

Nevertheless, a much longer period of observation is necessary before confident statements on the safety of the Pill could be contemplated."

He goes on to suggest that the study should continue for another seven years and that there should be no publication of results in the meantime.

Surely his judgment is wrong in this?

The women of this country should be told now about the results of the study. In seven years time the Pill may well be obsolete as a form of contraception and the results will then be of value to no one. In the meantime women are continually worried by alarming statements in the national press about the dangers of the Pill, which are certainly not based on anything like 25,000 women-years experience.

Dr Kay says: "We believe that publication of our results would prejudice the continuation of the study by biasing the participating doctors". This is surely a very minor and secondary consideration compared to the importance of letting women have more information about the Pill as soon as possible.

A. P. MILLAR.

Benson,
Oxford, OX9 6SA

The language of Research

Sir,

As every schoolboy knows, Alphonse Karr, in 1849, coined the useful and elegant little phrase, *plus ça change, plus c'est la même chose*. This was a successful exercise in communication because he knew what he meant, you know what he meant, and I know what he meant. All the customers were satisfied. Now the Research Unit in its little sub-title (The Diagnostic Index) comes up with a new one, *tout ça change, tout c'est Le même chose*. This is not so good. I don't know what it means, I am doubtful if you do, and horribly

afraid that *they* don't. Admittedly Alphonse had the advantage of being a Frenchman, and of knowing that *chose* is feminine, and though we may boggle at the illogical and ungallant conduct of that usually courteous people making 'a thing' feminine, it does, and we are stuck with it.

In my usual simple and trusting way, I struggle to remain confident that the Research Unit checks its scientific references more thoroughly than would appear to be the case with its literary ones. I hope.

JOHN MILES.

World Conference on General Practice

Sir,

The closing date for submission of papers for the 5th World Conference on General Practice has been extended to January 1, 1972.

Intending participants are asked to submit their papers for selection in the form that has been detailed and included with the Social Programme which is now being distributed.

If you are unable to obtain a copy of this information, or you require further details, please write to

The Executive Secretary,
5th World Conference on General Practice,
254 Albert St.,
East Melbourne, Vic., 3002, Australia.

Registrations will be received up to the time of the Conference, but late registrations will incur a late fee. The previously advertised closing date has been cancelled.

The administration greatly appreciates early registration, so please forward your completed forms as soon as possible, or at least notify us of your intention to register. Accommodation cannot be guaranteed after June 30, 1972, and will depend on availability.

JON A. BAKER.

Book reviews

A first notebook of head injury. Second edition.
K. G. JAMIESON, M.D., M.S., F.R.A.C.S., F.A.C.S.
London. Butterworth & Co. Ltd. 1971.
Pp. vii + 148. Price: £1.60.

This paperback, written by an Australian neurosurgeon, presents the problems of head-injury in an original way. Part I deals with the coverings of the brain, ie, scalp injuries, fractures, extra-dural haematoma etc. Part II is concerned with damage to the brain itself. Part III with the clinical course of these conditions. Part IV with physiology and nursing care, and Part V with general management of the patient, special investigations, rehabilitation, etc.

J. ROY. COLL. GEN. PRACTIT., 1971, 21, 687

The book is a well-designed and carefully thought-out survey of the subject by a man who is obviously master of it. There are few general practitioners, especially those working in isolated areas, who will not benefit from reading it. In Australia the vast distances make an early assessment of head-injury even more important than in the UK—it is for this reason that the operative treatment of extra-dural and sub-dural haematoma are described in some detail.

The text is enlivened by line-drawings, some purely informative, some slightly whimsical, as where the 'unresponsive pupil' is illustrated by a schoolgirl asleep at her desk and the 'roving eye'

by a young man ogling a passing damsel.

These are shock tactics designed to keep the reader awake and for the same reason there are sporadic outbursts of versification, of which the following is an example:

When injury's urban it's not so disturbin',
The neuro-surgeon can let out the clot;
Acute sub-dural may often be rural—
It's up to the doctor who's on the spot.

