disagreed with the histological interpretation. But a book of this type is not likely to be used so much for its conclusions as for its references. For the latter it is invaluable, not only because of the number cited but also because of their catholicity. It is a pleasure to read a book in which full attention is paid to data coming from all countries. It is refreshing also to find an author who lays so much stress on the doctor's responsibility to apply his conclusions in the field of prophylaxis.

RICHARD DOLL

A Practical Manual of Diseases of the Chest. By Maurice Davidson. (Pp. x + 647; 255 figures. 84s.) Oxford University Press (London: Geoffrey Cumberlege). 1954.

A reviewer, with specialist knowledge in a limited field, is in a somewhat difficult position when reviewing a chapter on his speciality in a large textbook. It is impossible for textbooks, however frequently revised, to be completely up to date at the time of publication, and the problem is simply, "How out of date is good enough?", and, for a well known and widely respected textbook, it seems reasonable to expect it to be not more than two or three years behind the times.

Unfortunately, by this standard, the chapter on "The Pneumoniconioses" must be severely criticized. The histogram (Fig. 1) of the number of references related to date of publication tells the story quantitatively, and when the quality of the four most recent references are examined, three are found to refer to experimental animal pathology with very doubtful human applications, while the other refers only to the social problem of pneumoconiosis.

Although many of the old references have great value, it is impossible to neglect nearly all the work of the last 10 years without seriously misleading the reader. The reader should be told something of the work of Gough and Heppleston in differentiating the pathology of coalworkers' pneumoconiosis from that of silicosis. Similarly, the modern British radiological classification, which has been accepted as the international classification, should surely at least be mentioned. The author refers to the differences of opinion amongst doctors in interpreting x-ray films showing pneumoconiosis but makes no reference to the work of Fletcher in measuring this

error and in reducing it by means of standard films. The medico-legal section too has an odd flavour. It must

FIG. 1

antedate the National Insurance (Industrial Injuries) Act of 1946. The general effect is rather like a textbook on tuberculosis omitting the section on antibiotics.

However, a relative of mine once, to my horror, threw an expensive guide book to Scotland into the fire because it gave insufficient attention to the war memorial in Galashiels, so I would like to stress the probability of the excellence of the rest of the book, while advising readers to steer clear of the chapter on the pneumoconioses.

A. L. COCHRANE

Association of Industrial Medical Officers

In 1956 the Association of Industrial Medical Officers will celebrate its 21st anniversary by holding a meeting in London from September 24 to 29. The hosts will be the London Group of the Association, and the Scientific sessions will be held at the London School of Hygiene, which was the venue of the first meeting in September, 1935.