Blood gases give a little more problem but most of us are still bilingual.

The chief difficulty with this book for those who would wish to use it in clinical practice, rather than for examination purposes, is that it is necessary to know the contents well before knowing what to look for! An index would have helped greatly.

If you are prepared to learn the range and lay-out of the contents of this book, then there is much compact information given to jog the memory and this in a format which many people find acceptable. Unfortunately I do not find it useful in the practice of real live clinical medicine. It is well produced and reasonably priced.

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The Physiology of Hemostasis
By DERK OGSTON. Pp. 378, illustrated. Croom Helm, London, 
Canberra, 1983. £19.95.

Amongst the several available multi-author texts on haemostasis/thrombosis, none is solely concerned with human physiology, and this book admirably meets a need. After an introductory chapter providing an overview of the subject for the non-specialist, the book is divided into two general parts. The first deals with the components of the haemostatic system, their interactions with each other and with other physiological defence mechanisms. The second covers the changes which accompany or are caused by physiological events, including the effects of nutritional and environmental factors, pregnancy and hormones. Disease states and the effects of drugs are not considered in any detail. The book will be a valuable source of reference to specialists in the field, particularly those engaged in clinical research, but is also strongly recommended to those whose main interests lie in other areas. Professor Ogston is to be congratulated for writing such an informative and very readable book.

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Reflections on the Universities and the National Health Service
£7.50.

A book from one of our leading scientist-statesmen on a topic of 
currently urgent concern to the Medical Schools is both welcome 
and timely. Sir Fred Dainton, a physical chemist with a distin-
guished research record, has been well placed to observe the 
University involvement in medical education, having been Vice-
Chancellor in Nottingham during the establishment of the new 
Medical School there, as well as Chairman of the University Grants 
Committee, of the National Radiological Protection Board and of 
the Council of the Royal Postgraduate Medical School. His crisp 
judgments have won him the respect of our profession; his criticisms 
are penetrating but transparently well-intentioned. He sets out in 
this volume, which is based on a Rock Carling Lecture in 1981, to 
alalyse the conflict between the Medical Schools and the Health 
Authorities which now all too often leaves the School at great 
advantage. It is a conflict now being faced in acute form in the 
London Teaching Districts, which find themselves unhappily in the 
situation of being RAWP losers but vital to the continued education 
of one-third of Britain’s doctors. The background is comprehen-
sively sketched in and Sir Fred’s résumé of the history of the 
involvement of the State in University education and in medical 
research is masterly. It shows all too clearly how an era of expansion 
and progress has been brought to an end during the last 4 years. 
However, the prescription for our ills is, perhaps inevitably, a little 

disappointing, almost suggesting ‘Parturient montes, nascetur ridicu-
lus artus’. It is proposed that a small change in the composition of the 
Authority in the Teaching Districts, giving greater weight to the 
University as opposed to the local council representation, would 
secure such a change in the climate of opinion that both DHSS and 
UGC would be better informed and therefore more likely to agree, 
the UMT system for junior doctors could be abolished so that young 
graduates would be tempted into the pre-clinical departments, and 
Professors would happily ignore the rewards of private practice. 
Perhaps there is no solution to the University/NHS conflict and we 
must learn to live with it. Certainly, however, we shall not resolve it 
enless we recognise the increasing power of the Health Service 
managers, growing at the expense of the Authority membership, the 
role of the professional bodies both junior and senior in negotiating 
the terms of service for both NHS and Medical School staff, the 
current dependence of clinical academic departments upon private 
practice, and the need for the British Medical Association to 
fund to maintain the position of the School in any bargain which 
can be struck with the Health Authority.

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Smoking Control Strategies in Developing Countries. Report of a 
W.H.O. Expert Committee
from HMSO, 49 High Holborn, London WC1V 6BB. Price £1.75.) 
The third report of WHO on Smoking is concerned with its effect on 
developing countries. The committee was chaired by Dr A. R. Al-
Awadi the dynamic Minister of Health from Kuwait. Its task was to 
suggest strategies for governments and public health authorities in 
developing countries to combat the spread of smoking-related 
diseases. Widespread smoking is considered a major stumbling block 
to the successful achievement of WHO’s goal of Health for All by the 
Year 2000. The Committee was alarmed that while smoking was to 
some extent being brought under control in developed countries, 
developing countries are increasingly becoming targets for highly 
sophisticated and ruthless campaigns promoting smoking. The 
international tobacco industry’s irresponsible behaviour and its 
massive advertising and promotional campaigns were considered to 
be direct causes of a substantial number of unnecessary deaths. 

The report documents growing evidence that tobacco use has 
already become a major source of disease in many developing 
countries where problems of malnutrition and infectious diseases are 
still prevalent. High death rates for lung cancer are reported from 
India, China, Hong Kong, Cuba and the Bantu in Natal. Coronary 
heart disease associated with cigarette smoking is a major problem in 
India, Pakistan and the Philippines. Perinatal mortality rates are 
doubled in Bangladeshi women who smoke. Even traditional forms 
of smoking such as Bidis or Hookah are hazardous and oral cancer is 
frequent in Asian men and women who chew tobacco. Health for All 
by the year 2000 is likely to be a vain hope for the millions in 
developing countries who succumb to the blandishments of the 
tobacco companies.

This is a valuable document not only for those concerned with the 
health of developing countries but also for those ready to expose the 
activities of our own major tobacco companies who are increasing 
their promotional activities and exports to developing countries in 
order to compensate for falling tobacco sales in the U.K. and other 
industrialised countries.

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Smoking Control Strategies in Developing Countries. Report of a W.H.O. Expert Committee
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