

statistics". This is a book to dip into from time to time, rather than take out of a library for weekend reading. The author says the key word to statistics is "probability". From this book the probability is that all who read even a few chapters will learn to look at old problems with a fresh mind.

**Peptic Ulcer.** T. L. CLEAVE, M.R.C.P. (LOND.), Surgeon Captain, Royal Navy. Bristol. John Wright & Sons Ltd. 1962. Pp. vi + 151. Price 25s.

The author of this book has done much research into the causation, prevention, and arrest of peptic ulcer, and supports the theory that dietetic changes in the more highly civilized countries have, in no small measure, contributed to the high incidence of this disease in these countries.

Evidence is produced that peptic ulcer is a comparatively new disease and one that has rapidly increased in incidence in the last thirty years or so.

He discounts the stress factor and considers that "It is not the production of acid that is at fault, but its imperfect buffering by the altered foods of our present civilization, aided by disregard of the instinct of appetite".

This is a small readable book that should be read by general practitioners, and it is concerned with a subject that might well lend itself to further research by the College.

**The Theory and Practice of Anticoagulant Therapy.** L. POLLARD, M.D. Bristol. John Wright & Sons Ltd. 1962. Pp. viii + 143. Price 27s. 6d.

As the author says in his preface, in few general hospitals today is full advantage taken of therapeutic agents in the prophylaxis and treatment of thrombo-embolism. How much more does this apply to general practice. In this excellent little book the most interesting and important chapters for family doctors are those on the clinical incidence of thrombotic diseases, the oral anticoagulant drugs, and those on short-term and long-term anticoagulant treatment.

The opening clinical chapter is sketchy, and neither here nor elsewhere is enough stress laid perhaps on the importance of infection in the pelvis in determining the onset of postoperative venous thrombosis in association with gynaecological or other lower abdominal surgery. Thrombophlebitis as an early, and perhaps for a time the only, clinical manifestation of malignant disease is rightly mentioned; but the not uncommon association of venous thrombosis with high serum-uric-acid levels and gouty phenomena is omitted.

The value of anticoagulant treatment in intermittent insufficiency of the vertebrobasilar system is discussed. These symptoms often disappear spontaneously as a collateral circulation opens up, and in the particular work to which the author refers no control observations are given. Although the incidence of haemorrhagic complications of long-term anticoagulant treatment may, as the author says, be "quite small", the very serious nature of some of these haemorrhages when they do occur is not pointed out. Sometimes they are worse than the original illness, and