Harvey's discovery of the circulation nor his frustration and dejection over his failure to find the secrets of generation. It should not be forgotten that the investigation of Nature was the one consuming passion of Harvey's life, for he was of the opinion that thereby "we might acquire not only the knowledge of the lesser secrets of Nature but some adumbration of the great Creator himself."

For a straightforward account of Harvey's life, which is by no means easy to reconstruct from random recollections,

English readers should look at the biography written by Sir Geoffrey Keynes. Those who want to know something of the man, should turn to John Aubrey's *Brief Lives* and to Harvey's own writings, particularly his less well known *Dissertation on the Generation of Animals*, for of all his published works this is the most personal and wide ranging.

Le Journal d'Harvey. Jean Hamburger. (Pp 339; £9.35.) Flammarion. 1983.

Cardiological salad bowl

DAVID DE BONO

Scientific Foundations of Cardiology has 94 contributors in addition to the two editors, and it is aimed at both cardiologists and general physicians. A series of self contained essays, the chapters are grouped so as to begin with cellular mechanisms and then to proceed through a discussion of "intrinsic" and "extrinsic" mechanisms of control to more clinical aspects of cardiology.

The "basic science" chapters are accurate and informative, with some variation in the level at which they are pitched. I would have appreciated better continuity between these and the more clinically oriented chapters later in the book, perhaps in the form of an editorial "comment." The extent to which lessons learnt from the animal experiments described could reasonably be applied to clinical problems is not always made clear. In the clinical chapters the range of subjects covered is rather eclectic. There is a superb 70 page section on hypertensive heart disease, as one would expect from the interests and reputation of the editors. Ischaemic heart disease is dealt with in 90 pages, some of them excellent, others a bit woolly. There is very little on tachyarrhythmias (though more on conduction defects and pacing), and valvular heart disease gets short shrift apart from a succinct chapter by Gunning on the choice of replacement heart valves. Paediatric cardiology is not amenable to compression into 30 pages, though the standard of illustration here is good. Cardiomyopathy, on the other hand, gets 40 pages and is dealt with authoritatively. The section on specialised investigation includes a good technical account of ambulatory electrocardiographic monitoring, a general discussion of nuclear cardiology, precordial exercise ECG mapping, and a very thorough discussion by Rajagopalan of measurement of cardiac output in man.

The editors state that they encouraged their contributors to be didactic, and different contributors have interpreted this in various ways, with reference lists ranging from zero to 20 or more references a chapter. I thought that the most successful chapters were those that based their argument on carefully selected, well presented, and well documented original data. Some contributors seemed confused whether "scientific" meant that which was studied in preclinical laboratories or that which resulted from the application of scientific methods.

Certainly this is no ordinary textbook, but I find it difficult to know how best to classify it. Sometimes I felt that I was reading two books at once—a kind of "recent advances" collection of cardiological essays on one hand, and a grown up physiology textbook on the other. I have enjoyed reading it and have learnt a lot from it, but I would not recommend it as a comprehensive reference or for guidance in the management of an actual clinical problem—it does not, for example, compete with Braunwald's *Heart Disease—a Textbook of Cardiovascular Medicine*, nor was it, I am sure, intended to. Perhaps it would be best to regard it as a kind of cardiological salad bowl—fun to dip into and good for your health—or more seriously as a set of postgraduate lectures from the best of which one may emerge with some concepts clarified, some preconceptions demolished, and lots of new questions to ask.

Scientific Foundations of Cardiology. Ed Peter Sleight and John Vann Jones. (Pp 540; £50.) William Heinemann Medical Books. 1983.

A stimulating disease

MICHAEL N MARSH

Celiac sprue disease has stimulated the minds of many physicians throughout this century. This book by Cooke and Holmes is a noteworthy addition to the existing publications on the subject and is a timely reminder of the considerable interest that still underlies the quest to unravel the pathogenesis of this intriguing disorder.

The 13 chapters cover all aspects of coeliac disease, from its historical beginnings, through mucosal abnormalities, clinical and metabolic features, and treatment to its varied complications and other associations, ending with a consideration of the related disorder dermatitis herpetiformis, and a final assault on immunology

and aetiology. Each chapter is well referenced and followed by a detailed bibliography; indeed, this is one of the major strengths of the book, for it provides extensive coverage of most that has been written since Gee's classic paper of 1888.

The introductory history certainly fulfils the authors' hope that much "early work containing so much truth will not be forgotten." This account will be read widely by many future thesis writers, for it contains extensive background material for the "statutory literature review."

The contributions on clinical presentation, metabolic dis-

turbances, investigation, and diagnosis are straightforward, if somewhat bland, accounts of largely well established information. My impression is that the authors are at their best in describing the neurological, and particularly the malignant, complications of coeliac disease, which is a subject for which the Birmingham school will be most remembered.

It is in the other chapters on mucosal and cellular abnormalities, immunology, gluten challenge, and aetiology where difficulties arise, but this is understandable since these are subjects that continue to evoke controversy and claim and counter claim. There is much overlap among these chapters, and it might have been more useful to condense those superfluous parts into one expanded chapter on pathogenesis, including gluten challenge: the value of gluten challenge lies more in investigative research than everyday clinical diagnosis.

