Dr Taylor comments:
I am most grateful to Drs Grange and Stanford for drawing my attention to the apparent association between reduced natural infection with *M. bovis* in milk and the increased incidence of childhood leukaemia. The UK Childhood Cancer Study (UKCCS) is currently collecting information about episodes of infection and histories of immunisation in children with leukaemia and in matched controls. It should be possible to obtain preliminary indications from these data about any protective effect of BCG vaccination. The idea that therapeutic immunostimulation using BCG could be used to treat childhood leukaemia is not new. However, the results of the MRC's Concord trial in childhood acute lymphoblastic leukaemia1 and more recent studies failed to indicate any significant benefit of BCG immunotherapy.

In adult myeloid leukaemia complete BCG/allogeneic immunostimulation stimulated strong cell mediated immunity to donor, but not to autologous leukaemia cells, and produced little long term benefit. The use and expense of prophylactic BCG vaccination as an immunological protective measure in childhood leukaemia would only be justified if it markedly reduced the incidence of the disease. Positive preliminary evidence from the UKCCS might justify a detailed case-control study of this question in the UK. However, bearing in mind Greaves' hypothesis that childhood leukaemia could arise from inappropriate immunostimulation, there is much to commend and considerable support to the use of prophylactic BCG vaccination as a preventative measure in childhood leukaemia.


Cough — but is it asthma?

Editor—Dr Sheila McKenzie has suggested that cough without wheeze should not be classified as asthma unless there is evidence of airway lability.1 However, persistent cough is most troublesome in preschool children who cannot reliably perform standard tests of lung function.

A study of 60 children under 6 years with chronic cough showed that 63% produced at least one positive reaction to skin testing with inhaled allergens (57% for house dust mite) compared with 75% of children with classical asthma and 18% of children without respiratory problems.2 Chronic cough, like wheeze, was usually worse at night (75%), precipitated by exercise (85%), and associated with nasal discharge (70%) or sore throat (32%).

A book review


Any book which, in the opening few sentences, can give a name check to Hippocrates, Descartes and Freud, is clearly not going to come off lightly! The book aims to provide an introduction to the psychology of illness and healing. Of more importance is whether it can perform equally well — or better — in the areas of elucidation and education.

Happily for the reader, the answer is a resounding yes. This book addresses, both clearly and highly informatively, major developments in the psychological treatments of psychosomatic and physical disorders.

The stimulus for this book was provided by the growing recognition that the way we think about and react to illness has a profound influence on healing. Particular reliance is placed on the work of three of the pioneers in this field: Aaron Beck, Albert Ellis and Paul Watzlawick. The book is strong on examples and authentic as a whole and does not suffer the disconnectedness of some texts derived from conferences rather than from novum.

The book is divided into two sections. In the first, there is an overview of psychoanalytic, cognitive-behavioural, and family psychotherapy approaches in dealing with psychosomatic and physical disorders. The second section looks at the application of cognitive-behavioural approaches to conditions such as somatisation disorder, irritable bowel syndrome, chronic pain, brittle diabetes, and anorexia nervosa.

The major strengths of the book are its focus on both of the above approaches, and its ability to bring the two together harmoniously.

Theoretically, there are good outlines of the ideas behind the different therapeutic approaches. Particularly strong is Tony Sensky's description of cognitive therapy, succinctly covering the important aspects of the cognitive model (including dysfunctional beliefs, negative automatic thoughts, and cognitive distortions), and its therapeutic approaches. He makes the important point that especially in physical illness, not all false beliefs are dysfunctional and not all dysfunctional beliefs are false. For example, denying the seriousness of illness when it has a visible cause can sometimes serve as a protective function and is therefore not necessarily dysfunctional. Conversely, the belief of 'not having long term illness' is also a protective belief which may be true but might also be dysfunctional if it results in the ill person focusing on nothing other than this belief and giving up trying to achieve anything. Dr Sensky stresses that the focus of therapeutic work in cognitive therapy is to focus on dysfunctional beliefs, not to