

appropriate 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 interspecies 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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