bronchial challenge testing in our study of the prevalence of asthma. In commenting on our finding that over one quarter of children had a history of current or past wheeze, they state that "clearly, not all of these children had asthma." What did they have? Many but not all of these children showed increased airway responsiveness, as did a proportion of those with a history of dry cough. If, as advocated by Woolcock and colleagues,[2] asthma is diagnosed only when symptoms are accompanied by demonstrable airway hyperresponsiveness, much past asthma, and even mild current asthma, will not be diagnosed. Perhaps our problem is the use of the word "asthma." We can demonstrate and measure degrees of bronchial responsiveness, and we can obtain and clinically categorise a history of wheezing or cough. While symptoms and hyperresponsiveness are often found together, they are not synonymous, and neither is exactly equivalent to variable airflow obstruction, which is the hallmark of asthma. We should report both the history of symptoms and the degree of airway responsiveness rather than use their dual presence to make a diagnosis of a condition whose precise definition continues to elude us.

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1 Juniper EF, Frith PA, Hargreave FE. Airway responsiveness to histamine and methacholine: relationship to minimum treatment to control symptoms of asthma. *Thorax* 1981;**36**:575–9.
2 Britton WJ, Woolcock AJ, Peat JK, Sedgwick CJ, Lloyd DM, Leeder SR. Prevalence of bronchial hyperresponsiveness in children. The relationship between asthma and skin reactivity to allergens in two communities. *Int J Epidemiol* (in press).

Book notices

Recommended Health Based Limits in Occupational Exposure to Selected Mineral Dusts (Silica, Coal). WHO Study Group 734. (Pp 82; Sw Fr 12.) Geneva: World Health Organisation, 1986. ISBN 92 4 120734 5.

This report is the latest of a series of publications produced by groups of experts for the World Health Organisation. Its object is to make recommendations for exposure limits to fibrogenic mineral dusts, including coal and silica. The group initially defines pneumoconiosis and details the factors that influence the retention and elimination of airborne particles in the respiratory tract and their eventual fate. The methods of measuring airborne particulates are clearly described. Subsequent sections describe the pathology, pathogenesis, clinical manifestations, and complications of silicosis and coalworkers' pneumoconiosis. The published evidence relating exposure to dust and the development of pneumoconiosis is comprehensively reported. The group finally makes recommendations of exposure limits for free crystalline silica and coalmine dust and regarding the surveillance of the workers and their environment. This publication is short and easy to read. It provides comprehensive current information on two of the pneumoconioses with appropriate references. It is recommended for those practitioners directly concerned with this industry.—CACP

Inhaled Aerosol Bronchodilators. ER McFadden jun. (Pp 122; £25 softback.) Baltimore: Williams and Wilkins, 1986. ISBN 0-683-05867-3.

This is a small, compact paperback which, although primarily about aerosols and delivery systems, covers many aspects of drug therapy in the treatment of diseases of airflow obstruction. The book is unusual in that it has no foreword by the author, and thus leaves the reviewer undecided on the audience the author intended to reach—a problem exacerbated when he is reviewing North American publications for British readers and not entirely resolved after it has been read in its entirety. The history of inhalation therapy is reviewed, and followed by an excellent chapter on aerosols, their deposition and generation. This is followed by a discourse on the pharmacokinetics of inhaled substances, which does highlight the present paucity of data on bronchodilators. Patients' and doctors' errors in the use of hand held aerosols and means of overcoming such problems are well described. Metabolism, structure, and function followed by pharmacology make up the major portion of the book, but the inherent safety of selective β stimulants is also covered. Drug dose differences between the various delivery systems are highlighted. The vexed problem of bronchial tachyphylaxis to selective β stimulants is reviewed, and sensibly dismissed as of little clinical relevance in asthmatics. The remainder of the book deals with drug interactions and specific problems such as aerosol use in pregnancy and exercise induced asthma. The book is clearly written, remarkably readable, and illustrated clearly and mainly appropriately. The bibliography is up to date and extensive, suggesting that the author is aware of the limited readership. I believe that the book should be read by all medical students and general practitioners, but it is probably of less interest to the specialist thoracic physician. The bibliography, however, extends the readership to all trainee thoracic physicians. I am pleased to have the book for the undergraduate and postgraduate library, but at £25 it is an expensive book for the solitary purchaser.—GMC

Correction

Surgical pathology of the thymus: 20 years' experience
We have learned of the following errors in the references to the paper by Mr S Large and colleagues (January 1986; **41**:51–4). Reference 5 should read: Wychulis AR, Payne WS, Clagett OT, Woolner LB. Surgical treatment of mediastinal tumours. A forty year experience. *J Thorac Cardiovasc Surg* 1971;**62**:379–92. It is stated in error in the text that this work was published in 1964. In reference 6 "Claget" should read "Clagett."