(2) Antisera can only detect HLA-D R specificities.

The book gives a straightforward and comprehensive overview of the important aspects of transfusion medicine including red cell serology, leucocyte and platelet antigens with a brief review also of the HLA system. The uses of component therapy and blood substitutes are covered. Special chapters are provided on neonatal transfusion, bone marrow transplantation and plasma and cytopheresis. Throughout, the hazards of transfusion are recognized. Useful references to further reading are given after each chapter.

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The Development of the London Hospital System 1823–1982, Geoffrey Rivett. King's Fund Historical Series No. 4. Pp. 423, illustrated. King Edward's Hospital Fund for London, London. Distributed by Oxford University Press, 1986. £30.00.

By 1860 London had developed a complex hospital service, which included voluntary hospitals, special hospitals, dispensaries, workhouse infirmaries and smallpox and fever hospitals. These different types of hospitals were established and managed independently, worked in isolation and sometimes in competition with one another. Rivett discusses the attempts to rationalise and co-ordinate the muddled hospital system of London in the nineteenth and twentieth centuries, in the light of the changing role of hospitals with the development of medical science and the opening up of hospital treatment to all classes. He sees the culmination of these attempts in the 1946 National Health Service Act, post-1946 developments being primarily refinements on the 1946 Act, with the 1974 reorganisation of particular significance to the London hospitals.

While the subject of the book is the London hospital system, Rivett focuses primarily on the voluntary hospitals, and in so doing reflects the power structure of the hospital system itself. The voluntary hospital system was, we are told, established as a 'massive monument to the concern of the wealthier members of society for the poor in times of sickness'. A central question to be answered was why then voluntary hospitals focused on acute illness to the exclusion of the great majority of illnesses which were chronic, banishing the latter to the poor law or later the local authorities. Rivett sees the answer to lie in financial constraints. However, mounting financial problems of the voluntary hospitals were largely related to the costs of technology, which was needed for the treatment of acute illness. Rivett disputes the established belief that chronic cases were excluded by voluntary hospitals because of their association with medical schools and doctors' preference for 'interesting cases' (Brian Abel-Smith, *The Hospitals*, 1964). He claims that it is too 'glib' to see 'medical interests' rather than 'social need' as a way of expressing the policy of selection. He does not, however, provide an alternative convincing explanation. Thus, while he has produced a valuable account of the attempts of the voluntary hospitals to

sustain financial viability, giving details in particular of the work of the King's Fund (established in 1897), he has left unexplained why the services for the elderly, the mentally ill and mentally handicapped became and remained throughout the period under consideration what he himself called the 'Cinderella services' of the London hospital system.

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Essentials of Orthopaedic Surgery, Alfred T. Williams. Pp. xiii + 236, illustrated. Pitman, London, 1986. £12.95.

On reading this simple textbook one finds it difficult to know exactly which readers the author had in mind. It contains the information of a pocket sized textbook but is clearly not pocket sized. I feel this is a mistake.

The miscellany of orthopaedics always makes it difficult to write small textbooks tidily. I do not particularly like the groupings of topics in Part VI entitled 'Miscellaneous Topics'. This is a matter of opinion but I feel other small textbooks have arranged these better.

The section on fractures is largely conventional and the author has some good ideas on simplifying classification. It is difficult to understand why compound fractures and their management are not discussed in detail. A chapter discussing the problems of managing fractures in the elderly would be a welcome addition.

The section on orthopaedics is laid out curiously but is reasonably comprehensive. There are some odd omissions. One would have thought that arthroscopy and arthroscopic surgery might have received a mention when diseases of the meniscus are discussed. Similarly, rotatory instability after ligament and capsular tearing is not mentioned. The section on pyogenic arthritis ignores the diagnostic and therapeutic problems presented by this disease in the neonatal period.

One hesitates to criticise a work where the experience and enthusiasm of the author is apparent but I doubt whether this volume will be as popular as some of its smaller pocket sized rivals.

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Essentials of Sports Medicine, edited by Greg R. McLatchie. Pp. xi + 223, illustrated. Churchill Livingstone, Edinburgh. London, Melbourne, New York, 1986. £14.95.

The past decade has seen a vast surge of interest and participation in sport with both men and women striving, some not too successfully, for fitness. As a result of this, minor and major injuries ensue and the sufferers are no longer happy to consult their doctor, but are looking for more expert advice, hence an upsurge of fitness orientated articles and books appearing on the shelves, some by experts and others by those not so well informed, containing a good deal of misinformation.

This book does not fall into this category, the author