

BOOK REVIEWS

The Saccharine Disease

Conditions Caused by Taking of Refined Carbohydrate, such as Sugar and White Flour. T. L. Cleave, M.R.C.P. (Pp. 200; £1.75.) John Wright. 1974.

This decade may well go down in medical history as the time when the full importance of dietary fibre was evaluated. Hitherto dietary fibre had found scant reference in nutritional publications, and it was regarded as not making any important contribution, except perhaps to facilitate bowel function. The situation is rapidly changing, and it is being appreciated that dietary fibre covers a wide range of chemical and physicochemical compounds which not only have an action on the mechanical propulsion of faeces by the colon but also they have profound effects as a result of their physicochemical properties in absorbing the intestinal contents and modifying bacterial activities. In the next few years there is no doubt we shall have a full picture of its role in cholesterol metabolism, which could even lead the way to the solution of atherosclerosis. Important hypotheses are now being tested in relation to cancer of the colon, and dietary fibre could well play a part in the reduction of carcinogens within the bowel itself, particularly perhaps with some interplay with the fat content of the diet. The research dividends in this field could be enormous.

Surgeon Captain Cleave will go down in history for his contribution in introducing bran into medical practice and in initiating the research interest in dietary fibre, an interest strongly developed by Burkitt, Trowell, and now many others. But will he go down in history for his concept of the saccharine disease? This spectrum of diseases postulated to be due to refining of carbohydrates could be produced by harmful effects in three main ways: (a) by the removal of fibre, which directly affects the teeth, stomach, and colon; (b) by over-consumption of carbohydrate made possible by the refining process; and (c) by removing protein, which may reduce buffering of acid in the stomach. Under the saccharine umbrella he brings constipation, diverticular disease, irritable bowel disease, cancer of the colon, varicose veins, deep venous thrombosis, varicocele, haemorrhoids, dental caries, obesity, diabetes, coronary disease, urinary infections, acute appendicitis, and peptic ulcer. For each strong arguments are put forward based on historical and epidemiological considerations.

It is likely that refining carbohydrates on a commercial scale has facilitated some of these conditions, but truth can be oversimplified, and this may well prove to be so here. Extrapolating from one country to another, or from past decades to today, introduces many variables which make direct comparison very difficult. Diverticular disease is perhaps most likely to pass the test of time, but the genetic factor may well be more important than expected and may

contribute to geographical variations. Diverticular disease can certainly occur in life-long vegetarians in Great Britain. Again, genetic factors may have a considerable role in relation to varicose veins, and the presumed association of refined carbohydrates with constipation is not entirely convincing. Certainly excessive consumption of refined carbohydrate can be a significant factor in obesity and diabetes, but both of these have complex aetiologies. The concept of protein stripping of cereals, reducing the buffering action in relation to gastric acidity, was an attractive hypothesis for those who were convinced that gastric acid had a major determining role in the formation of peptic ulcer. It is now known that the normal gastric mucosa can withstand concentrations of up to twice the maximum concentration which can be achieved in the human stomach before the defence mechanisms are overcome. It is beginning to appear that the defence mechanisms are much more important in relation to ulcer formation and persistence than the level of acidity. No doubt nutritional factors will come into the efficiency of the mucus barrier which so splendidly protects against sudden osmotic changes and changes in acidity in relation to the underlying gastric mucosa.

The author's previous publications have always been provocative and well received. Unfortunately in this book it is possible he may have overextended his concept. Nevertheless, over the years Surgeon Captain Cleave has been a continuing source of stimulus to research workers, and some of them now seem to be on the brink of major breakthroughs.

FRANCIS AVERY JONES

Surgery of Violence

Articles from the Royal Victoria Hospital, Belfast, published in the *British Medical Journal*, introduced by Sir Ian Fraser. (Pp. 47; £1 post free.) British Medical Association. 1975.

The last few years have seen a distressing change in society in which violence has become more commonplace—hijacking, kidnapping, mugging, some picketing and demonstrations, and bombing. This last example is particularly unpleasant, and though London, Aldershot, Guildford, Birmingham, Bristol, and Bath have experienced varying degrees of devastation to person and property none has been subjected to the onslaught of Belfast. In three years the disaster plan at the Royal Victoria Hospital has been implemented 63 times and in four years a total of 4851 casualties of civil violence have been treated. To quote Mr. Rutherford, consultant casualty surgeon, "At least we were delivered from the first great difficulty in disaster planning, which is the difficulty in believing that the disaster will ever really happen." The years of painful reality have resulted in experience which has been distilled down

into a series of seven papers on major aspects of civilian casualty care now reprinted collectively as a small paperback book *Surgery of Violence*. The subjects covered include injuries to be expected, disaster management, the intensive care of patients with bomb blast and gunshot injuries, and the particular treatment of injuries to the ear, head, spine, limbs, and trunk. All are covered in the detailed yet succinct style of the expert and contain a wealth of useful information. Though 12 authors are involved the pitfall of unnecessary repetition has been skilfully avoided and the various topics are well linked.

The writing is principally from the viewpoint of hospital treatment, and the background of practical experience is clearly evident from the conclusions reached: a casualty consultant is required for management co-ordination, a senior surgeon for sorting priorities, daily routines work best, documentation and public relations are important, head injuries respond to early and scrupulous care, to list but a few. The book is short but very informative and includes a list of 30 papers where further detail may be sought on particular subjects.

Civil violence differs in many respects from that of war, transport, or occupation, and the *Surgery of Violence* should be read by everyone involved in disaster planning and surgery. Certainly no postgraduate centre should be without a copy.

R. SNOOK

A Short Textbook of Venereology

The Sexually Transmitted Diseases. 2nd edn. R. D. Catterall, F.R.C.P.(Edin.). (Pp. 214; £2.45.) English Universities Press. 1974.

The first edition of this book was published nine years ago, and since then the prevalence of venereal diseases and interest in the subject have both increased. The present edition has brought matters up to date, and like its predecessor it is a simple, straightforward account of all aspects of the problem which is well written and easy to read. It meets a real need for a brief and relatively inexpensive manual, is ideal for revision, and has virtues for the student who wishes to acquire a grasp of the subject and cannot give the time which a larger textbook requires. As the editor claims, it approaches the subject from a general medical point of view, which is highly desirable, and achieves the aim of providing a book which can be carried in the pocket for reading at odd times. It was not to be expected, in view of its modest cost, that illustrations would form an important part of the book, and in fact they are few in number and no more than sketches which serve at any rate to break the continuity of the text. This is a useful addition to the available literature on an important subject.

A. J. KING