number of individuals and institutions play a part in this, but no two of them co-operate with one another to any degree. There are a number of private teachers who coach for examinations of one sort or another, a couple of correspondence colleges who do similar work, two hospitals, and finally the FELLOWSHIP OF MEDICINE. The last three bodies are the only ones of great interest to the general practitioner, even if he is thinking of a higher qualification, since they alone can provide him with clinical material. One of the hospitals, The Prince of Wales, Tottenham, welcomes medical men to rounds and outpatient clinics, but has not recently provided much organised teaching. The other, the British Post-graduate Medical School at Hammersmith Hospital, was specially created for organised teaching of qualified medical men and women. The teaching here is of a high standard, suitable for candidates who propose to sit for higher qualifications. Yet, in the opinion of many students, not enough attention is given to the needs of the general practitioner, and the specialities available are not comprehensive enough. These lacunae are not closed by co-operation with other institutions as might be expected. Again, the embryo consultant is best catered for.

It is not necessary in this JOURNAL to dilate on the good work carried on by the Fellowship of Medicine in arranging courses. A point which needs emphasis, however, is that the secretary of the Fellowship can, and does give to post-graduates very full details of all courses taking place in London, as well as sound advice about those which are likely to be most suitable in a particular case. So many students, without such guidance, spend all their available time in wandering from one course to another and from one clinic to another before they find what they really need.

Now let us consider what is required for future post-graduate instruction in London. First, there should be a central bureau, which could give details of all courses and clinics to the prospective student. Apart from the clerical staff, this should have medical advisers, both specialists and men with experience in general practice, who could give advice to the student and receive criticism from him. Such criticism could be passed on to the teachers and would improve their clinics and lectures considerably. Next, there could be some co-ordination of the various classes and courses in the different hospitals, so that the whole field could be covered without clashes and repetition. Thirdly, since teaching for higher examinations is well represented in different classes, more general practitioner features should be introduced. This can only be done by men with a knowledge of general practice. Such things as demonstrations of practical technique in, say, injection therapy would be most helpful. Even a talk on how to make use of medical literature, to solve the problems which arise in practice, might be of value. The teaching of physio-therapy is long overdue, and short simple courses in diseases of the ear, nose and throat, or rectum, etc., might also be of great value if conducted on the right lines. It must never be forgotten that the majority of post-graduates are general practitioners wishing to improve their knowledge: not future specialists interested in rarities or abstruse theory. This applies in particular to refresher courses, which are often too academic.

Finally, there is no reason why London should be the only large post-graduate centre in the country. Other medical schools at Oxford, Leeds, Manchester, and similar places have both the material and the teachers necessary to give courses. Such arrangements would be of the utmost benefit to the whole profession throughout the country and raise medical standards everywhere. Let us hope that the future will see some of these improvements adopted and post-graduate study become a recognised practice for every doctor.

CHEST EXAMINATION

By Wing-Commander R. R. TRAIL. J. & A. Churchill, Ltd., London, 1943. Price 10s. 6d.

Recent strides in radiography of the chest have created the need for a general overhaul of the whole question of physical signs of chest disease. Much simplification should be possible, as many of the time-honoured signs have been proved unreliable.

Trail sets out to correlate the underlying lung pathology with the clinical signs and X-ray appearances. He discusses the applied anatomy of the lungs and bronchi, and deals at some length with pathology as it occurs in the various morbid states. He sums up the clinical findings and the conclusions to be drawn in a section on physical signs, the final section being devoted to the appearance and technique in interpretation of the abnormal X-ray film.

Great emphasis is laid on a division of the inspiratory phase of the breath-sound into three parts. On auscultation an idea of the underlying pathology can be obtained from the intensity of the various adventitious sounds, and more especially the particular part of inspiration in which they occur. Thus there is said to be a stethoscopic difference between pneumonia and bronchopneumonia; between lung abscess and bronchiectasis with lung abscess; between generalised fibrosis and marked peribronchial fibrosis. In the very short section on physical examination much stress is placed on the importance of the sterno-mastoid sign. This is said to be the most constant sign of collapse in all its forms, and more reliable even than screening. Displacement of the apex-beat is mentioned only to be dismissed as "inconstant" or "even misleading."

Quite apart from the above there are many departures from the orthodox. For instance, it is stated that collapse of the right middle lobe produces displacement of the heart. Many will not agree with the assertion that the branching of the bronchial tree is dichotomous. Nor will it be generally accepted that fibrosis produces widespread rales throughout inspiration remaining after cough. No references are given, even for such a statement as, in speaking of chronic bronchitis, "the vessels in the connective tissue, branches of the bronchial artery, suffer contraction up to endarteritis; this, together with increased resistance to the maintenance of oxygenation tends to produce hypertension."

The diagrams are clear, and the X-ray plates are good. The example of collapsed right middle is not a typical one, as in the lateral view it rather resembles interlobar fluid.

The book will be of considerable interest to those already experienced in chest diseases, representing as it does a new and original conception and interpretation of many of the everyday signs of chest illness. Although his methods are apparently of great assistance to the author, it is very likely that they will prove confusing to the undergraduate student, and in some respects misleading.

ALLERGY ANAPHYLAXIS AND IMMUNOTHERAPY

By BRET RATNER, M.D., Baillière, Tindall & Cox, London. 1943. Price 47s.

The author considers serum sickness the earliest and most easily identifiable manifestation of allergy, and that its complete study would give one the