hospital design. All this is described in relation to the complicated and sometimes confusing efforts of voluntary workers and charities in a constantly changing organisation of health care. For those of us who have lived with the Health Service since its inception, the fresh eye of F. K. Prochaska gives new insights into what it is all about; he should be thanked as well as congratulated.

This book is graced with a neat foreword by HRH The Prince of Wales stressing the Fund’s concern with the individual and standards of care.

A. STUART MASON
Former Editor, JRCP.

A history of the Nuffield Provincial Hospitals Trust 1940–1990. By Gordon McLachlan. Nuffield Provincial Hospitals Trust, 1992. 417pp. £25.00

Both personally and as a member of our College, I have been a beneficiary of the Trust whose first fifty years this book commemorates. I looked forward to reading it with interest and hope, and was in no way disappointed—so I can with good conscience recommend it to others.

A book of this kind must combine the qualities of a narrative and of a volume of record. The clear water of narrative and the oil of record have been most skilfully emulsified by an author quite uniquely qualified to do so. The Trust has been his life; and to a very great extent he has been the life of the Trust, which he handed on in continued great shape to his successor a few years ago. For someone like myself who finds Trust Deeds and lists of unclassified publications less than compelling, they have been tidily relegated to appendices. Even so, much inescapable detail remains for the main text; but for those whose main interest lies in the narrative, Gordon McLachlan has provided clues in the form of excellent summaries at the head of each chapter, and an addendum (perhaps not the least interesting part of the book) in which he draws together the perspectives of the Trust.

What comes out very clearly through the manifold benefactions of the Trust is the value of an institution, dedicated to the care of patients, which can stimulate innovations in one site, which can then be compared with other sites lacking that particular innovation. Sadly, this is not an approach open to statutory authorities in general, who come under political pressure from those who cannot distinguish an innovation from a benefit.

No person, no book, no institution is truly benefited by unqualified praise. As one gaily to another, whose friendship and hospitality I have enjoyed over the years, I would pass on to Gordon my observation that ministers and civil servants may find Scots directness other than beguiling. On the book, whose general arrangement is so commendable, some printer’s imp seems to have got at some of the pages to make them look like the Pompidou building in Paris, whose works are all on the outside. And on the institution, the very fairness and catholicity of its approach has allowed it to admit terrible things, such as Enthoven’s advocacy of an internal market in health.

These are marginal grouses. The book as a whole recalls an occasion many years ago when some of us lobbied Michael Foot on the plight of academic doctors. I suggested to him that we were not only, as he had admitted, ‘desirable’—we were ‘essential’. Similarly, the Nuffield Provincial Hospitals Trust is not just desirable, it is essential. And for those who want to know why, this book is indispensable.

Sir DOUGLAS BLACK
Past President

Fundamentals of clinical endocrinology. Edited by Reginald Hall and Michael Besser. Churchill Livingstone, London, 1991. 492pp. £42.00.

As this classical endocrine text approaches its silver jubilee (two years to go) the authors rightly, in my view, concentrate as previously on the clinical aspects of endocrine disease. As in previous editions, the coverage of the basic anatomy, physiology, and cellular biochemistry is not extensive and the text is aimed primarily at medical students and junior doctors preparing for higher examinations. It fulfils this role admirably. Indeed, many consultant general physicians will also find this text helpful, and particularly useful are the appendices describing various commonly used tests and acceptable normal responses. Whilst not exhaustive these will allow initial work-up by the generalist who may then wish to consult a specialist endocrinologist regarding interpretation with the knowledge that the test has been performed according to the specialist’s criteria. The advantage of avoidance of costly duplication of investigations is self-evident.

This edition, for the first time, is a multi-author volume and as a result benefits from new perspectives, but the original uniform style has been maintained throughout by judicious editing. There are, however, a few incongruities in choice of some chapter authors, notably those on reproductive endocrinology. Is it really appropriate for thyroidologists to be writing about the ovary and pregnancy? Perhaps for a future edition the senior authors should consider inviting reproductive endocrinologists/obstetricians to contribute, even though they may not have been trained in Newcastle, Barts or Cardiff?

