respect, this book fills the gap particularly well and is most welcome.

The first edition of '*Assisted ventilation*' was based on a series of short articles published in the *British Medical Journal*. This second edition has been considerably revised with the addition of other authors, all practising in the UK.

The first chapter describes in a very readable manner equipment used for artificial ventilation and this is followed by a description of the indications for mechanical ventilation. This chapter contains practical advice and describes typical settings of the equipment used for assisted ventilation. There is a comprehensive chapter on the case of the ventilated patient, with good advice on the management of tracheostomies and the reader is also reminded of the problems of psychological and sleep disturbances in critically ill patients. The chapter on weaning emphasises the importance of the respiratory muscle pump and provides an excellent account of the mechanisms of ventilatory failure. The last chapter describes techniques of non-invasive ventilation with practical advice on the initiation of nasal ventilation. However, this chapter mainly focuses on patients with chronic ventilatory failure, unlike the remainder of the book which deals with ventilation in the intensive care unit. There is relatively little mention of the use of non-invasive ventilation in acute-on-chronic respiratory failure; yet this is the situation when nasal ventilation can be particularly difficult to administer. Perhaps the third edition will expand on this point.

This book is well illustrated with clear diagrams and useful tables and there are good reference sections. I would recommend that it is read by both physicians and anaesthetists involved in the management of patients with respiratory failure. It will also be useful to physiotherapists and nurses involved in the management of these patients.

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Historical connections

Medicine in the making of modern Britain 1700–1920, C Lawrence. pp 91, Routledge, London, 1994. £6.99, paperback

The role of medicine in the political and social developments of the last three centuries is the subject of this book in the '*Historical connections*' series.

Lawrence's central theme is that medicine has been a powerful weapon in the hands of both reactionaries and reformers. During the 18th century, doctors tended to use their knowledge in the interests of conservatism; their concept of body and disease stressed the importance of 'natural place' and of bodily matter not crossing its proper boundaries.

The 19th century saw the age of reform when the conservatives were challenged by radicals in the profession who believed that the natural order was not static but could and should be reformed. The authority of science superseded that of religion, medical intervention was seen as a powerful instrument for effecting social progress and medical men provided many of the categories through which people explained the world.

According to Lawrence, and implicit in the book's title, medicine has made little further impact on the social and political develop-

ment of Britain since 1920. By then, we are told, many of the ideas and practices of modern medicine were already in place. This may come as a surprise to those who have been practising as doctors during the second half of this century – and a disappointment to readers who would have welcomed the application of Lawrence's original thought and lucid style to the role of medicine in the Britain of the 1990s. The importance which the author attaches to medicine as a prime mover in social reform and progress might well be challenged by groups with similar claims – churchmen and lawyers, for example – but Lawrence does make a convincing case and the book as a whole provides an enjoyable and challenging read.

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Genetics

Annual review of genetics, vol 27, A Campbell, W Anderson, EW Jones, eds. pp 557, illustrated. Annual Reviews, Palo Alto, California, USA, 1993. £23.00, hardback

This volume contains 16 articles, some of which are of medical interest. From the public health point of view, there is a review of the activation of pro-mutagens in the environment by green plants and for the virologist, a review of the genetics of the normal and attenuated phenotypes of poliovirus.

For the medical geneticist, relevant articles include genomic imprinting, sex determination in mammals and DNA repair genes. Morton briefly reviews genetic epidemiology, but the speed of the developments he describes ensures that some descriptions are already out of date, eg, diabetes, where some loci have been mapped by sib-pair analysis, a method condemned by Morton as inexact and inefficient. He gives a concise listing of the problems with such analyses.

Many articles provide an insight into basic genetics. Birchler reviews maize endosperm development and comments upon the effect of aneuploidy. Mapping polygenes in plants reveals the power of molecular genetics in estimating the number of polygenes, the magnitude of their individual effects and degree of interaction. The possibility of mapping polygenes in humans by comparative mapping is briefly mentioned.

