

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

which will prove useful to medical students. Although intended for students this book will be good value for money to any general practitioner who wishes to refresh his knowledge of modern gynaecology.

Electrocardiography. S. G. OWEN, M.D., F.R.C.P. London. The English University Press Ltd. 1966. Pp. 180. Price 40s. 0d.

When the control of the medical schools by the General Medical Council was relaxed, Newcastle on Tyne moved ahead with speed in modifying the curriculum and introducing modern teaching methods. This book, which is an example, is a programmed text for self-tuition in the principles of electrocardiography and the interpretation of electrocardiograms. It is divided into four sections and the instruction is scrambled . . . that is, it cannot be read straight through like a conventional textbook. At the end of each section multiple choice questions are asked and depending on the reader's answer he is directed to another section on a different page. When the answer is correct he proceeds; when wrong, explanation is given and he is referred back to the previous section which clearly requires further thought. The method ensures that reading is slow and deliberate. For those of us who have grown accustomed to reading quickly and rather cursorily it is a salutary experience and a pleasant reminder that we are still able to learn if we would only take the trouble.

At first it is a little distracting to be referred from section to section, backwards and forwards through the book, and on putting the book down it is not enough to remember the page number, one must also note the last section read, otherwise it is difficult to find the place. These minor disadvantages are inseparable from the method of teaching and are soon accepted as a small price to pay for the very real advantages.

The book is well illustrated and is exceptional for the clarity with which the theory and practice of electrocardiography are presented. There is a good index and the book can be used for reference in the ordinary way.

Group practices are increasing in number and in most the need for an electrocardiograph becomes apparent sooner or later. The doctor who makes himself responsible for the electrocardiography needs training and experience which cannot be obtained by self-tuition, but the others who require rather less competence seldom find just the book they need. No other book on electrocardiography reviewed in this *Journal* can compare, even remotely, with this as a medium for self-tuition or be so strongly recommended to the general practitioner.

A guide to cardiology. Second edition. J. C. LEONARD, M.D., M.R.C.P., and E. G. GALEA, M.R.C.P., M.R.A.C.P. Edinburgh and London. E. and S. Livingstone Ltd. 1966. Pp. xii+306. Price 35s. 0d.

The first edition of this book, published in 1961, was very favourably reviewed in this journal. It has now been extensively re-written and brought up to date. The sections on electrocardiography, cardiac catheterization,