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 this data about any protective effect of BCG vaccination. The idea that therapeutic immunostimulation using BCG could be used to treat childhood cancer 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 combined BCG/allogeneic immunotherapy stimulated strong cell mediated immunity to donor, but not to autologous leukaemia cells,2 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 controlled trial study of this question in the UK. However, bearing in mind Graves' hypothesis that childhood leukaemia could arise from inappropriate immunostimulation,3 there is much to commend and consider the approach 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 asthmatic unless there is evidence of airway lability.1 This concept is not necessarily true. Persistent cough is the 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 10% of children with non-immunological cough.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%).

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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 the shelf all that well. 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 growing awareness that there was an 'inert role for psychotherapy in human disease' and 'Trends in Psychological Medicine and Disease' which was held in 1990. Expansion and updating of original talks enable the editors to proclaim the text as 'state of the art'. Of particular interest is the book's explicit focus on psychological medicine and authentic as a whole and does not suffer from the disconnectedness of some texts derived from conferences rather than de novo.

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 therapies in individual conditions, e.g. major conditions such as somatisation disorder, irritable bowel syndrome, chronic pain, brittle diabetes, and anorexia nervosa.

The major strengths of the book are its focus of therapeutic work in cognitive therapy is to focus on dysfunctional beliefs, not to