The text is divided along traditional organ based lines beginning somewhat surprisingly with the pituitary rather than the hypothalamus. The releasing inhibiting factor control of anterior pituitary hormone secretion and feedback relationships are well covered, as are the clinical syndromes associated with pituitary
hormone hyper- and hypo-function. This reviewer was pleased to see the author’s recommendation that treatment for acromegaly should aim to achieve lower levels of growth hormone (undetectable/<2 mU/l) than some other endocrine textbooks consider curative (<5 mU/l). The chapter on the posterior pituitary is straightforward though a mention of treatment of tumoral inappropriate ADH secretion with demeclocycline or lithium would be helpful. I was surprised to see the nomenclature of somatomedin C still being used; why not IGF-1?

The large section on the thyroid is very comprehensive. It is nice to see the various tests for thyroid status fully described though perhaps more prominence could have been given to the latest ultrasensitive TSH assays. What for example is the author’s view of TSH measurement alone as a screening test for thyroid dysfunction in non-hospitalised patients? Does the author still believe in the TRH test—this is hardly applied in routine clinical practice nowadays.

The chapters on the adrenal cortex and medulla, as well as congenital adrenal hyperplasia, are well covered and it is pleasing to see the mention of the genetics of 21-hydroxylase deficiency. However, there is no mention of the levels of 17α-hydroxyprogesterone after ACTH stimulation which indicate ‘cryptic’ or ‘late-onset’ partial 21-hydroxylase deficiency, or the frequency with which this occurs in a hirsute population (not discussed in the chapter on the ovary, hirsutism or virilism).

This latter chapter is comprehensive and an important section on the menopause and HRT is timely. The chapter on pregnancy covers changes that occur in the major endocrine system in this physiological state, and the influence of pregnancy on established endocrine diseases and how their management should be adjusted. There are comprehensive chapters on the tests, precocious puberty, and disorders of sexual differentiation. It would have been helpful in the tests section for the authors to have indicated how patients with gynaecomastia should be investigated as this is poorly covered in most standard texts and is a common problem in practice. An introduction to the biochemical basis of hormone action precedes the chapter on diabetes mellitus, which is very helpful for the non-specialist and is illustrated with excellent diagrams. Sections on diabetes, hypoglycaemia, and obesity contain all the conventional features and details. The chapter on calcium metabolism includes a discussion on osteoporosis but by the time the book was reviewed this area had seen significant advances in measurement and treatments which make this rather out of date. Paget’s disease, which is common, receives rather scanty attention. The volume ends with chapters on gastrointestinal hormones and tumours associated with their hypersecretion and syndromes of ectopic hormone production.

At a cost of £46.00 this book represents excellent value and should be an essential requirement of all undergraduate and postgraduate medical libraries. It is very readable and highly informative. If there is a fault it is perhaps that the references are rather limited and often rather old.

R. N. CLAYTON
Professor of Medicine, Consultant Physician/Endocrinologist

Case presentations in heart disease. By Alan Mackintosh. Butterworth Heinemann, Oxford, 1992. 196pp. £12.95.

Preparation for the MRCP examination requires as complete a knowledge of clinical medicine as possible. This cannot be obtained by only reading textbooks—the wide variability in clinical presentation cannot be easily presented simply and concisely by the written word. Nothing can replace experience. All patients are different, even those with the same diagnosis! They tell their histories in widely variable ways, emphasising what they think is important—and sometimes telling the doctor what they think he wants to hear! By the time a junior doctor is taking the Part II of the MRCP examination he has had at least 18 months post-registration experience—but is this enough? How can the examinee prepare himself for the plethora of patients and diagnoses that may face him in the examination? Will this small text help?

In this book, Alan Mackintosh has collected together a series of what seem real case histories. They are presented in an anecdotal style, and are certainly longer than the rather dry histories in the written paper of the MRCP examination. That makes it an easy and enjoyable book to read. After the history and details of some relevant and not so relevant investigations, there are three or four questions. The histories contain salient information as well as some red herrings—just as in real life! The reader has to assess all the information given in order to answer the question. At the end of the book the answers are discussed. They are useful summaries of the differential diagnoses, relevant investigations and appropriate management. The case for and against a particular diagnosis is argued, giving the reader a better idea of the logic behind the answer. I think this is an excellent way of teaching. The only thing this book cannot offer is direct interchange with the reader. If it could answer the reader’s questions it would be perfect!

So, can junior doctors learn from this book? I am sure they could—but even if they cannot, it is fun to read!

KEVIN S. CHANNER
Consultant Physician and Cardiologist,
Royal Hallamshire Hospital, Sheffield