Genomics has revolutionised the theory and practice of medicine. The impact of genomics on diagnostics, disease management and risk assessment has been felt by the medical community and the public in general. Indeed, the era of personalised medicine has come upon us, and with it, a revolution in every aspect of medicine and drug development. ‘Genomics: Applications in Human Biology’ is a refreshing, light and insightful examination of the emerging field of genomics and its applications in human biology, medicine and drug development. The book is written for advanced undergraduates, but its coverage can be regarded as a wonderful resource for practising clinicians, public health officials and students searching for ‘real world’ applications of genomics. Primrose and Twyman navigate complex subjects effortlessly and make superb use of graphics and tabular presentations to emphasise important points throughout the individual chapters.

The book includes a well-organised compilation of technological developments and their applications, giving broad treatment to varying subjects in the areas of infectious disease, genetic disease, cancer, biopharmaceuticals, new chemical entities and gene and cell-based therapies. The book achieves an excellent balance of scientific breadth and depth and provides an uplifting perspective into ethical considerations. The use of boxed text and highlights are excellent aids, which, coupled with easy flow and smooth transitions, provide a seamless and effective learning tool for the reader.

The conspicuous absence of coloured illustrations is at times disappointing, and future editions of the book should correct the few typographical errors. That being said, the entire book can easily be read in a couple of sittings, quite an accomplishment for a subject that requires adequate treatment. All together, the book addresses complex subjects with clarity and provides insightful views about how genomics will shape our views of the world. The book serves as an excellent introduction for the novice and a valuable resource for the advanced reader. I expect that this edition will earn a place in many collections throughout the world.

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Hypertension: Methods and Protocols
Jerome P. Fennell and Andrew H. Baker (Editors)
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US$135.00

Historically, hypertension research was the realm of physiologists and, latterly, biochemists. In the past 20 years, however, molecular biology has relentlessly influenced the way in which hypertension research is carried out. Acquiring these new techniques and other ‘cutting edge’ technologies has been essential to maintaining research momentum, but it is often not a straightforward process. This book attempts to address this, with a collection of methods that are topical in the main and presented as protocols that can be applied directly at the bench. Overall, I think it is an approach that works well.

The book has five sections. Section I focuses on rodent models of hypertension, although there is no overview of the 30-odd inbred rat strains available. The exception is the spontaneous hypertensive rat (SHR) — and its stroke-prone derivative — which is the model used in Chapter 1, detailing the production of congenic/consortium strains. The following chapters on the production of knock-out and transgenic models are very useful introductions. Section 1 concludes with a discussion of the methods available for measuring blood pressure in rodents.

Section II deals with assessment of vessel wall function and is curiously limited to the detection of reactive oxygen species from cells or tissues. This presumably reflects the interest of the editors, but it is a pity it does not extend, at least, to the detection of nitrogen oxide (NOx) species. A chapter on the use of the wire myograph to study the responses of isolated resistance vessels is also included here. This technique obviously has a place in the in vitro assessment of endothelial function, but it has had its heyday and should not, in the opinion of this reviewer, have been included to the exclusion of a discussion of the human forearm. Forearm plethysmography and flow-mediated vasodilator responses in the brachial artery have become widely adopted methods over the past decade. Their omission in a section assessing endothelial function seems a missed opportunity.

Section III is entitled ‘Nucleic acid techniques’ and is comprehensive, including chapters covering basic RNA extraction, mutation detection, genotyping with single nucleotide polymorphisms and microsatellites, microarraying and real-time polymerase chain reaction (PCR) quantification. The sequence in which they appear seems random, with the first chapter actually being an overview of candidate gene selection. They are mostly up to date, although there are occasional inconsistencies. For example, the microarraying chapter oddly recommends using semi-quantitative PCR.
to verify hits from first-round hybridisation, although this follows a chapter extolling (quite rightly, in this reviewer’s opinion) the virtues of the TaqMan system and real-time PCR.

Section IV is short and includes a chapter on the asymmetric dimethylarginine (ADMA) assay and a long chapter on proteomics. Prioritising ADMA is curious, given the lack of priority to nitric oxide elsewhere. The proteomics section also seems incomplete without descriptions of other conventional techniques for protein–protein interaction, such as phage display and the yeast two-hybrid. Phage display does appear, but, inexplicably, under the reverse guise of in vivo biopanning at the end of Section V (gene transfer). This section on gene transfer is otherwise very good, and the book concludes with a chapter on stem cells and a sub-section on bioinformatics. My only comment in this section is the appropriateness of a whole chapter devoted to motifs for nuclear matrix attachment.

Humana Press’s ‘Methods in Molecular Medicine’ series works well as a concept. This edition is no exception and the methods detailed will actually appeal to a much wider audience of vascular biologists than those working specifically on hypertension. I would certainly recommend it to my graduate students and, indeed, have done so. My only (minor) criticisms are in the choice of some the chapters included, at the expense of others to which I would, perhaps, have given priority. But that, after all, is an editor’s prerogative.

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Hypertension. Methods and Protocols. Edited by Rhian M. Touyz Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, Scotland, United Kingdom. This systematic review protocol outlines the methods that will be used to assess the comparative effectiveness of different screening strategies (mass, targeted or opportunistic) for hypertension to reduce morbidity and mortality associated with hypertension. Methods and analysis We will primarily search Cochrane Central Register of Controlled Trials, Medline, Embase and Latin American and Caribbean Health Sciences Literature (LILACS). Relevant randomised controlled trials, controlled before and after, interrupted time series and prospective analytic cohort studies regardless of publication data. Most of the studies identified were small, and the populations and protocols for measurement varied making interpretation difficult. However, the committee agreed that it was important to focus on the evidence from these more recent studies (post-2000) because the evidence should reflect the current use of electronic sphygmomanometers, which have replaced mercury-based sphygmomanometers. The evidence showed that validated HBPM is an accurate method of diagnosing hypertension for people in sinus rhythm. The committee's experience in clinical practice supported this, and the committee agreed that it is a suitable alternative when ABPM is unsuitable or not tolerated. Hypertension medication treatment protocol. 1. For adults without CHF, CAD, pregnancy, CKD stage 3 or albuminuria > 300 mg/d or > 300 mg/g albumin-to-creatinine ratio. Furthermore, this information should not be interpreted as setting a standard of care, or be deemed inclusive of all proper methods of care, nor exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific therapy must be made by the physician and the patient in light of all the clinical factors, including labs, presented by the individual patient. This protocol reflects the best available evidence at the time that it was prepared.