body in any way they like (Felo de se Act, 1961), then surely it can be argued that as their body belongs to themselves they can treat it in any way they like. Incidentally, according to Bracton, abortion without 'quickening' was no crime in the thirteenth century (Glanville Williams The sanctity of life and the criminal law).

From what has been said, therefore, if abortion was no longer considered a crime it could be performed on demand; if it could be performed on demand there is one great obstacle and that is that more and more gynaecologists would need to devote their time to carrying out this operation. Further, other operations that are just as important would have to be postponed. But surely it is unfair on the gynaecologists who do terminate pregnancies at the present time (and that are border line cases) should have to do these operations and neglect their own lists. I am not thinking in terms of those gynaecologists who are lining their pockets performing these operations, but those, who for humane reasons, think that termination is necessary.

This question of abortion is a problem, and there are no two ways about it, but I firmly believe that the general practitioner, who knows a great deal about the background, the hopes and fears of mothers and their families, should have a large say in the matter and not allow themselves to be excluded.

Chard. M. E. GLANVILL.

Drill for sub-ungal haematoma
Sir,
I am afraid Dr M. E. Glanvill’s sub-ungal haematoma drill is already obsoles (J. roy. Coll. gen. Practit. 1969, 18, 367). Hold a straightened push-on paper clip in a gas or alcohol flame until it is red hot, and then gently and carefully burn a hole through the nail. This procedure never fails and is quite painless, and sterile. Its only disadvantage is a nasty smell. I am sure many general practitioners must have used this technique for years.

J. TUDOR HART.
Afan Valley Medical Group near Port Talbot.

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**Book reviews**


Vagotomy, in this country, started rather fitfully after 1943 but in the past ten years it has increased in popularity and is now considered a safe and successful operation for duodenal ulcer, but so far has won only a lesser place in the treatment of gastric ulcer.

That it is an operation with disadvantages and limitations is shown by the necessity for this excellent book. Mr J. A. Williams and Mr A. G. Cox, have recruited a strong team from both sides of the Atlantic, to review the patho-physiology, results, complications and current practice relating to this operation. Included, is a valuable chapter by Professor Varma from Madras, on the special problems of peptic ulcer in the developing countries. There are valuable chapters on the effects of vagotomy on nutrition, the function of other organs, and the problem of diarrhoea. The various drainage operations are reviewed and there are interesting chapters on current practice, and the treatment of gastric ulcer by vagotomy. Each chapter is well paragraphed and the reasons for and against the various manoeuvres are clearly stated. There is an excellent bibliography, and the book is full of practical and well laid out material.

*After vagotomy* is a valuable reference book, for all those who have to advise regarding definitive treatment for peptic ulcer. The editors are to be congratulated on bringing a large literature into a reasonable compass.


This is a large book, adding to the already vast literature on the subject. It deals mainly with school children. There is some evidence to show that while the basic psychological principles may be the same, methods of application of these principles in the learning situation may need to be different in the postgraduate situation. The increased interest in the evaluation of education emphasizes the importance of the chapters on “The development and measurement of skills and attitudes”. The principles of planning are discussed and the author indicates the significant