

associated with the presence of larvae in the lungs (as has been suggested with *Ascaris lumbricoides*). Possibly the hookworm in the skin led to a generalised sensitisation and reaction with soluble antigen in the lung produced the eosinophilic pulmonary infiltration. The resolution of the pulmonary shadows after the skin was treated with thiobendazole is consistent with this hypothesis.

Cutaneous larva migrans is a fairly common eruption in tropical and subtropical areas. With increasing international travel it may be seen more frequently in Britain in the future, and physicians should be aware of the pulmonary complications.

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References

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- 2 Guill MA, Odon RB. Larva migrans complicated by Loeffler's syndrome. *Arch Dermatol* 1978;**114**:1525-6.
- 3 Muhleisen JP. Demonstration of pulmonary migration of the causative organism of creeping eruption. *Ann Intern Med* 1953;**38**:595-600.

Book notices

The Lung: Radiologic-pathologic Correlations. 2nd ed. E Robert Heitzman. (Pp 546; £56.) C V Mosby Company. 1984.

Because clinicians, radiologists, and pathologists diagnose pulmonary lesions in different ways, they frequently have difficulty in communicating with each other. This book, now in its second edition, cuts across the specialties and effectively bridges the gaps between them. The opening chapters deal with techniques for the preparation of lung specimens, embryology, anatomy, developmental anomalies, and radiological pattern recognition. These are followed by sections on circulatory, inflammatory, and neoplastic disorders. The last chapter covers pleural disease. The text throughout is lucid, the illustrations are of high quality, and each topic is followed by a comprehensive list of references. Dr Hertzman states rather apologetically that it is not his intention to produce an all embracing atlas of correlated pulmonary pathology. Coincidentally he has succeeded in doing so, although he goes much further than the standard bench books. His presentation is factual, but at the same time thought provoking and open ended, avoiding the dead hand of rigid classification. For this reason *The Lung* will not suit candidates preparing for multiple choice examinations, nor those unfortunates possessed of slot machine minds. It is, however, recommended reading for anyone seeking a more flexible approach to the diagnosis of chest disease.—CWF

Immunopathologie Broncho-pulmonaire. 2nd ed. C Molina. (Pp 319; price not known.) Masson. 1984.

This French language text provides a comprehensive review of manageable length of the immunological aspects of a wide variety of lung disorders. After a preliminary section which deals in general with hypersensitivity responses, host defence mechanisms, and methods of investigating these the remainder is subdivided into two sections. The first deals with immunological disorders where the brunt of the disease is borne by the parenchyma and the second section concentrates on asthma, with a final chapter on pleural disorders. The style is difficult to assess in a foreign text but the pleasures of encountering "Le poumon du Neffa" in the allergic alveolitis section makes the effort worthwhile. The section on allergic alveolitis in particular is extremely comprehensive but the chapters on pulmonary vasculitis, fibrosing alveolitis, and connective tissue disorders are disappointingly slim. The illustrations are, on the whole, adequate, with some splendid photomicrographs, but the presentation of radiographs in the positive form is unhelpful. There are several equally good sources of pulmonary immunopathology in the English language and this text will therefore have limited appeal to those with a modest command of French. For those with the time and the talent to struggle through it, however, it provides an interesting insight into the cross-Channel approach to an important aspect of pulmonary disease.—RMAB