



Fig 2 Postoperative chest radiograph.

incision, especially after osteotomy of the second rib.¹⁰ In view of this a posterolateral approach was preferred for our patient and first rib resection was carried out via this approach without difficulty. Postoperative recovery was uneventful and the cosmetic result was also satisfactory.

Book notices

The Education of the Patient With Cardiac Disease in the Twenty First Century. Nanette Kass Wenger. (Pp 472; \$42.) New York: Le Jacq Publishing Inc. 1986. ISBN 0-937716-24-3.

This volume contains the proceedings of a conference held in June 1985 at the American College of Cardiology. About 50 papers are included, many of which amount to little more than speculative expressions of belief and hope. Other papers offer interesting descriptions of experience in educating patients, varying from the problems of educating illiterate patients in the third world on the one hand to descriptions of the design of interactive videodisc programmes for educating individual North American patients on the other. Although most of the papers are inspired by the problem of improving understanding of the treatment and prevention of cardiac disease, some of them have wider relevance and could interest workers in other medical disciplines. The book offers an unusual concentration of the relatively few references to published work on one particular aspect of medical education—education of the patient.—AB

Our case illustrates the problems of management of a potentially malignant lesion in a rare and relatively inaccessible site. We would suggest that the treatment of choice for tumour of a first rib would be excision via a posterolateral approach.

References

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Comprehensive Respiratory Care—A Learning System. David H Eubanks, Roger C Bone. (Pp 878; £35.50.) St Louis, Missouri: CV Mosby Company. 1985. ISBN 0-8016-1652-2.

This book is intended for a very narrow readership of respiratory therapists. It is an attempt to produce a fully comprehensive learning system that encompasses everything from the cell to the use of drugs in cardiopulmonary resuscitation, pulmonary rehabilitation, and neonatal and paediatric respiratory care. Its comprehensive nature may be demonstrated by the fact that it includes sections on how to answer the telephone and how to sit a patient up in bed. There is a long section on the medicolegal consequences of accepting responsibility referred from members of the medical profession. Each chapter starts with a list of learning objectives and ends with a series of tabulated procedures. It is profusely illustrated. Discussion with a senior physiotherapist supports the view that it is unlikely that such a book will find a market in the United Kingdom, where there are no equivalents of the respiratory therapist.—JCS