cure ". To do this adequately implies teamwork of the highest order.

It is necessary, therefore, to have accurate information " about the methods of treatment available, and about the proportion of cases suffering from cancer of different types that is cured by each method, alone or in conjunction with other methods ".

To obtain this in 1935 the Campaign appointed a Clinical Cancer Research Committee, who decided in 1936 to confine the inquiry to London and furthermore :—

1. " That an effort should be made in each hospital to co-ordinate all the cancer material in that hospital by a group of clinicians with one co-ordinating clinician.

2. " That there should be a paid Cancer Registrar in each hospital.

3. " That in each hospital there should be, in addition to the ordinary hospital notes, a separate case record for each cancer patient and that these case records should be available for use by this Committee.

4. " That it is advisable to establish a Cancer Follow-up Department in each hospital, the records of which should be maintained by the Cancer Registrar and should be available for the use of this Committee. "

That the public is becoming cancer conscious is obvious by the fact that questions are now being asked in the House of Commons about ' cancer education ' of the public. Many even go so far as to suggest that cancer should be a notifiable disease. This would undoubtedly produce ' cancer dread ' quite apart from the fact that it is so difficult to diagnose as there is no definite symptomatology, or, as one author has stated : " In many instances the diagnosis of cancer can be made with certainty, in a much greater proportion of cases the opinion of a consultant reinforced by radiological and pathological examination is essential before a *possible* case of cancer becomes a *probable* one. Further, in many cases a surgical operation may be necessary before a *probable* case becomes a *proved* one."

It is for these reasons that " The Ministry has been advised against a cancer campaign addressed directly to the public ", but they must be kept informed of the progress in combating the disease. It is for this purpose that The Imperial Cancer Research Fund, and the British Empire Cancer Campaign were inaugurated, and hence the extreme value of such a report as the present.

The education of the public must be achieved through *Hope* rather than by *Fear*.

Propaganda is not necessary ; facts can be supplied accompanied by hope and encouragement. It was proved by Mackenzie (1939) that a patient delays seeking advice owing to ignorance, fear, gullibility, false modesty, or concomitant disease.

The family doctor should be kept up to date with all the results of research in making as early a diagnosis as possible, and to do this he must have the necessary time to take a complete history and make a thorough clinical examination of each case. An adequate number of beds must be available, and facilities for consultation and investigation be easily obtainable, without long journeys and enforced absence from home in these difficult times. The family doctor is the principal witness whereby an adequate ' follow-up ' system can be established.

Some centralization for treatment is necessary to secure an adequate first treatment. Apparatus is becoming more specialized and costly, hence from an economic point of view it must be centralized and when installed work at a capacity that prevents waste. Registration can be more efficiently controlled and kept up to date by a central organization.

It is quite impossible to review in any detail a report such as this. It demands and is worthy of a special study by all those who are brought into contact with malignant disease, and especially so if called upon to treat it. This really includes the whole of the medical profession. The treatment does not cease when no further curative or palliative procedures can be carried out ; for it is during the subsequent period, until the patient is relieved by death, which often calls for the most skill in the art of medicine.

Furthermore, much besides the giving of sedatives will be possible in the future to relieve pain.

The report begins with a short summary which details the various headings under which the survey was made, such as number of cases, anatomical site, and sex and age distribution, and relevant factors such as heredity, past history, occupation, and social class. Then symptoms are considered in priority of appearance and the time interval between the appearance of them and the time of going to the doctor. The advice given by the family doctor is contrasted with the physical signs of the lesion and general condition of the patient when admitted to hospital ; and finally the treatment given and the results of a five-year follow-up.

It has all been done with meticulous care and no exaggerations.

A separate chapter is devoted to each site in the body where a growth may occur.

The final chapter is headed E. & O.E., which means errors and omissions excepted. This is an example which might well be followed by others who compile statistics with sometimes such obvious satisfaction to themselves, but not to their readers. There is also an index of the authors who have been cited, and finally what is so very necessary in such a report – a very comprehensive index.

The clinical committee and the Campaign are to be congratulated on this report. It is a model of its kind ; it is long, but not too long for the comprehensive way the whole subject is covered.

