

mediastinal shift to the right and opacification of the left hemithorax, with multiple lucent areas consistent with plumbage (figure). A provisional diagnosis of acute aortic arch aneurysm was made and after appropriate anti-hypertensive treatment had been started an aortogram was performed; this, however, appeared normal. A diagnosis of infected plumbage was therefore entertained.

To explore this a posterolateral thoracotomy was performed through the bed of the 5th rib. The chest was entered extrapleurally and lucite balls were felt, embedded in a tough cartilagenous mass. Attempts to free them by tentative finger dissection resulted in a sudden, uncontrollable gush of arterial blood. Despite urgent efforts to establish cardiopulmonary bypass the patient exsanguinated and died on the table. Even after death it was not possible to remove the remaining balls with any ease; but the postmortem examination showed that one ball had eroded into the aortic arch, resulting in a false aneurysm.

Fortunately, in Mr Ashour's patient the plomb was ensheathed in a polythene bag and therefore resulted in less damage. In the future, if this diagnosis is suspected, we suggest that computed tomography should be performed. Moreover, cardiopulmonary bypass should be established, perhaps by femoral cannulation, before any exploration is undertaken.

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mention—that on neuropsychiatric abnormalities in advanced chronic obstructive pulmonary disease, an area that many try to ignore. This is well worth reading. There is a predictably strong American bias, particularly in the chapter on pharmacological treatment, but also in other chapters, where important work from other countries has been ignored. Overall, this expensive book is somewhat disappointing, although the good chapters make it a volume that hospital libraries might usefully stock. But when are we going to shed that hideous phrase “chronic obstructive pulmonary disease”?—JA

*Consultation in Chest Medicine.* M H Williams. (Pp 265; £17.50.) Ontario: B C Decker (Blackwell Publications), 1985. ISBN 0 941158 53 5.

This pocket sized book aims to guide the non-specialist physician through the diagnosis and management of problems in thoracic medicine. In common with other texts in the series, it is written by a specialist physician with many years' experience. The book has three parts. The first is the diagnosis and management of common clinical problems such as acute ventilatory failure, haemoptysis, and diffuse lung disease. The second part covers important areas of specific diseases that pose a particular question—for example, evaluation of lung cancer for surgery. Finally, there is a section on thoracic medicine in special settings, including pregnancy, heart disease, and drug abuse. A large amount of information is contained within the 225 small pages of text and almost every sentence carries a message. Because of the nature of the publication, the views presented are individual but in my view would in general be accepted by most specialist thoracic physicians. There are some areas where there are clear differences between North American and British practices, such as the early use of caval interruption in recurrent pulmonary embolism or when anticoagulant therapy is contraindicated. There are some errors of fact, ranging from the irritating (“metals, such as silica and asbestos” and “embolisation of the spinal artery causes hemiparesis”) to the frankly misleading (“microbiological organisms in pigeon excreta which cause extrinsic allergic alveolitis” and “antigen induced asthma is a rare aetiology”). There are several notable omissions in the text. The discussion on cryptogenic fibrosing alveolitis has no mention of finger clubbing. The contraceptive pill is not mentioned in the aetiology of thromboembolic disease. The possibility of an intracardiac shunt is not mentioned in the diagnosis of pulmonary hypertension. In general the radiographs are well reproduced but labelling errors creep in. There is much meat in this little textbook but among British readers I find it difficult to identify individuals who would find it of most value. The editor suggests that non-specialist physicians might use the text rather than call on a specialist physician. I doubt if many would wish to do that, since in such circumstances one is usually calling for experience rather than basic knowledge and every case poses its own problems. Thoracic physicians in training might find the book useful to guide them in how to organise their thoughts when confronted with particular clinical problems. The book has a ring binding, so that it is not particular robust. It is, I think, somewhat expensive.—DAE

## Book notices

*Chronic Obstructive Pulmonary Disease* (Lung Biology in Health and Disease Series, 2nd ed. vol 28.) Edited by Thomas L Petty. (Pp 512; \$75 USA and Canada, \$90 elsewhere.) Marcel Dekker. 1985.

This title is the latest in this large series on the lung, and has appeared seven years after its first edition (volume 9). There are 13 major chapters, seven of which are written or co-written by the editor. Consequently, there is a very individual flavour to the book. It is not clear whom the book is aimed at—the chapter on acute respiratory failure, which would be more at home in undergraduate textbooks, contrasts with the detailed and excellent chapters by Thurlbeck and Kimbel (on structure and function and proteolysis) and the chapter on epidemiology. One other chapter deserves