Detailed reviews of meiotic segregation and the molecular genetics of the kinesin superfamily of genes (involved in intra-cellular transport) are given. Inter-cellular signalling in the nematode *C elegans* is reviewed. Nearly all classes of signal transducers in mammals are present in this organism.

There are articles in this volume to interest clinicians and much to interest researchers. It should find a place on the bookshelves in academic departments of genetics.

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Postgraduate training in the US

Getting into a residency – guide for medical students, 3rd edn, KV Iserson. pp 433, illustrated. Galen, Arizona, USA, 1993. £15.00, paperback

This manual provides in minute detail a *modus vivandi* for the American medical student embarking on a postgraduate training. It is not surprising that this should have become a standard reference work, by a dedicated teacher and clinician with the able assistance of his wife who has provided computing skills and a smattering of business science. It is indeed remarkable for the detailed advice given with almost maternal concern. There is even a section advising the young medical student on how to pack a suitcase before travelling to his interview. In general there is very little relevant material for the UK medical student whose specialist training is still generally achieved by accident. Nevertheless it provides an interesting insight into the American system which sadly seems to contrast with our own in requiring a greater degree of motivation, competitiveness, and longer hours of duty than will be required with the New Deal. The emphasis still seems to be on maximal quality of training, if necessary at the expense of conditions of service which we would now regard officially as unacceptable. However, some of the terms relating to undergraduate training in the US (eg mentors, OSCE) are beginning to feature in the new curriculum and the Continuum training post is obviously conceptually close to a Residency. Some of the terminology is interesting though unfamiliar. 'Physiatry' doesn't feature in any UK list of specialties and official training in osteopathy (phomeopathy) has yet to be considered in parallel with its allopathic counterpart. Whilst much of the advice is given as fireside chat Dr Iserson has a tendency to revert to businessese with trendy but irrelevant algorithms. Pithy quotations at the start of every chapter may not necessarily appeal. There are interesting sections on constructing a resumé (CV) in anticipation of questions at the interview, from which both the victims and interviewers could certainly benefit.

I doubt that this book will be of interest other than to medical educators and to the diminishing number of UK students seeking postgraduate training in the USA. As such it should be provided by medical school libraries as a useful source of reference.

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Neuroendocrine tumours

Diagnostic histopathology of neuroendocrine tumours, JM Polak, ed. pp 290, illustrated. Churchill Livingstone, London, 1993. £95.00, hardback

Neuroendocrine tumours are of abiding interest for many reasons and a book like this is most welcome. In 11 chapters, various authors cover not only the pathology of neuroendocrine tumours of the gastro-enteropancreatic system, the respiratory tract, the thyroid and parathyroids, pituitary, paraganglia and skin, but also review methods for their detection and investigation, their genetics, the pathophysiology of the peptides they secrete and the transgenic models used in their study. All of these contain useful information, although it must be said that, for the histopathologist faced with a diagnostic problem in this area but without the appro-

prate expertise, the book is unlikely to be of much help. This is largely because of the absence of any systematic description of how to approach their differential diagnosis and the prediction of their behaviour; in this sense, the title of the book is something of a misnomer. In addition, chapters covering the pathology of these lesions at other sites (such as the female reproductive tract) and the phenomenon of neuroendocrine differentiation in fundamentally non-endocrine tumours might have been worthwhile. Notwithstanding these criticisms, the book contains a wealth of information about the biology of neuroendocrine neoplasms and is valuable reading for all those who occasionally have to deal with these fascinating and challenging tumours. At £95, it is unlikely to be bought by those without a particular interest in the field, but should certainly be on the shelves of any decent departmental library.

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Hypertension

Textbook of hypertension, JD Swales, ed. pp 1327. Blackwell Scientific Publications, Oxford, 1994. £129.50, hardback

This is a magnificent volume. The style of its green and black presentation, stretching to some 1300 pages and promising a comprehensive and multidisciplinary account of the many facets of hypertension ensures that its impact will be great. In his introductory remarks, Professor John Swales, its sole editor (though an International editorial board of ten is credited), comments that he discussed at some length with his daughter whether the title '*Textbook of hypertension*', was ultimately suitable. I found this statement telling, because in fact this is very much more than just another textbook, and because it highlights the enormity of the task of producing an integrated and definitive account of such a complex subject, where 'heterogeneous' and 'polygenic' have become bywords.

