

- for clinical practice. *Am Rev Respir Dis* 1976; **114**:187-227.
- 5 Buchanan WD. Asbestos related diseases. Part 1. In: Michaels L, Chissik SS, eds. *Asbestos*. Vol 1. *Properties, applications and hazards*. Chichester: John Wiley and Sons, 1979:403-4.
 - 6 Soutar CA, Simon G, Turner-Warwick M. The radiology of asbestos-induced disease of the lungs. *Br J Dis Chest* 1974; **68**:235-52.
 - 7 Hanke R, Kretschmar R. Round atelectasis. *Seminars in Roentgenology* 1980; **15**:174-82.
 - 8 Schneider HJ, Felson B, Conzales LL. Rounded atelectasis. *AJR* 1980; **134**:225-32.
 - 9 Sinner WN. Pleuroma—a cancer-mimicking atelectatic pseudotumor of the lung. *Fortschr Röntgenstr* 1980; **133**:578-85.
 - 10 Payne CR, Jaques P, Kerr IH. Lung folding simulating peripheral pulmonary neoplasm (Blesovsky's syndrome). *Thorax* 1980; **35**:936-40.
 - 11 Brune J, Bosly A, Bory R, Perinetti M, Wiesendanger T, Galy P. Condensations parenchymateuses pulmonaires arrondies post-pleurétiques. Mécanisme physiopathologique. *Lyon Medical* 1974; **231**:605-9.

Book notices

Pulmonary Rehabilitation: Guidelines to Success. Edited by JE Hodgkin, EG Zorn, and CI Connors. (Pp 426; £50.) Butterworth. 1984.

Chest physicians, members of related professions, and interested lawyers and accountants will find much that is worthwhile in this book. There are 54 contributors but the 24 chapters read well and there is little duplication. Opening chapters outline the organisation of the service, the initial assessment of the patient (financial as well as medical), and the legal contract which he and a near relative must sign. Ethics, marketing, and cost-benefit analysis come later. Thirteen chapters provide detailed practical information on preventive care, abandoning smoking, respiratory pharmacology, inhalation treatment, breathing techniques, daily activity, exercise therapy, psychotherapy, sexuality, nutrition, vocational rehabilitation, and home care, including that of the patient on a ventilator. The chapter on drug treatment is descriptive but apparently definitive, and it is not made clear that some treatments are or should be obsolete. Abandoning smoking is desirable, not mandatory. Exercise therapy reflects practice in cardiology. There are few recent references to European publications; this is not important, however, as the book seems to be directed to the commercial medical market, which is mainly the United States.—JEC

Pulmonary Nuclear Medicine: Techniques in Diagnosis of Lung Disease (Lung Biology in Health and Disease

Series—volume 23). Edited by Harold L Atkins. (Pp 386; \$69.75 US and \$83.50 Canada, or SFr 193 all other countries.) Marcel Dekker Inc. 1984.

It is hard to see for whom this book is written. It contains a wealth of technical detail on how to perform lung imaging studies in the investigation of pulmonary embolism, obstructive and infiltrative lung disease, pneumoconiosis, lung cancer, and paediatric lung disease. There is a further section on the interrelationships between heart and lung disease and imaging. The technical problems of nuclear imaging are certainly interesting but of practical benefit only in the chapter discussing the use of nuclear imaging in pulmonary embolism. The sections on pulmonary embolism and the role of gallium scanning in interstitial pulmonary disease are very informative. The large numbers of excellent illustrations of scans in different types of obstructive and interstitial lung disease are mainly irrelevant to clinical management. Each chapter starts with abbreviated accounts of the major diseases to be discussed—for example, five lines on the pathology of asthma. There is also a 28 page chapter on simple physiology, which seems unnecessary in a book of this type. It is claimed that the volume will be found useful by nuclear medicine trainees and radiologists; but it is doubtful whether, apart from two chapters, it will be of interest to practising physicians. It is not clear why this distinguished series has devoted a whole volume to this particular topic.—SGS