limited.[13] More controlled studies are needed to clarify further the relationship between these conditions. Better designed studies are also required to ensure that atopic status has been adequately confirmed through detailed allergy history and appropriate skin prick testing; most of the studies thus far conducted have relied on history alone.

Keratoconus characteristically presents in the second decade of life with a gradual decline in visual acuity. It has a tendency to progress for about seven or eight years and then remain stable, but this varies considerably. The condition is almost invariably bilateral, though frequently more advanced on one side than the other. Clinical signs include a cone shaped cornea, indentation of the lower lid by the cornea when the patient looks down (Monson's sign) and an irregular reflex on retinoscopy. Diagnosis is usually confirmed by keratoscopy which remains the most sensitive diagnostic tool.[14]

Keratoconus is eminently treatable in the majority of cases. In the early stages of the disease adequate visual correction can often be achieved using ordinary glasses. With more advanced cases hard contact lenses are frequently required. Corneal grafting may be needed if a patient is unable to tolerate contact lenses or if the visual correction the lenses provide is inadequate. If a corneal transplant is performed before extreme corneal thinning the prognosis is excellent with about 80-95% obtaining reading vision.

I suggest that keratoconus be considered in all atopic patients presenting with progressive myopia.■

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Shared care for asthma

Mark Levy, John Couriel, Roland Clark, Stephen Holgate and Anoop Chauhan.
Oxford, Isis Medical Media, 1997.

This book is aimed at busy healthcare professionals involved in the care of asthma patients, many of whom would be attracted by the title. It is, on the whole, easy-to-read with many useful figures and diagrams and some very apt cartoons.

The importance of good communication between the professionals involved, particularly at the primary-secondary care interface, is emphasised. Quite properly the authors stress the importance of continuity of care and proper training for all involved. There are two excellent chapters full of useful tips, examples of successful shared care protocols and well chosen case histories.

It is a shame that there is only a very brief mention of the role of school nurses and health visitors and none of others like community pharmacists and patient participation groups.

More than half of the book is about diagnosis and management and there is a particularly turgid chapter on the molecular mechanisms of asthma. How relevant is this to the people likely to read it?

I enjoyed reading this book, which as an introduction to asthma care is excellent, but has it got the right title? Less than half is truly about what I understand by shared care.

John Stanger
General Practitioner, Cambridgeshire

This book aims to bridge the gap between primary and secondary care for asthma patients. It is well structured and enhanced by clear diagrams and amusing illustrations throughout. A co-ordinated approach to asthma care can be achieved by capitalising on the individual skills of the health care professionals involved and improving communications between them.

Definition and epidemiology of asthma is followed by clear, easy to digest review of current views on its pathophysiology. A comprehensive chapter on diagnosis is welcomed with diagnostic difficulties constituting a high proportion of patients referred to hospital outpatients. Good guidance on steps to make the diagnosis, benefits of early diagnosis and prompt treatment are presented. The section on management includes avoidance of precipitants, classes of drugs used and devised as in line with national guidelines, but also introduces new approaches, eg. leukotriene antagonists.

Presented are examples of good and bad practice in communications across the interface eg. the referral letter, hospital discharge letter etc. together with case histories in an effective way to illustrate these points.

All health professionals working in asthma care will find much of relevance and use in this book. Adoption of its examples of good practice will clearly work towards the provision of a seamless service of good quality for our asthmatic patients.

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