

panel of speakers, and the various lectures are well edited and form a coherent whole.

The first third of the book is concerned with the function of the hospital in-service, teaching and research, with the problems of the quality of care inside its walls, and with its relation to the consumer and to government. The middle four chapters examine the facts, the problems, and the future of health insurance, and the relation of insurance both to the profession and to the consumers and those behind them—the labour unions and other organizations which provide financial backing. The last part of the book examines the education function of the hospital at all levels of training, and this is perhaps the most interesting section—and the most relevant to us.

The United States face basically similar problems in medical education to those in this country, particularly in graduate and continuing education. Russell Nelson of John Hopkins makes an interesting review of present thinking on this subject: talking of resident and intern education he says “. . . the conditions that exist in graduate education resemble those pertaining to undergraduate medical education at the turn of the century . . . A thorough review is overdue . . . It is very likely that a single recommendation which would place the responsibilities of this education under sponsorship of the medical schools would go far in solving this problem”. And, later, “in the attempt to improve intern and resident training there has developed a new position in hospital medical organization known as ‘Director of Medical Education’. Individuals in this position are appointed with the responsibility to organize, direct, and sometimes actually conduct educational programmes.” Perhaps we in this country have something to learn here.

The last chapter by David Rutstein, is entitled ‘At the turn of the next century’, and tries to look forward to the effects on medical care organization which will come with progress in technical and other fields. Whether one agrees with Rutstein or not, it is certain that the actualities of the year 2000 will not be less startling than his suggestions. This chapter at least, and some of the rest of this book, should be required reading for anyone trying to plan for the future of medical care and education.

**Diabetes, coronary thrombosis and the saccharine disease.** T. L. CLEAVE, M.R.C.P., G. D. CAMPBELL, M.B., CH.B., M.R.C.P. Bristol. John Wright & Sons Ltd. 1966. Pp. xi + 146. Price 32s. 6d.

The authors present the concept of a single ‘saccharine disease’ due to the consumption of refined carbohydrates, with varied manifestations in individual persons dependent on ‘personal builds’ in the parts of the body affected. This syndrome of ‘saccharine disease’, includes coronary artery disease, diabetes, peptic ulcer, varicose veins, varicocele, haemorrhoids, dental caries, obesity and primary *Escherichia coli* infections such as urinary and gall-bladder infections. These diseases are presumed to be due in large part to diets containing excessive amounts of refined carbohydrate. The authors believe that these diseases result from the inability of man to adapt rapidly enough to the sudden changes in diet

which his recent evolutionary past has imposed on him.

The theory is based on the supposition that man, until recently, was a meat eater and was adapted to a meat diet. It also presupposes that an individual on a diet of refined carbohydrates will tend to eat more than he needs because it is concentrated. The authors believe that this applies not only to sucrose alone but to all forms of refined cereals. Certainly man's culture which includes his behaviour in general and his eating habits in particular can evolve and change more rapidly than can the structure of his body. It is also true that when the members of a species are confronted with a new environmental factor some will be more affected adversely than others and those varying responses will be determined at least by genetic characteristics.

Their case rests on epidemiological data from a variety of sources which statistically may not be strictly comparable but an hypothesis is never 'proved' by such data anyway. The reviewer believes with Popper (1963), that all knowledge is won ultimately by a process of blind search and that no theory is ever proved, it merely remains unrefuted and while unrefuted is the best explanation or theory to date. Popper also shows that all knowledge is won ultimately by a process of blind 'conjecture' and that the value of an unrefuted theory is in proportion to its explanatory power particularly of future events. The genesis of any theory however logically impeccable, provide no final guarantee that it will fulfil these criteria. Many of the best theories, for example those concerning the structure of the benzene ring and specific gravity were born of subjective inspiration. In this sense therefore, the concept of a single 'saccharine disease' is potentially a very powerful theory, provided it remains entirely unrefuted.

The reviewer has the feeling that this is too much to ask for. The theory, however, more than justifies itself by the reconsideration of our basic ideas which it dictates and for this reason alone is worth reading.

#### REFERENCE

POPPER, SIR K. (1963). *Conjecture and refutation*. Routledge and Kegan Paul, London.

**Lecture notes on gynaecology.** JOSEPHINE BARNES, M.A., M.D., M.R.C.P., F.R.C.S., F.R.C.O.G. Oxford. Blackwell Scientific Publications. 1966. Pp. x+237. Price 22s. 6d.

This new book is based on lectures, given to medical students, post-graduates and student nurses, the author, a well-known obstetrician and gynaecologist, being or having been an examiner in obstetrics and gynaecology to the University of London, the Royal College of Obstetricians and Gynaecologists and the Conjoint Board of the Royal Colleges of Physicians and Surgeons.

The book is a pocket gynaecology containing all the important facts. The style is lucid and easily readable and there are numerous illustrations, most of them adequate, some requiring imagination and two illustrating external features which are far from life-like. There is an adequate index, and eight pages of specimen examination questions from the Conjoint Board, the London M.B., B.S. and the Oxford B.M., B.Ch. examinations