quire," is clearly misleading. When a party to a controversy abandons the scientific approach and turns to ridicule of those who do not agree with him, he admits the scientific weakness of his position. Certainly the following quotation (p. 39), aimed at discrediting the Fisher-Race nomenclature, has no place in any serious publication: "To celebrate this occasion, I. M. Jaundiced, a poet residing at 36 Genotype Road, High Titer, R. H., has written a song entitled: 'C, D, E, F—Gee!!'"

In addition to the biased presentations mentioned, one also notes arbitrary changes in nomenclature of the Duffy and Kidd antigens and even in the ABO system, which apparently have no purpose other than to embarrass the CDE system of nomenclature. The clinical discussions of kernicterus and exchange transfusions leave much to be desired and again present opinions as established facts.

The larger volume, *Rh-Hr Blood Types,* consists entirely of reprints of 84 of the 333 papers in the author's personal bibliography, with the addition of occasional explanatory notes. The statement is made that this volume summarizes developments in Rh applications to clinical and legal medicine and to anthropology for the decade 1943–53. To accept this evaluation would be to ignore the work of dozens of investigators who have made important contributions during this period.

These two volumes are recommended only to those who are already familiar with the subjects discussed and who wish an authoritative presentation of Wiener's position in a controversy that is likely to continue for some time.

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Planning Guide for Radiologic Installations. Wendell G. Scott, Chm., Committee on Planning of Radiologic Installations of the Commission on Public Relations of the American College of Radiology. Year Book Publ., Chicago, 1953. xvi + 336 pp. Illus. $8.

As is stated in the preface, this manual is in answer to many requests for authoritative information on the planning of radiologic departments. Under the auspices of the American College of Radiology and the chairmanship of Wendell G. Scott, representatives of radiology, manufacturing companies, the American Hospital Association, and the like were chosen to cover certain fields in which these persons were most proficient. The result is a very carefully worked out compilation of the thoughts of these different authorities.

In studying this little volume, it is evident that in the radiologic medical "workshop," as in every other field of medicine, there must be very marked individualization to fit the particular needs of the institution or physician. No prefabricated set of blueprints will adequately care for any particular local situation. It is clear that the radiologist who is to practice in the proposed new installation must play a large part in the design.

This book consists of 22 sections that deal with all the various phases of radiologic building and planning. Sections are devoted to studying patient-traffic and film- and technician-flow, so that economies of operation may be effected by proper planning. Architectural considerations and protection, along with many "do's and don't's," are scattered throughout. Most of these discussions take up general principles, and the reader can and must adapt these basic fundamentals to the local problem under consideration. Any person who obtains this book with the idea that it is just a set of blueprints is badly mistaken, because this is not its purpose. There is much detail but no detail drawing.

A careful study of this invaluable contribution to radiologic and hospital architectural planning is a must for all concerned in this field.

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Cancer of the Lung: A Symposium. Johs. Clemmesen, Ed. Council for International Organisations of Medical Sciences, Paris, 1953. 210 pp. Illus. $6.

At the symposium in Louvain in 1952, H. L. Stewart (U.S.A.) reported on pulmonary tumors in animals. Levin (U.S.A.), Clemmesen (Denmark), de Muylder (Belgium), Dorn (U.S.A.), and Kretz (Austria) maintained that frequency of pulmonary cancer was mounting, while Steiner (U.S.A.) and Denoix (France) were more cautious and stressed the impact of steadily improving ante- and post-mortem diagnosis of lung cancer upon statistics. Of U.S. towns, London, Amsterdam, Copenhagen, Paris, and Vienna, the last named city—which for many decades has had the highest percentage of necropsies—has the highest recorded mortality from lung cancer. In Vienna, in 1931, respiratory cancer accounted for 15.8 percent (♂) and 2.7 percent (♀) of all fatal cancers; up to 1951 it rose to as much as 31.8 percent (!) and 4.6 percent, respectively. (However, in the age groups below 60, in spite of rising frequency of lung cancer, Vienna's total cancer mortality in 1951 continued the falling trend, which, in Central Europe, started 50 years ago. See *Cancer in Man,* S. Peller, International Universities Press, 1952, page 380.)

In analyzing the reasons for the spread of lung cancer, William E. Smith (U.S.A.) spoke about occupational hazards, Kennaway and Walter (England) about air pollution, and Doll (England), Hammond and Horn (U.S.A.), and Dorn and Levin dealt with smoking.

Smith is inclined to question the radon etiology of lung cancer among miners of Joachimsthal and