they are based are primarily of interest to epidemiologists. But, when all is said and done, they provide no more than vivid descriptions or coloured pictures of reality. Moreover, this division of rates according to districts is inevitably arbitrary and restricting. Map makers working on this scale are in no position to do more than offer very broad and tentative hypotheses about causation, and their suggestions are, in the main, properly cautious. But one throw-away observation on page 273 cannot go unchallenged, "By far the largest (risk) categories in males are tobacco and lifestyle; in females lifestyle predominates". The implication that Scotswomen are in some way personally responsible for their cancers is scarcely acceptable from cartographers.

UNA MACLEAN

The Role of the Registry in Cancer Control. IARC Scientific Publications No 66. Ed DM Parkin, G Wagner, CS Muir. (Pp 155; £10.) Oxford University Press. 1986. ISBN 92832 1166 9.

Clinical pathologists concerned with the diagnosis of cancer are likely to be interested in this book about cancer monitoring and prevention, which arose from discussions following the 1983 annual scientific meeting of the International Association of Cancer Registries. Of particular interest is a chapter on evaluating and planning screening programmes, which provides an up to date critical discussion of screening for cancers of the cervix, breast, colon, lung, and stomach. The value of the cancer registry for this purpose is highlighted, and the important concepts of lead time and length bias are considered in the overall evaluation of the impact of screening. Another chapter presents information about second cancers occurring as a result of treating the first. The chapter provides a good example of the value of pooling registry data to detect possible cancer hazards associated with cancer treatments, notably leukaemia following radiotherapy in the treatment of cervical cancer. Other topics included in the book are the registry's role in identifying occupational hazards and in performing a wide variety of planning, assessments, and educational activities.

JE HADDOW

Emerging Technology and Future Trends in Clinical Laboratory Molecular Analyses

February 4-6, 1987

The ninth annual conference on clinical laboratory immunochemical and molecular assays is designed for pathologists, technologists, clinical chemists, microbiologists, and other medical laboratory personnel. Presentations showing the recent research developments in the pathogenesis and aetiology of disease processes, new technology, and future directions in clinical laboratory assays will be offered by a distinguished faculty of renowned scientists. Both immunological and non-immunological methods will be emphasised.

Clinical Haematology and Oncology: 1987

February 16-18, 1987
San Diego, California

This course is aimed at haematologists, oncologists, housemen, paediatricians, and pathologists interested in the diagnosis and management of haematological and oncological disorders. An outstanding faculty from across the continent has been assembled to discuss various aspects of these fields to aid clinicians in sorting out the important from the trivial and to help identify those recent advances which will withstand the test of time.

For further information on both the conference and the course contact: Bonny Mower, Department of Academic Affairs, Box 400S, Scripps Clinic and Research Foundation, 10666 N. Torrey Pines Road, La Jolla, CA 92037, USA.

ASSOCIATION OF CLINICAL PATHOLOGISTS

JUNIOR MEMBERSHIP

Junior membership of the Association is available to all trainees in pathology for up to six years after the start of training. The annual subscription is £15 and may be claimed against tax. All junior members receive copies of the *Journal of Clinical Pathology*. Other benefits include membership of the Junior Members' Group and a regular junior members' newsletter; the ACP Newsletter and all other documents regularly sent to full members including the postgraduate education programme.

Apply to: Dr PP Anthony, Education Secretary, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW, Devon.

Association of Clinical Pathologists Research Award—Amended Rules

- 1 Council of the Association has decided to award an annual prize of £250 for the best paper presented by a member under the age of 35 years at the Autumn General meeting of the Association.
- 2 The prize will be awarded by Council on the recommendation of a panel of adjudicators from the Education Committee at their January meeting following presentations. Criteria for assessing the merit of entries will include originality, scientific importance and lucidity of presentation. The award will be made at the next Spring general meeting of the Association.
- 3 Papers must be presented by members or junior members normally under the age of 35 years on the last date for receipt of entries (rule 5). A paper must not have been presented before, except to an ACP branch meeting.
- 4 Work that had been carried out by more than one person must be accompanied by a statement of the extent of the contribution to the work made by the members presenting the paper. Joint work is acceptable provided that the substantial part of the work was carried out by the candidate for the prize. Others involved in the project, for example, a supervisor, must indicate their approval in writing.
- 5 In order to give the papers of candidates for the prize a degree of priority on the programmes of meetings, a member presenting a paper for consideration for the Prize must give written notice to that effect to the Meetings Secretary. The last date for receipt of this notice will be 1st May preceding the Autumn meeting. An abstract (about 250 words in length) of the paper must be sent with the notice.

ACP Locum Bureau

The Association of Clinical Pathologists runs a locum bureau for consultant pathologists.

Applicants with the MRC Path who would like to do locums and anyone requiring a locum should contact Dr David Melcher, Histopathology Department, Sussex County Hospital, Eastern Road, Brighton BN2 5BE.