book reviews

Horizons in medicine

Edited by Dorian Haskard. Royal College of Physicians, London 2005. 384pp. £30.

I once gave a talk at the Cork County Medical Association, and was unwise enough to give it the grandiose title of 'Aspects of colitis'. The after dinner speaker was merciless in his scorn. *Horizons in medicine* is not an entirely ungrandiose title, but it has the advantage – at least for the editor – of considerable ambiguity. Are these horizons as far as the eye can see (long)? Are they defining our limits (short)? Is it an all-round view?…

Fortunately, most people who pick up this book will know that this is the edited report of one of the College's most successful educational ventures, the annual Advanced Medicine conference, now incidentally in its glorious 42nd year. And the ambiguity of those horizons accurately reflects the dilemma of constructing an attractive conference programme. Not even a four-day conference can cover all advances in medicine in depth, so the topics chosen reflect a desire for breadth and topicality, the necessity for avoiding subjects covered the previous year, the desirability of identifying lacunae in peoples' knowledge (particularly when this is associated with a feeling of guilt) – and above all the availability of speakers who can hold, educate and amuse an audience. Those are not necessarily identical to the criteria that would dictate the subjects covered in an annual update text – but the continued production of the *Horizons* series (since 1989; in the more austere years before that they were published as *Advanced medicine*) at a time when the bound printed word is progressively less attractive in medicine shows the series must be doing something right.

This 17th *Horizons* is edited by Dorian Haskard, whose skills combine rheumatology and cardiovascular, and clinical and experimental, medicine. He has produced a typically wide-ranging volume, with an engaging non-uniformity of approach. Topics range from clear didactic expression of straightforward but (to the non-specialist) *recherché* clinical topics (eg audiological disease (Luxon), photosensitivity (Hawk)), lofty overviews of 'big' topics (eg immunosuppression, biological agents) and detailed reviews of topics at the interface of clinical practice and research (the genetics of neuro-endocrine disorders, the biochemistry of vitamin D deficiency). Most are well and concisely written, though some may well have been better in spoken form – I have the feeling the lecture on headache management may have come over well during the conference, but it certainly lacks clarity on the page.

If horizons means 'the vision thing', there are a number of particular contributions to highlight – David Lomas and Andrew Hattersley's chapters both exemplify how elucidating molecular processes is not only enhancing understanding but beginning to direct choices of treatment, and Paul Shiels' piece on the use of stem cells to mitigate diabetes will be of interest to more optimistic readers.

Whilst marshalled into a series of major headings (gastroenterology, dermatology, obesity, immunosuppression, vascular risk factors, cardiology, cardiovascular imaging, rheumatology etc), each of the 35 contributions is entirely free-standing. One would hesitate to recommend it as a bedside book (myself, I prefer Simenon) but it does therefore have the advantage of browsability. Any physician who has this series on his or her bookshelf, and has read each volume, can truly claim to be keeping up to date. Each section furthermore is reinforced by a series of multiple choice questions (with correct answers flagged in an appendix) to reinforce the role of the series as an effective and enjoyable means of continuing medical education (or is it professional development?).

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A change of heart: how the people of Framingham, Massachusetts, helped unravel the mysteries of cardiovascular disease

By Daniel Levy MD and Susan Brink. Knopf, New York 2005. 272pp. $26.95.

As the United States returned to peace in 1945 it was, in common with much of the developed world, forced to confront an epidemic of cardiovascular disease. The reduction in mortality from infectious diseases during the first half of the twentieth century had thrown the problems of cardiovascular disease into greater prominence but its prevalence had undoubtedly increased, and the death of President Franklin D Roosevelt in the final months of the war had shown that it respected neither rank or person. The cause, or causes, of coronary disease and stroke were largely unknown although there was no shortage of speculation. It was decided to establish a community-based study both to identify causative factors and to diagnose and treat early signs of disease. The concept had the critical support of Dr Paul Dudley White, the doyen of American cardiology, who was to provide essential long-term assistance. But early diagnosis was not possible and treatment was non-existent so the public health aspects of the study were dropped. It became purely an epidemiological study, passing from control of the federal Public Health Service to the National Institutes of Health (NIH) and the then recently created National Heart Institute.

The small town of Framingham in Massachusetts, with around 28,000 residents, was chosen as home for the study. It had a stable population and was within easy reach of Harvard where, it was deemed, the intellectual engine room of the study would be housed. There are now many cohort studies in existence but in 1948 there were no rules or guidelines for establishing such a project. Evangelical skills were required to overcome the resistance of local physicians, who feared a federal government takeover of their practices, and of local residents, for many of whom doctors repre-