



CLINICAL OPHTHALMOLOGY

A text and colour atlas (2nd edition)

James L. Kennerley Bankes

Churchill Livingstone, Edinburgh (1987)

130 pages. Price £14.95

The second edition of this book is a welcome addition to the ophthalmic bookshelves. An attractive publication with clear print, the colour photographs illustrate the text admirably and the few line diagrams are simple but precise. Directed at the ophthalmic novice, it will provide only passing interest to those beginning a career in ophthalmology. It lacks the factual content and basic detail gleaned by the medical student but it offers the general practitioner the quick access of an illustrated dictionary of common eye conditions.

The text is succinct and flows smoothly, and particularly well presented chapters describe colour vision and cataracts with an update of current techniques. However, the suggestion that any spectacles prescribed for children should be in duplicate, to cater for repairs, is not received with approval by the finance officer of my health board authority. Also the use of the term 'background' diabetic retinopathy when the signs do not involve the macula will not find universal acceptance. But these are details to be revised in the next edition.

G.S. GRAHAM

General Practice Trainer, Bathgate, West Lothian

WITH A LITTLE HELP; CELEBRATING AGE; ONLY A SYMPTOM (Videos)

Healthwise, Batley, West Yorkshire (1987)

Prices £40.25, £40.25, £46.00

These three videos on geriatric care, produced by Huddersfield Health Authority, are excellent, giving a clear picture of some of the more important problems of old age and their management.

The first video, *With a little help*, stresses the value of good community care provided by the primary care team (including screening by health visitors), social services departments and volunteers. It also stresses the value of good education of the patient and the need for regular respite for carers. The second video, *Celebrating age*, emphasizes that ageing is not an illness but rather a progressive failure to adapt to environmental challenge, which is often relatively slow. The need for the elderly to remain in their own homes for as long as possible and to be well integrated into society, is also stressed. Hospital care, it is suggested, should be reserved for crises, respite care and those high dependency patients who can no longer be cared for at home. The third video, *Only a symptom*, reviews incontinence and its management, emphasizing that it should never be accepted as untreatable and drawing attention to the importance of educating the patient and family about the problem.

These videos will be invaluable to carers, relatives, neighbours, students of medicine, nursing and sociology, volunteers and career officers. However, their value to health professionals lies only in helping to educate these groups.

A.J. TULLOCH

General Practitioner, Bicester

EAT YOUR HEART OUT

The fallacy of the 'healthy diet'

James Le Fanu

Macmillan, London (1987)

184 pages. Price £10.95

James Le Fanu is a general practitioner in South London and medical correspondent of the *Daily Telegraph*. His book is mainly about coronary heart disease, but also dismisses diet as a causal factor for other diseases, and at one point denies that the causes of coronary heart disease lie in social factors of any kind.

If Dr Le Fanu aimed only to write a shock-horror story which would sell well and attract media attention, he has succeeded. For someone who has not been personally involved in research in this field, he shows a good general knowledge of the epidemiological literature and he writes clearly though repetitiously.

If he aimed to be taken seriously by medical scientists as an informed critic he has failed. The dust jacket asks 'What if the public is the victim of a monumental hoax?' and Dr Le Fanu develops this theme of professional conspiracy. There is nothing inherently unlikely about conspiracies. Most of us are involved both as conspirators and as targets from time to time; but conspiracies on a large scale do not exist for their own sake, they require motives, and Dr Le Fanu does not provide anything that would convince an informed jury.

Dr Le Fanu treats the original evidence on heart disease and diet destructively rather than critically, as though he were a wise man correcting the errors of fools. The central weaknesses in the evidence derive from the practical difficulty of measuring, and even more of influencing in a measurable way over sufficient time, individual diets in the general population as it actually lives, works and enjoys itself. If Dr Le Fanu had personal experience of such work, he would be less contemptuous of the sometimes facile conclusions some workers have reached.

The theory must and will change as we obtain better evidence, but Dr Le Fanu does not provide us with many of the key references on which such revision will have to be built; in particular, he ignores the growing literature on the effects of dietary factors in childhood, modified by later social experience. Nothing is more important or more difficult than the popularization of science, but Dr Le Fanu has contributed nothing to that cause, and will certainly make preventive work even harder for the rest of us.

JULIAN TUDOR HART

General Practitioner, Glyncorrwg, West Glamorgan