The Medical Secretary, Col. W. L. Harnett, must be extremely proud of this culmination to all the work, time, and thought he has obviously given to its production ; and he must have inspired his assistant staff with enthusiasm sufficient to enable it to have been made.

Every hospital dealing with malignant disease should have the volume for reference, so that the staff may appreciate the importance of accurate registration and follow-up of these cases. It would give them an opportunity to play an important part in waging warfare against this disease, one in which no quarter is to be asked for or given, and no armistice can take place. The only result must be unconditional surrender and absolute victory.

Prostatectomy. A Method and its Management. By CHARLES WELLS, Professor of Surgery, The University of Liverpool. $6\frac{3}{8} \times 9\frac{3}{8}$ in. Pp. 103 + viii, with 72 illustrations. Edinburgh : E. & S. Livingstone Ltd. 24s.

IN this delightful monograph Professor Wells has recorded the methods used and results obtained at his clinic in 200 consecutive cases of prostatic obstruction. As is generally known, he is a staunch advocate of the Wilson Hey operation, and although he does not claim to speak for the originator he has produced results with which Mr. Wilson Hey may well be pleased.

The historical, pathological, and clinical aspects are dealt with in a manner unlikely to cause much dissension ; we consider that a distended bladder will accentuate the degree of prostatic enlargement as estimated on rectal examination rather than the reverse.

The most important special investigation used is intravenous pyelography, and it is carried out in every case, so that a grading by dilatation is possible. Should this really be done when the blood-urea is 200 ? In the case cited even a double dose of pyelectan failed to demonstrate secretion, and that is the usual experience.

The main controversy will centre around the advisability of ' immediate ' prostatectomy in patients with chronic retention. There is no doubt that it can be

successfully performed in many cases, and the figures quoted here are ample evidence thereof. There are, however, many patients with chronic retention who are 'gravely ill' from causes other than the prostate, and for them the treatment advised is catheterization. It is surely in this group that drainage by suprapubic catheter will allow of medical treatment for the intercurrent illness, making prostatectomy possible at a later stage. The operation itself has not found universal favour, but is evidently satisfactory; it appears to have the disadvantages of needing a finger in the rectum and of taking two hours to perform. The experienced urologist is unlikely to change his well-tried methods in favour of it.

There may be critics of the method, but there can be none of the manner of its presentation. Professor Wells has done a great service to surgery in putting his views on record; if they represent one extreme of the swing of the pendulum they will at least help to combat the undue conservatism which makes a two-stage Freyer the routine procedure in some quarters.

Renal Diseases. By E. T. BELL, M.D., Professor of Pathology in the University of Minnesota. Second edition. $5\frac{3}{4} \times 9$ in. Pp. 448, with 123 illustrations and 4 colour plates. 1950. London: Henry Kimpton. 56s.

THE second edition of this valuable book has been brought up to date by the addition of new work. It is appropriate that an account which includes both medical and surgical diseases should be written by a pathologist, although perhaps inevitable that the medical aspect should receive more detailed attention than the surgical.

We agree with the author that the term 'lower nephron nephrosis' has added confusion instead of clarity, and should be abandoned. We do not agree with his criteria of prognosis in adenocarcinoma of the kidney; there is no mention of the histological grading of these tumours, which together with the presence or absence of involvement of the renal vein is of more importance than the size of the tumour in assessing prognosis.

This edition gives a very lucid and complete account of diseases of the kidney. The section on hypertension is of particular interest.

The 1951 Year Book of Urology (November, 1950–October, 1951). Edited by WILLIAM WALLACE SCOTT, M.D., Ph.D., Director, James Buchanan Brady Urological Institute, The Johns Hopkins Hospital; etc. $5 \times 7\frac{3}{8}$ in. Pp. 383, with 84 illustrations. 1952. Chicago: Year Book Publishers Inc. London: Interscience Publishers Ltd. 42s.

YEAR by year the value of this annual publication increases. It gives an admirable summary of much of the important literature on urology, and is a ready means of reference to the original article if necessary. This volume is enhanced by an account of the Editor's visit to Great Britain; he makes favourable comment on our methods of undergraduate teaching and on the increased interest in urology fostered by the formation of the British Association of Urological Surgeons.

