaw's Textbook of Operative Gynaecology. 3rd edition. Revised by John Howkins, M.D., M.S.(London), F.R.C.S.(Eng.), F.R.C.O.G. (Pp. 556+viii; illustrated. £7.) Edinburgh and London: E. & S. Livingstone. 1968.

It might be supposed that in a field so circumscribed as that of gynaecological surgery there would be little change in the eight years which have elapsed since the second edition. Nevertheless, the appearance of this new edition is both timely and welcome, because of the sterling intrinsic value of the book as a whole as an ambassador for British gynaecology and because it includes valuable sections on newer developments in diagnostic