

factors as age and parity of the mother, and interval between successive births, which have been found to have a connexion with stillbirths. Having shown that, though medical and biological factors account for some of the epidemiological features of the stillbirth rate, they are insufficient in themselves to account for the observed variations in different geographical regions or for the unexpected wartime decline in the stillbirth rate, he goes on to consider social and economic influences, concentrating mainly on the immediate pre-war years, and using the established technique of multiple regression. The indices used in his regression equations were chosen to specify the age and parity distribution of the confinements and the social and economic background of each local area. He finds a positive association of the stillbirth rate with poorly-paid work, with post-natal mortality, and with unemployment, but not with the index of overcrowding. To assess the importance of such socio-medical influences as antenatal supervision and the standard of medical and obstetrical services, Sutherland adds two further indices relating to doctors and nurses available, but found no correlation with them of the stillbirth rate. In conclusion, he considers the possibilities of further reduction in stillbirths, and stresses the need for further studies and detailed enquiries to supplement the statistical surveys of whole countries, which reach only broad conclusions.

Though such broad surveys as this cannot answer in detail all the questions relevant to the variations in stillbirths in different sections of the community, such studies are nevertheless essential in analysing the basic data available and in providing the foundation from which more specific studies can spring. The disentangling of the various biological, medical, social, and economic factors contributing to the annual total of deaths of the new-born and the near-born is a complex problem, to the solution of which Sutherland's study has contributed.

L. STEIN

Sir Benjamin Ward Richardson. By Sir ARTHUR SALUSBURY MACNALT, K.C.B., M.A., M.D., F.R.C.P., F.R.C.S. 1950. Harvey and Blythe Ltd., London. Pp. vii + 92. 7s. 6d.

This is a straightforward account of the life and work of a cultured Victorian physician, who made contributions to the sciences of physiology, anaesthesia, general medicine, epidemiology, and sanitation, as well as to general literature. He was also a leader in the campaign against the excessive use of alcohol as a therapeutic agent. The extraordinary diversity of the interests of this intensely active man no doubt prevented the concentration of thought necessary to achieve real mastery in any one branch. Richardson was a friend of Chadwick and Snow, worked in the cholera epidemics, and was active in the formation of the early societies and journals devoted to the study of public health. Sir Arthur MacNalty has drawn a vivid picture of a striking personality. R. PASSMORE

The Science of Wealth. By J. A. HOBSON, revised by R. F. HARROD. 4th ed., 1950. Geoffrey Cumberlege, Oxford University Press, London. Pp. ix + 214. 5s.

It may be stating the obvious to assert that no man can be an expert without a sound knowledge of subjects allied to his own. To readers of this Journal who, believing this, wish to acquire something more than a smattering of economics, this little book, first published in 1911 and now in its fourth edition, can confidently be recommended.

The author, with scientific detachment, describes the working of the industrial system under capitalism, and the modifications brought about by the increasing part played by modern states after capitalism had failed to "deliver the goods". As the book was last revised in 1934, the views expressed on state socialism are almost prophetic, and make interesting reading. Of particular interest also at the present time are the chapters on the growth of the labour movement as a political force and on foreign trade; in the latter, the

author presents the respective cases for protection and free trade, and explains why Great Britain's policy changed after 1918.

Not all of the book is orthodox economics. In particular, the theory of the unproductive surplus, which plays a prominent part in the author's arguments, is not generally accepted. On this theory, Mr. Harrod sounds a note of caution in a short but valuable epilogue.

J. B. MARSHALL

Mr. Carlyle my Patient. A Psychosomatic Biography. By JAMES L. HALLIDAY. 1949. Wm. Heinemann, London. Pp. xiii+227. 15s. 6d.

Thomas Carlyle was an intellectual who, by his writings and conversation, shaped the thoughts of many of the "Eminent Victorians" who were his contemporaries. He thought deeply and wrote much about the social problems of his age and the history and development of society. Because fashion has decreed that his books are difficult to read, his influence has declined greatly, and Dr. Halliday has performed a real service in writing a new account of his life and thought.

Carlyle has written much about the needs of society and the organization of mankind which is of interest and importance to a generation who live and work in a welfare state, and this book can be recommended as a short introduction to a great man. Unfortunately Dr. Halliday is only too willing to slip into the jargon of psycho-analysis. Carlyle was a chronic sufferer from constipation and we are told that "his faeces were good objects in that they symbolized valuable productive powers as well as phallic powers . . .". A daily evacuation would thus tend to reassure him that he was not only good but "productive and potent". If you have the patience to skip many paragraphs of this sort of nonsense, you will find an interesting and important book.

R. PASSMORE