BOOK NOTICES

[*The Editorial Committee acknowledge with thanks the receipt of the following volumes. A selection will be made from these for review, precedence being given to new books and to those having the greatest interest to our readers.*]

Surgical Care. A Handbook of Pre-operative and Post-operative Treatment. By RONALD W. RAVEN, O.B.E. (Mil.), F.R.C.S., Hunterian Professor, Royal College of Surgeons; Joint Lecturer in Surgery, Westminster Medical School; Surgeon to Westminster (Gordon) Hospital; Surgeon to the Royal Cancer Hospital. Second Edition. $5\frac{1}{2} \times 8\frac{1}{2}$ in. Pp. 435 + xii, with 68 illustrations, a number as plates. 1952. London: Butterworth & Co. (Publishers) Ltd. 37s. 6d.

Diseases of the Chest. Edited by Sir GEOFFREY MARSHALL, K.C.V.O., C.B.E., M.D. (Lond.), F.R.C.P. (Lond.), Consulting Physician, Guy's Hospital; etc.; and KENNETH M. A. PERRY, M.A., M.D. (Cantab.), F.R.C.P. (Lond.), Assistant Physician, The London Hospital; etc. In two volumes. $6\frac{5}{8} \times 9\frac{3}{4}$ in. Vol. I. Pp. 456 + xii, with 19-p. index and 158 illustrations. Vol. II. Pp. 413 + viii, with 31-p. complete index and 192 illustrations. 1952. London: Butterworth & Co. (Publishers) Ltd. £7 7s.

Pictorial Handbook of Fracture Treatment. By EDWARD L. COMPERE, M.D., F.A.C.S., and SAM W. BANKS, M.D., F.A.C.S., Northwestern University Medical School. Third edition revised with the assistance of CLINTON L. COMPERE, M.D., F.A.C.S. Illustrated by HAROLD LAUFMAN, M.D., F.A.C.S. $5\frac{1}{2} \times 8$ in. Pp. 424, with 223 illustrations. 1952. Chicago, Ill.: The Year Book Publishers Inc. 56s.

Human Actinomycosis. What the General Practitioner ought to know. By V. ZACHARY COPE, M.S., F.R.C.S., Consulting Surgeon, St. Mary's Hospital and the Bolingbroke Hospital. $4\frac{7}{8} \times 7\frac{3}{8}$ in. Pp. 80 + xii, with 32 illustrations. 1952. London: William Heinemann Medical Books Ltd. 12s. 6d.

Surgery for Students of Nursing. By JOHN CAIRNEY, D.Sc., M.D., F.R.A.C.S., Director-General of Health for the Dominion of New Zealand. With a Foreword by Miss M. I. LAMBIE, C.B.E., First Vice-President, International Council of Nurses. $5\frac{1}{2} \times 8\frac{1}{2}$ in. Pp. 326 + x, with 120 illustrations. 1952. Christchurch, N.Z.: N. M. Peryer Ltd. N.Z. price, 40s.

Aids to Theatre Technique. By MARJORIE HOUGHTON, M.B.E., S.R.N., S.C.N., D.N. (Lond.), formerly Sister Tutor, University College Hospital, London. With a Foreword by D. R. DAVIES, F.R.C.S., Surgeon, University College Hospital, London. Second edition. $4 \times 6\frac{3}{4}$ in. Pp. 260 + xvi, with 125 illustrations. 1952. Baillière, Tindall & Cox. 6s.

Introduction to Dental Anatomy. By JAMES H. SCOTT, B.Sc., M.D., L.D.S., Lecturer in Anatomy for Dental Students, The Queen's University of Belfast, and NORMAN B. B. SYMONS, M.Sc., B.D.S., Lecturer in Dental Anatomy and Histology and Curator of the Dental Museum in the University of St. Andrew's at the Dental School, Dundee. $5\frac{1}{2} \times 8\frac{5}{8}$ in. Pp. 292 + viii, with 172 illustrations. 1952. Edinburgh: E. & S. Livingstone Ltd. 35s.