The bulk of the book deals adequately with the details of anatomy and the various infections and their management. Figure 7/6 presumably aims to reproduce the condylomata lata of secondary syphilis. These are now very unusual in the United Kingdom. To label them syphilitic warts may generate unnecessary confusion with venereal warts (condylomata acuminata) which are now very common.

I feel that more emphasis could have been given to prevention and the use of the condom deserves a mention. On the whole, this is essentially a sound, well researched book. Perhaps, in a future edition, some detailed guidance should be given to patients on how and where to obtain professional advice.

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Human Experimentation: a Guided Step into the Unknown, William A. Silverman. Pp. xii + 204, illustrated. Oxford University Press, Oxford, New York, Tokyo, 1985. £20.00.

This is very much a personal account of Professor Silverman's pilgrimage through the years of observation and experiment on the relationship between retrolental fibroplasia and oxygen treatment in premature neonates. He has, of course, already published an account of the retrolental fibroplasia 'epidemic' and its implications (*Retrolental Fibroplasia: A Modern Parable*, Grune and Stratton, 1980), but in this monograph, written while a Christensen Visiting Fellow at St Catherine's College, Oxford, Silverman uses the questions thrown up by this tragic and still unsolved series of events to illustrate the problems encountered when preparing and executing any form of human experimentation. Many contemporary books on this subject concentrate on drug evaluation, but this particular aspect of the subject receives relatively scant attention here, and recent helpful series on the subject, for example in the *British Journal of Clinical Pharmacology*, and in *Clinical Pharmacology and Therapeutics*, are not referred to.

All too often, young clinicians throw themselves into projects without first considering the essential ingredients of good clinical research. This book would provide an excellent, thoughtful and thought-provoking text for them to digest before submitting their first protocol to their local ethics committee.

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Norris and Campbell's Anaesthetics, Resuscitation and Intensive Care, Sixth edition, Donald Campbell and Alastair A. Spence. Pp. xiii + 254, illustrated. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £7.50.

This sixth edition by two professors of anaesthesia marks 20 years of a text for medical students and house staff. The concept of a balanced section on medicolegal aspects has been omitted. In a text of this nature there must be compromises but the guidelines for junior staff in pre- and post-operative management could usefully have been expanded. In modern practice insulin requirements are usually based on frequent blood glucose estimations rather than urine testing and the use of low dose, continuous i.v. insulin infusions is briefly acknowledged without reference to dosage. The use of continuous analgesic infusions for post-operative pain relief is also not discussed. The preoperative examination and investigation of patients is predominantly orientated to respiratory problems with limited reference to congenitally acquired cardiac disease. A section on patients with pacemakers would have been most useful.

The book has not undergone major revision since the fifth edition and a useful section on medicolegal aspects has been omitted. In a text of this nature there must be compromises but the guidelines for junior staff in pre- and post-operative management could usefully have been expanded. In modern practice insulin requirements are usually based on frequent blood glucose estimations rather than urine testing and the use of low dose, continuous i.v. insulin infusions is briefly acknowledged without reference to dosage. The use of continuous analgesic infusions for post-operative pain relief is also not discussed. The preoperative examination and investigation of patients is predominantly orientated to respiratory problems with limited reference to congenitally acquired cardiac disease. A section on patients with pacemakers would have been most useful.

A chapter entitled Respiratory Intensive Care Unit devotes full consideration to many aspects of intensive therapy although a comment on brain death diagnosis and its legal implications is absent. Resuscitation is well covered and although not entirely in line with UK Resuscitation Council recommendations is quite acceptable.

The reviewer commends this book to medical students and house staff for its easy style and well illustrated text. It remains extremely good value for money.

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Nutrition, Hypertension and Cardiovascular Disease, Ronald S. Smith. Pp. 210. Lyncean Press, Gilroy, California, 1984. \$12.95.

The increasing interest in nutritional factors in the pathogenesis of hypertension is to be welcomed. If some of these factors can be proven, it would then be possible to consider reversibility or possibly prevention of hypertension. This would be an infinitely better option than the mass use of antihypertensive drugs. Dr Ronald Smith is to be congratulated on producing a very useful short monograph which covers a very large number of topics. All too often books like this are written with a multiplicity of authors and the net effect is confusion. Dr Smith has taken us through the obvious nutritional factors like calcium, potassium, sodium, obesity and alcohol and he has also included extensive data on trace metals and vitamin metabolism.