

unearth details that are relevant to the British predicament. You will find no information on how to deal with general practice fundholders or the Private Finance Initiative.

The chapters on organizations are general in approach and do not conform to any health system model. They do contain useful overviews on the principles of leadership, job descriptions and appraisals. But, for a new consultant in the NHS, a more practical approach would be appropriate. Despite the internal market the chapters on accounting will be too detailed for all but the most obsessive pathologists, though I suspect that laboratory managers will find them invaluable. The chapters dealing with policy and procedure manuals and laboratory safety are again far too detailed for most pathologists and dwell too much on US law.

A good book to guide pathologists through their first contacts with management is needed. This book is not it, though it will be useful to laboratory managers and pathologists contemplating practice across the Atlantic.

D M Berney

St Bartholomew's Hospital, London EC1A 7BE, England

A Century of Arterial Hypertension 1896-1996

Ed Nicolas Postel-Vinay

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The French Society of Arterial Hypertension have designated the year 1896 as year 1 of hypertension, so on this reckoning we are celebrating a major centenary. To celebrate the anniversary of a disease is unusual. For one thing, one can seldom be certain about the date of first appearance, with the possible exception of epidemics. One might also question whether the anniversary of a major scourge should be a cause for celebration—except possibly by those who have made a modest living from investigating and writing about it. I would not, I hasten to add, exclude myself from this category.

Of course, *A Century of Arterial Hypertension*, published on the initiative of the French Society, is not intended to celebrate a disease but to commemorate the 100th anniversary of a milestone in investigating a disease—the description by Scipione Riva-Rocci of the air-filled sphygmomanometric cuff in 1896. This

clearly laid the foundations for many of the observations on human hypertension over the last century.

I confess that the idea of defining year 1 of hypertension does not appeal to me; and I suspect that George Pickering would have been as scathing about such a concept as he was about defining the blood pressure level at which hypertension begins. History, like blood pressure, has no discontinuities. The creation of an arbitrary historical starting point pays scant regard to those who went before—who as a result have to be relegated to some form of prehistory. This deficiency is most conspicuous in the description, or rather lack of description, of Frederick Mahomed's contribution to the subject. The only mention of Mahomed is a reference to his 'early' suggestion of the existence of essential hypertension. This leads to the extraordinary proposition that symptomless hypertension went unrecognized until 1920. More than forty years before this date, Mahomed had described, with clinical precision, hypertensive patients who 'appear to pass through life pretty much as others do, and generally do not suffer from their high pressure' before complications develop as age advances. This striking under-estimate of Mahomed's contribution in an otherwise thoughtful work perhaps illuminates the dual contribution of technology and understanding to medical advance. Reproducible and reliable measurements of blood pressure were made possible for the first time in 1896. This book (or more properly the French Hypertension Society, perhaps intoxicated with the Kuhnian theory of scientific revolution) therefore defines this as year 1. There may be a case for this from the perspective of method and technology. However, to launch a scientific era in this way is to ignore the preceding quite sophisticated understanding of the features and pathology of hypertension and in particular its impact upon the kidneys, heart and brain. This understanding is epitomized by, but by no means confined to, the work of Mahomed, whose achievement was all the greater for being based upon a defective technology. To neglect this is not simply an injustice to Frederick Mahomed and his contemporaries; it is a misunderstanding of the process of medical advance.

In many ways the book is valuable and attractive. Its French origin is evident throughout in both form and content. We are shown advertisements for novel if unpersuasive treatments that would surely not have featured in the Anglo-Saxon press. Chapter headings are taken

from such sources as Proust, Verlaine and Rousseau—a national preference tempered only slightly by quotations from Gull and Mackenzie who might be surprised by the company they are in. The editor is less at home with the British work. He begins inauspiciously by twice misdating, by 40 years, Stephen Hales' classic book on blood pressure, although the mistake is not repeated subsequently. However, his detailed history of the insurance industry's involvement in hypertension is a unique contribution which has not hitherto found its way into medical texts. Insurance company physicians were quicker than clinicians in medical practice to recognize the importance of blood pressure measurement. Perhaps this is a tribute to market forces or perhaps it reflects the fact that the information could be put to immediate use in insuring lives. Whatever the reason, impressively large insurance statistics provided the bedrock for the developing science of epidemiology of cardiovascular disease, even before Framingham.

Postel-Vinay takes his history up to the present day with a final chapter on medical genetics and an epilogue on the future, which predictably concludes that it will be difficult. He says less about vascular biology, which is likely to have an earlier and more powerful impact than genetics.

The social and economic consequences of treating common disorders such as hypertension loom over us. We are told in this book that doctors are faced with conflict and confusion as the pressures grow. I would have enjoyed more discussion of these issues from the historical perspective—which is, if handled well, illuminating. Science has taken us from basic clinical observation, assisted by simple mechanical devices, to molecular science and sophisticated epidemiology: the results offer us increasing opportunities, but at growing cost. Society cannot afford to be overtaken by a sense of helplessness and view the process of scientific discovery like the creation of Frankenstein's monster. The earliest years of the next century of hypertension (if one accepts such things) will see an intense and focused debate upon such issues as the most rational application of medical advance, equity and the setting of priorities. The speed of change is accelerating. My suspicions are that it will not be Postel-Vinay's successors who need to write about such matters. The next edition of his book will be none too early.

J D Swales

Director of Research and Development, Richmond House, 79 Whitehall, London SW1 A2NS, England