

that in 1967/68 these figures rose to 18,747 attendances by 9,377 practitioners. Despite this very heartening increase in the involvement of general practitioners in continuing education, I am afraid that the figures of 60 per cent and 91 per cent quoted for the years 1967 and 1968 in the Report of the College should read 38 per cent and 46 per cent respectively.

We know, however, that the upward trend is

continuing and we expect to see an even more impressive increase in the numbers who attended courses during 1968/69 when the figures are published later this year.

Otherwise a first-class report!

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Book reviews

Lectures in chest medicine. JOHN EDGE, M.D., M.R.C.P. London. Staples Press. 1970. Pp. 260. Price £3 15s. (£3.75)

This book sets out to clarify the problems of chest medicine for the benefit of junior doctors and undergraduates. An introductory chapter on radiography of the chest is followed by chapters on carcinoma of the bronchus, pulmonary tuberculosis, diseases of immunity, vascular disorders of the lung, emphysema, chronic airways obstruction, sarcoidosis, and pneumoconiosis. All the eight contributors can claim to be expert in their field. The book is good value and should be studied by anyone who wants a deeper insight into the treatment of chest diseases.

Man against cancer. Research and progress. BERNARD GLEMSER. London, Sydney, Toronto. The Bodley Head. 1969. Pp. xii+349. Price £2 5s. Od. (£2.25p).

The author, whose profession he admits is writing, claims that he knew very little about physiology, about biology, about organic chemistry or about medicine in general before he started to write this book, but despite this, he has produced a fascinating and most readable review of the broad aspects of cancer research in all parts of the world. To compile it, he started off at the Sloan Kettering Institute for Cancer Research, the American Cancer Society and the National Cancer Institute, Bethesda. From there his travels took him to London, Paris, Stockholm, Bonn, Breslau, Geneva, Milan, Rome, Bombay, Tokyo, during the Ninth International Congress of the International Union against Cancer, Hawaii, Michigan and Boston.

Out of all this travel and a vast number of interviews, has come a fascinating collection of examples of the research which goes on everywhere into the problems of cancer. I found his chapter on 'The implications of Mr Burkitt' absolutely fascinating. He has obviously benefited from discussions with Professor Peter Alexander, Mr Ronald W. Raven, Professor Sir Alexander

Haddow and Professor Sir Peter Medawar, although there is a charming note that "I deeply regret that, on two occasions, snowstorms caused the cancellation of interviews with Dr Richard Doll".

It is difficult to know for whom this book is written. It is too superficial for the expert and probably too technical for the casual lay reader. But I feel that, if anybody interested in the whole perspective of the cancer problem were to take the time off and refresh himself in Mr Glemser's whole-hearted and uncritical enthusiasm, he would return to his work stimulated and encouraged.

In the beginning. Studies of maternity services. Edited by GORDON MCLACHLAN and RICHARD SHEGOG. Oxford University Press. London, New York and Toronto. 1970. For Nuffield Provincial Hospitals Trust. Pp. vi+186. £1 15s. (£1.75).

This selection of nine essays relating to maternity services is written by 19 authors; seven consultant obstetricians (concerned with only two essays), four statisticians, three members of a paediatric research group, two sociologists, one professor of social medicine, one medical officer of health and one midwife; no general practitioners. Among the subjects reviewed are regional differences in perinatal mortality, selection for home and hospital delivery (by a sociologist), late bookers for antenatal care, perinatal mortality and birth weight, a general-practitioner and district-midwife delivery suite, and family response to early discharge.

As in any collection of essays by various authors differences of opinion are revealed. For instance the sociologist assumes that all primigravidae and high-parity patients need to be delivered in hospital, but the statisticians show that, within wide limits, the proportion of home and hospital deliveries makes no difference to perinatal mortality rates except in cases of low birth weight. A low mortality can be obtained either with a high hospital delivery rate as in Sweden or London,