In his preface the author says "The student who yawns after a few pages of a textbook will read avidly from a paperback". He may well be right, and certainly his pictures and rhymes do lighten a subject which can be very heavy. Following his lead I conclude with a few lines of my own:

A neuro-surgeon who lives in Australia
Thinks most surgical textbooks a failure.
They stay on the shelf,
So he wrote one himself,
What he's written and drawn will regale yer.

Principles of medical statistics. Ninth edition.
SIR AUSTIN BRADFORD HILL, C.B.E., PH.D.,
F.R.S. London. The Lancet Ltd. 1971.
Pp. i + 390. Price: £1.25.

This ninth edition of a world-famous book first published in 1937 will without doubt be as valuable as previous editions which have already been translated into four languages including Russian. The basic principles do not change and are as valid as when stated in the first edition. Illustration of the principle may require modernization, for instance, as the author himself points out, by using figures relating to measles vaccine rather than serum treatment of measles. On the other hand new concepts arise and have led to many additions such as discussions of the null hypothesis; the value of placebos and the use of matched pairs in clinical trials; and the difficulties of deciding what in life can be regarded as normal.

Perhaps the most interesting new chapter is one on Statistical Evidence and Inference, or, as the author puts it, a brief peroration on the use and abuse of techniques. If a trial using an enormous number of statistics produces a statistically significant result, was the result worth knowing? Quite probably not if so large a number was really needed; and so on.

We should all know a little about statistics; that the level of statistical significance is a measure of the possibility that a conclusion may have been reached by chance. Long odds do turn up even when all the recognized precautions have been taken. Sometimes they have not, but the author gives good guidance on when and when not to believe.

Statistics is never light reading and requires

concentration even in those genuinely interested in figures. In the hands of Bradford Hill it is made as clear and readable as can be expected. No doubt his book will remain as popular in the future as it has deservedly been in the past and it should be the first choice of any general practitioner requiring statistical knowledge.

Antiques of the pharmacy. LESLIE G. MATTHEWS,
F.S.A., F.P.S. London. G. Bell & Sons. 1971.
Pp. viii + 120. Illustrated. Price £3.50.

Who can resist the rows of apothecaries jars still sometimes to be seen in chemists shop windows? These containers were once in regular use as part of the shop fittings; the giant specie jars filled with dried drugs and spices—rhubarb, flowers of sulphur, arrowroot, and the carboys filled with coloured water and prominently placed to lure customers towards the shop by their reflected light. What did the apothecary sell? When did he cease to be the family adviser and become the retailer of pills and potions? Questions like these have never been satisfactorily answered. This charming book by Mr Leslie Matthews, an acknowledged authority on the history of pharmacy, will help the student of social medicine to solve these and many other related problems. A clear knowledge of what the pharmacist sold at different times is essential to an understanding of the development of medical practice.

Antiques in pharmacy is primarily directed to the collector and dealer in these by-gones. During recent years great interest has been shown in these fascinating objects: they are increasingly sought after and their price has accordingly escalated. Mr Matthews classifies them accordingly to the material from which they were made; there are chapters on pottery, glass and wooden objects. All of these are informative and the examples are well chosen. He then deals with medicine chests and cases, pharmacy in print, including caricatures, and proprietary medicines.

Only seldom does the sure pen of Mr Matthews falter. The boat-shaped feeding bottles of the first half of the nineteenth century certainly had a central opening on the upper side for filling, but it was nearly always too large for the mother to be able to control the flow of milk covering it with her thumb. Your reviewer has one such, but the usual stopper was a cork with a turned wooden cap, and this was punctured with a hole large enough to allow air to enter and a free flow of food through the parchment "nipple". The first feeding bottle to be fitted with a thermometer was patented by Webber in 1867, some years before Allenbury's bottle was marketed, though whether Webber ever manufactured the bottle is not known.