

average of 22 pages and 18 tables per section, the divisions are as follows: cardiology; pulmonology; critical care; gastroenterology; nephrology; urology; infectious diseases; endocrinology; hematology; oncology; rheumatology; peri-operative care; ophthalmology; dermatology; sports medicine; women's health; geriatrics; allergy and immunology; neurology; psychiatry; adolescent medicine; nutrition; and basic statistics and epidemiology. Naturally, the book focuses most heavily on cardiology, hematology, gastroenterology, and oncology review as these are not only the topics most often tested, but also the organ systems that give rise to the largest volume of diseases seen by an internist in general practice.

With the notable exception of the seemingly text-heavy and out-of-place "Allergy and Immunology" chapter, the book sticks to its promise of including "nothing but tables." Though the organ system organization of the chapters is easy to navigate, one does leave the book wishing for a more consistent sub-format within each of the chapter's tables. The tables within separate sections are so remotely incongruous in layout and content that one wonders whether each section was not prepared by a different author, without any common table/heading formatting guidelines.

In the end, the book serves its purpose, however. It is not meant to be a stand-alone review text, nor is it best used to re-educate oneself on material long forgotten. The book is a quick tool to evaluate one's strengths and weaknesses and concomitantly quiz oneself on material that has already been assimilated (yet still might be fuzzily remembered). If I were taking the exam, I might pick up a copy of the book to use as a diagnostic before I began my studying. In the end, however, the book would certainly find its way onto my shelves as a quick reference source with easy to use tables — packed to the gills with high-yield information I would need to know to pass the exam.

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***How to Succeed at the Medical Interview.*** By Chris Smith and Darryl Meeking. West Sussex, UK: Blackwell Publishing; 2008. 129 pp. US \$35.95 Paperback. ISBN 978-1405167291.

Medical school is famously an expensive and time-consuming endeavor. Perhaps it is no wonder then that medical students are willing to cram for months at a time and shell out exorbitant fees in an attempt to prepare for important standardized licensing exams, the outcomes of which may well dictate the course of their future careers. Yet, as the new book *How to Succeed at the Medical Interview* points out, most students focus disproportionately on those exams while spending little or no time preparing for residency interviews, arguably the most important component of a successful application. As the authors provocatively assert in the introduction, "It is good preparation, and not a person's ability or personality, that is the key to success at the medical interview."

*How to Succeed at the Medical Interview* attempts to remedy this imbalance by providing practical tips and guidelines for students who wish to increase their chances of excelling during the residency interview process. The authors begin by outlining the specific aims of the medical interview, then move on to a discussion of how to prepare in advance and perform well on the interview day itself. The next several chapters are devoted to sample interview questions, including those that test the applicant's knowledge vs. those that test generic skills. The book concludes with a discussion of so-called "competency-based tasks."

Unfortunately, because this book is primarily targeted at medical students and residents in the United Kingdom, much of the material is simply not applicable to American medical students. While the first few chapters are filled with useful general suggestions as well as commonly encountered interview questions, as the book progresses its focus becomes increasingly specific to the U.K. healthcare system. For example, the chapter entitled "Interview questions that test your knowledge" is filled with descriptions of terms such as the "European Work-

ing Time Directive” or the “Council for Healthcare Regulatory Excellence,” which, while potentially interesting to budding scholars of European health policy, are not particularly high-yield for the average U.S. medical student. Similarly, the final chapter on “Competency-based tasks” describes U.K.-specific interview techniques such as the “patient simulation exercise,” which in the U.S. is assessed not by means of an interview, but during a standardized clinical skills exam such as the USMLE Step 2 CS.

Overall, *How to Succeed at the Medical Interview* might be useful for someone in search of a resource focused specifically on the interview as opposed to other aspects of the residency application process. However, given the distracting preponderance of U.K.-specific discussions and terminology, most medical students are probably better off sticking with some of this book’s better-known U.S. book cousins, such as Iserson’s *Getting into a Residency* or *First Aid for the Match*.

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***Hope and Suffering: Children, Cancer, and the Paradox of Experimental Medicine.*** By Gretchen Krueger. Baltimore: Johns Hopkins University Press; 2008. 216 pp. US \$35 Hardcover. ISBN: 978-0801888311.

Gretchen Krueger paints a vivid picture of deformity, disfigurement, and suffering and offers an equally compelling depiction of hope and incremental advances in the history of pediatric cancers in her book, *Hope and Suffering: Children, Cancer, and the Paradox of Experimental Medicine*.

Krueger’s offering is laid out in chronological order, but several themes manage to permeate throughout: cures and reasonable treatment for childhood cancers, specifically leukemia, have only been available since the 1970s. Research for cancer historically has been done on the backs of desperately ill children at major cancer centers. The psychological burden of cancer has weighed

heavily on parents and patients alike, often with little-to-no acknowledgment by medical caregivers, who frequently disagreed professionally about how to handle difficult conversations with families. Lastly, Krueger familiarizes the reader with key moments in pediatric oncology history.

This book, as suggested by the title, spends much of its time discussing the role that children have had in cancer research, specifically leukemia research, which is one of the most common childhood cancers. As early as the 1920s, childhood cancer was recognized as a threat to the well-being of the next generation, but it wasn’t until the end of World War II that public health campaigns and foundations began to bring awareness to the disease. Throughout the 1950s, children diagnosed with cancer usually lived less than one month following admission to a major cancer center hospital, even though the care was considered state-of-the-art. It was not until the late 1960s that children had a realistic opportunity for prolonged remissions.

Krueger is at her best when she is discussing the psychosocial effects of the disease, and her chapter dedicated to the bestselling illness narrative, *Death Be Not Proud*, is a particular highlight. In *Death Be Not Proud*, John and Frances Gunther detail the experience of watching their son succumb to leukemia. *Death Be Not Proud* was the first to give a voice to the experience of an adolescent cancer patient and his parents, who were forced to helplessly watch their child expire from this disease.

Krueger repeatedly shows the reader the traumas that patients underwent in the hopes of “finding a cure” or having their deaths or those of their children not be “in vain.” The consequences, however, of aggressive research were a double-edged sword. Krueger explains that “progress in treating and curing childhood cancers became the justification for increased cancer research funding ... the transformation of leukemia ... from acute, invariably fatal diseases to nearly chronic conditions created unforeseen challenges ...”

*Hope and Suffering* is one best suited for the casual medical historian. Krueger’s writ-