The book is divided into nine major sections. The first describes the epidemiology of hypertension and includes sections on different racial and ethnic groups worldwide and the influence of migration, diet and acculturation. There follows a long and detailed series of chapters under the heading 'Circulation in hypertension', and it is here that the book first shows its complexity. Here

we read of everything from the renin-angiotensin system and ANP to the physiological and molecular bases of membrane transport, second messengers and vascular smooth muscle regulation. Many of the topics receiving attention here will recur later in the book (eg sodium physiology which appears twice in this section, and also in subsequent discussions on electrolyte intake and renal physiology). If the book is to be used to the full, however, the inclusion of many basic principles of cardiovascular physiology within the same volume will be of great advantage to the reader. There is also a chapter about medullipin, a newly described vasodepressor lipid secreted by renal interstitial cells in response to pressor stimuli.

Section three, on pathogenesis, provides not only an elegant series of descriptions of the many factors thought to contribute to the development of hypertension, but also strong chapters concerning genetic factors in, approaches to and models of hypertension, all of which have recently received much attention in medical and scientific literature.

Progressing through the following parts (target organ damage, special groups and secondary hypertension), it is evident that there is a fair amount of repetition. This is also apparent from the index, and my only real difficulty with the book arose when trying to decide where to look, given the multiplicity of index entries. This may be inevitable with 185 contributing authors and one editor, and wherever possible, the reader is directed to similar information in other chapters. Conversely, the advantage is that chapters often stand complete in their own right.

The last third of the book brings us to the clinical aspects of hypertension. It was surprising to find that, whereas in practice the initial emphasis is on non-pharmacological treatment where possible, the book launches straight in with the major drug groups. A refreshing end is provided by consideration of the hypertensive patient in society, with all its economic, social, and personal inequalities.

The large number of authors, each of whom provides a personal treatise, has resulted in a volume that is comprehensive and as up-to-date as possible, and the referencing reflects this. If anything, there is too much information, and some unnecessary inclusions, such as several pages of comparative amino acid sequence data for inter-species differences in renin, angiotensin and angiotensin-converting enzyme. The colour plates at the book's centre are beautiful and interesting, and the whole volume stylishly produced.

Unavoidably, a few errors have crept in, such as incorrect labelling in diagrams which

renders them incomprehensible. However, the text is a pleasure to read almost throughout – quite a feat with so many contributors.

The *Textbook of hypertension* represents a tour de force on Professor Swales' part, and contains something for readers from every medical and scientific background. It should find its way onto every departmental bookshelf.

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Swedish healthcare priorities

No easy choices – the difficult priorities of healthcare A Report by the Health Care and Medical Priorities Commission. pp 133. Swedish Government Official Reports, 1993. No price given, paperback

Swedish citizens have a greater life expectancy and a lower infant mortality than we do, but a similar concern about costs. In 1992 they set up a Commission of parliamentarians to consider priorities in health care; but instead of rushing at it with the 'solution' of a contrived market, they took advice from many quarters, and have now issued this interim report, to encourage public debate. It is well worth reading, both for its emphasis on principle – 'human dignity' as the right of all to health care, and 'solidarity' as a social principle which 'requires medical services to pay special heed to the needs of the weakest' – and also for its pragmatic recognition that procedures which do not work are not worth doing. At an administrative level, they note trends to distinguish 'buyers' and 'sellers'; but also the expense of 'contract-writing and negotiation, for invoicing between different buyers and sellers'. They incline to recommend a different course, to list groups of procedures in order of need, coupled with criteria of efficacy (interestingly, their top category includes the 'treatment of life-threatening acute diseases and diseases which, unless treated, will lead to a disabling condition or premature death'). An ordering of priorities based on clinical categorisation obviously has appeal to doctors, but that does not in itself make it senseless or unacceptable. Difficult to summarise, but worth study.

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