needed for monitoring incidence, which is all some population-based registries do, but such registries should still consider adopting those parts of the proposed format that are relevant to their concerns—and as cancer control services become more comprehensive, integrated and population-based, the need is growing for population-based registries to monitor outcome as well as incidence. Some of the Handbook's proposals for obtaining such information have been criticized—notably its reckoning of survival from presentation at hospital, rather than from first treatment as has been usual in England—but such changes seem a small price to pay for international comparability, and it is therefore to be hoped that all cancer registries will do what they can to incorporate the Handbook's system in their own.

I. LECK

Directory of On-going Research in Cancer Epidemiology. (1976) Lyon: International Agency for Research on Cancer, and Heidelberg: Deutsches Krebsforschungszentrum. 461 pp. No charge except for postage and packing (US \$5.00).

A year ago, it was reported in this and other journals that the International Agency for Research on Cancer, Lyon, and the German Cancer Research Centre, Heidelberg, were launching a Clearance-house for On-going Research in Cancer Epidemiology, and asking workers in this field to submit summaries of their current projects for inclusion in an annual Directory, with the aim of acquainting those working in overlapping fields with one another's studies and encouraging them to produce their results in comparable form.

The first product of this venture is the 1976 Directory, containing summaries of more than 600 projects, followed by sections in which these projects are indexed by tumour site and type, by "term" (most of these "terms" being possible correlates of incidence), by methodology, and by country of origin. There is also a list of population-based cancer registries.

The coverage provided is inevitably uneven (some very distinguished workers' reports are tantalisingly brief, and more

than half the projects listed are from the United States and the United Kingdom, as against less than 1% from the Soviet Union and none from mainland China) and some epidemiologists will regret the apparent exclusion of health services research. But the Directory still merits an enthusiastic welcome, and it will probably soon come to be regarded as indispensable. Future issues might be somewhat improved by including the pages on which each country's entries start in the table of contents, and by standardizing the indexing of cancer sites so that, for example, studies of lower respiratory tract cancer are not dispersed between "bronchial", "lung" and "respiratory" rubrics.

I. LECK

Breast Cancer: Trends in Research and Treatment. Ed J. C. HEUSON, W. H. MATTEIEM and M. ROZENCWEIG (1976). New York: Raven Press. 335 pp. \$28.50 net.

Allowing for the naturally slow tempo of developments in clinical oncology, the management of breast cancer is progressing through a rapid and exciting phase. This interest centres on the use of adjuvant therapy in the early case. Much of this is reflected in this EORTC monograph, which is based on a conference held in September 1975.

Information is presented on the thinking behind adjuvant therapy and on some of the early results. This form of therapy can be hormonal or cytotoxic, and can use agents singly or in combination. The trend seems to be towards a combination of several cytotoxic agents with a hormone preparation (e.g. CMF plus Tamoxifen) but it is most important that work of this sort is carried out in a carefully controlled study, so that reliable results can be obtained economically. Due attention is given to short-term and long-term toxicity. Some promising early results are quoted, but it is still possible that the end result will be prolongation of recurrence-free interval (as has been demonstrated years ago by the use of ovarian ablation) rather than cure.

Before chemotherapy can be incorporated into potentially curative regimes, there must be preliminary assessment on patients with

late disease. Carter presents a mass of very useful data on single-agent and combination chemotherapy in this group.

Attention is also given to hormone studies, especially the current status of receptor studies, and to some animal work in virology and immunology.

This book is recommended to clinicians involved in the management of breast cancer and, especially, to those who are arranging clinical trials to assess adjuvant therapy.

I. D. H. TODD