

two million users in the United Kingdom, we can estimate that each year there will be about six and a half thousand avoidable unplanned pregnancies, and nearly one thousand avoidable induced abortions, solely because women are stopping oral contraceptives because they are depressed.

In the chapter on sterilisation, Dr Oldershaw makes the following uncharacteristically dogmatic statement: "Only when it has been ascertained that operation on the male is out of the question should female sterilisation be considered". Here I think the author has seriously underestimated the instability of modern marriage and the poorer life expectancy of the male. If the husband has a vasectomy and the wife, for whatever reason, later finds another consort, she will find herself once again unprotected. It is a point that few couples seem to consider, and it clearly needs to be discussed.

When Dr Oldershaw comes to prepare his second edition (and he will certainly need one), I hope he will think again about these comments.

In the meantime, there is no other book which so competently meets the needs of all doctors who wish to study contraception.

CLIFFORD R. KAY

REFERENCE

Royal College of General Practitioners (1974). *Oral Contraceptives and Health*. London: Pitman Medical.

Rational Diagnosis and Treatment (1976). Wulff, Henrik R. Pp. 182. Oxford, London, Edinburgh, and Melbourne: Blackwell Scientific Publications. Price: £3.75.

On a first skim I had mixed feelings. My admiration for an author who sets out to expound the art or science of clinical decision-making was offset by a vertiginous fear of the heady heights of numeracy, whose peaks Dr Wulff invites us to scale with him. Gaussian probability curves, Venn diagrams, Boolean algebra, Bayes' Theorem . . . would the deteriorating and abraded threads of school maths. and medical school statistics form a rope strong enough to bear the weight of my incomprehension?

Familiarity with the work has increased my admiration for this Copenhagen physician and dispelled much of my innumerate apprehension.

Dr Wulff points out that medical students read and learn multitudes of facts from the bodies of knowledge of anatomy, pathology, clinical medicine, yet are seldom shown how these facts may be used in the central activity of medical practice, that of making clinical decisions. He aims "to show in one book what . . . clinical decision theory encompasses". He employs concepts from the fields of statistics, the laws of chance and of probability, the so called "new mathematics", and the theory of games. He looks critically and thoughtfully at such concepts as disease: "A

disease entity may therefore be regarded as the vehicle of clinical knowledge and experience"—and diagnosis—" . . . It should be remembered that the diagnosis is not an end in itself; it is only a mental resting place for prognostic consideration and therapeutic decisions . . ." He makes plentiful use of illustrated examples and images. I enjoyed the allusions to medical history, which were aptly employed in discussion of the concept of disease.

There is a very useful appendix on "Statistics for Readers of Medical Journals". It is probably just as suitable for writers of medical articles, particularly in its reference to the two common pitfalls of inter-dependent observation (the randomly chosen patient or the control who isn't) and the grand "significance game".

There is a helpful list of references and source books. Only a dozen or so of the 89 references would seem to be unavailable in English.

I enjoyed the charm and clarity of this fresh approach to the central area of clinical medicine. The concepts which Dr Wulff offers from the fields of statistics, mathematics, logic, and probability are offered with a simplicity appropriate to the non-specialist reader. I recommend it for anyone who wishes to look thoughtfully and critically at his own clinical decisions. Shouldn't we all?

T. M. KENNEDY

No one to blame* (1976). Dr G. Pp. 12. London: Help the Aged.

It is difficult to see to whom the anonymous Dr G, a general practitioner, is addressing himself. He has produced a booklet of a dozen pages in which he first outlines how hard it is to give good care to an increasing number of increasingly old patients, and then proposes his solution, namely a universal retirement check-up on leaving work or at some generally accepted age. However, Dr G does not produce any evidence to say why he thinks a check-up would be more effective than the surveillance plans which are being adopted in some general practices for the continuing care of the elderly.

The language chosen is that of standard medical journalism, without concessions to the lay public, but it is framed in the manner of the pamphlet, the traditional medium of pioneering, dissenting, or crusading exhortation. He ends with the words: "Now that you are aware of all that is needed, do not let this knowledge sink back into oblivion again. Do not wait until *you* are one of these statistics!" He therefore appears to want a change of spirit from a wider public than just general practitioners. Even if the direction of this pamphlet's message is uncertain, it would perhaps be best to see that your waiting room is not without a copy in this—Age Action—year.

Pamphlets may be obtained from Help the Aged, 8 Denman Street, London, W1A 2AP.

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