Also in these sections the authors have allowed themselves to be led astray by quoting too many opinions of writers whose work they extensively review, rather than imposing more of their own thoughts and discarding material that no longer commands respect or credibility. As it stands, the text often fails to move incisively onwards and to impel the reader with it; instead we meander up every nook and cranny, the resulting perspective being always cautious and somewhat retrospective. Chapter 3, for example, contains 326 references on mucosal injury yet less than a quarter

are of work published since 1975 and less than 5% later than 1980.

Again the reader is given an exhaustive, or maybe exhausting, recital of every imaginable immunological mechanism ever proffered to explain the mucosal lesion in coeliac disease but from which no coherent view of pathogenesis arises to help guide the less familiar reader through this difficult terrain. It was also difficult to perceive what the authors themselves believe about the nature of epithelial damage, or so called "lymphocytic infiltration" of the epithelial cell layer. Do "high numbers of lymphocytes within the epithelium" reflect the primary event resulting in the classic "flat" mucosa, or is the latter secondary to events occurring solely in the lamina propria? And, if so, is lymphoid infiltration of epithelium then just another irrelevant epiphenomenon? In these particular aspects of the book I found little to catch the eye or quicken the pulse.

Nevertheless, this handsomely bound book invites perusal and is certainly good value for money. Apart from becoming useful library stock, it should also find its way into many personal collections since there is much in its 281 pages to satisfy the needs of "gastroenterologists and others who may encounter the condition in their practice and research."

Coeliac Disease. W T Cooke and G K T Holmes. (Pp 281; £30.) Churchill Livingstone. 1983.

Vulnerable minorities

J A BLACK

This issue of *Radical Community Medicine* is devoted to "Race and Health"; most of the articles deal with the politics and social aspects of racial discrimination as it affects health care, while two authors discuss racialism within the organisation of the National Health Service.

Regrettably, the standard of the contributions, with a few exceptions, is mediocre, and their meaning often obscured by sociological jargon. Understandably, given the way in which British society is permeated by racial discrimination, some of the authors have a somewhat paranoid viewpoint. To take the stance that ethnic minorities receive a second class standard of medical care, and at the same time to decry as another form of discrimination attempts to study what has gone wrong, is destructive. In reading the journal one gets the impression that the only groups with any problems are the black or brown; this misrepresentation inhibits a proper consideration of the wider aspects of the subject and has had a distorting and stultifying effect on a number of recent meetings of organisations concerned with the health of ethnic minorities.

Clearly, doctors—family doctors in particular—and health workers in general need to be better informed about sickle cell disease, thalassaemia, and glucose-6-phosphate dehydrogenase deficiency. Many health workers are still unaware that there are clinics for sickle cell disease and thalassaemia, where specialist treatment and genetic counselling are available, nor do they know about such organisations as the Sickle Cell Society, Organisation for Sickle Cell Anaemia Research (Oscar), and the Thalassaemia Society. These facilities are, however, available only in our large cities, and in areas with few families from ethnic minority groups treatment of these potentially disabling conditions is often very poor.

It is not enough, however, to know about the haemoglobinopathies: each ethnic group has distinct problems. For example, it is both insensitive and medically unsound not to recognise that the various Asian groups have different religious and cultural beliefs, and different dietary customs, and that any of these may sometimes

affect their health. Iron deficiency anaemia, rickets, and folate deficiency are more likely to occur in a strictly vegetarian Hindu family, whereas there is no such risk among the Sikhs. Linguistic difficulties can cause misunderstandings, anxiety, and inadvertent non-compliance in treatment. Many hospitals make no attempt to train their staff to deal with language problems, or Asian naming systems, or to supply suitable food such as Halal meat for Muslim patients. In one of the few constructive articles in *Radical Community Medicine* Fedelma Winkler, secretary of the Hackney Community Health Council, describes an imaginative and practical scheme for helping women in Mother's Hospital in Hackney. Several "local women" from the main ethnic minority groups in the borough work in the antenatal clinics and in the wards and are able to "speak for" those whose English is poor or non-existent; they help the medical, nursing, and catering staff, and advise the mothers about the facilities available to them and encourage them in breast feeding and other matters that require an appreciation of the various cultural beliefs in each group.

The contributors to *Radical Community Medicine* are, I think, telling us that it is not enough to talk about sickle cell anaemia or dietary deficiencies but that we should try to change a system that at present ensures that the ethnic minority family gets the worst housing (Hackney again, though one suspects that other boroughs are just as bad but have not been studied by the Commission for Racial Equality), lowest paid jobs, poorest promotion prospects, and the greatest probability that their school leavers will be unemployed. Illnesses that result from such adverse circumstances are not in fact determined by skin colour or religious belief. Unfortunately, our society is bent on making the rich richer and the poor poorer and the main sufferers, in addition to the usual vulnerable groups, are the ethnic minorities.

Radical Community Medicine. Quarterly journal. Ed Alex Scott-Samuel. Winter issue: 1983-4. "Race and Health." (£1.50.) Radical Community Medicine. 1983.