

and courses for improving the qualifications of doctors are held mainly in the oncological departments of postgraduate medical institutes. In many cities of the Union these departments are based on oncological institutes. Courses for improving the qualifications of doctors and intermediate medical personnel are also held at a number of large oncological out-patients centres. A certain role in the training of personnel is played by courses for future scientific workers and clinicians at oncological institutes.

Not only medical establishments but also various social service organizations take part in combating cancer. In the USSR a great deal of this kind of work is being done by the Red Cross and Red Crescent organizations. The Red Cross organizations spread information on cancer among the general public...

The Horror of Bacteriological and Chemical Weaponry, *The UNESCO Courier*, November 1970

Because chemical and bacteriological weapons are unpredictable, in varying degree, either in the scale or duration of their effects, and because no certain defence can be planned against them, their universal elimination would not detract from any nation's security.

Once any chemical or bacteriological weapon had been used in warfare, there would be a serious risk of escalation, both in the use of more dangerous weapons belonging to the same class and of other weapons of mass destruction. In short, the development of a chemical or bacteriological armoury and a defence, implies an economic burden without necessarily imparting any proportionate compensatory advantage to security. And it imposes a new and continuing threat to future international security.

Were these weapons ever to be used on a large scale in war, no one could predict how enduring the effects would be, and how they would affect the structure of society and the environment in which we live. This overriding danger would apply as much to the country that initiated the use of these weapons as to the one which had been attacked, regardless of what protective measures it might have taken in parallel with its development of an offensive capability.

A particular danger also derives from the fact that any country could develop or acquire, in one way or another, a capability in this type of warfare, despite the fact that this could prove costly. The danger of the proliferation of this class of weapons applies as much to the developing as it does to developed countries.

The momentum of the arms race would clearly decrease if the production of these weapons were effectively and unconditionally banned. Their use, which could cause an enormous loss of human life, has already been

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condemned and prohibited by international agreements, in particular the Geneva Protocol of 1925, and, more recently, in resolutions of the General Assembly of the United Nations.

The Social Sciences in Medical Education, *WHO Chronicle*, Geneva, No. 10, 1970.

It is now widely accepted that an understanding of health and disease requires a frame of reference that includes the psychological, social, and cultural aspects of human behaviour. Within this framework the social sciences can extend the resources of the medical sciences, not only in the prevention, diagnosis, and treatment of disease but also in the organization and planning of health resources.

The growth of epidemiology and the emergence of social psychology as a major specialty have revived interest in the social aspects of health and disease. The increased prevalence of degenerative diseases involves problems of extensive disability and prolonged care in which social and psychological management are often as important as medical supervision.

Another way in which the social sciences are implicated in modern medicine is in their contribution to epidemiology; for example, where there is a known relationship between human behaviour and the etiology of certain diseases. It is desirable to know, for instance, how to persuade people to stop smoking in order to prevent lung cancer, to control their diet to prevent ischaemic heart disease, and to understand the relationship of emotional factors to road accidents. These matters lie outside the normal scope of traditional medical education.

Other aspects of medicine that require the knowledge of social scientists include the economic factors involved in medical care and the ethical problems that arise from such innovations as organ transplantation or the technical ability to keep people alive past the point of their being able to function autonomously.

The changing pattern of diseases in the western world over the past 25 years has increased concern with the problem of how to bring the benefit of modern medical science to all the people of the world, while the developing insights of medicine itself (especially in the field of psychiatry or social medicine) have awakened leaders of medicine to the desirability of collaboration with social scientists. At the same time social scientists have perfected a body of theoretical insights and research methods that make it possible for them to begin to meet these needs.
