

# Correspondence

## Industrial benefits and respiratory diseases

SIR—I read with interest Dr FG Ward's recent editorial (April 1986;41:257-60). Two points concerning the adjudication of benefit claims do, however, require clarification.

Firstly, Dr Ward states (p259) that in cases of fatal disease appeals are made to a Social Security Appeal Tribunal (SSAT), which "consists of a lawyer, an employee's representative, and an employer's representative." This is not strictly correct. National insurance local tribunals, which used to hear such cases before the advent of SSATs, were constituted in this manner. Since 1984, however, the wing members of SSATs have been "persons appearing to the President to have knowledge or experience of conditions in the area and to be representative of persons living or working in the area" (Social Security Act 1975, Schedule 10, para 1 (2), as amended). It may be that in practice some SSATs are still made up in the same way as the former NILTs, although this is not what the legislation now says. This change was purportedly made in order to achieve a broader representation of society on such tribunals.

Secondly, Dr Ward states that "either the claimant or the Secretary of State can appeal to the Social Security Commissioner on a point of law" from the SSAT. In fact, in such cases it is the adjudication officer (albeit a civil servant in another guise) and not the Secretary of State who enjoys such a right of appeal, along with the claimant. Furthermore, appeals may be brought on a point of law or of fact, or both, although the DHSS is currently seeking (via the Social Security Bill 1986) to restrict this right of appeal to matters of law alone.

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\*.\*This letter was sent to Dr Ward, who replies below.

SIR—I accept both of Mr Wikeley's points and I am grateful for his comments.

My editorial was intended, of course, as something of a layman's guide to the Industrial Injuries Scheme and my general explanation undoubtedly skipped over many of the finer points of the adjudication system.

Firstly, the rules for Social Security Appeal Tribunal members did change in 1984 as described by Mr Wikeley. Secondly, on appeals to the Commissioners I overgeneralised. My original intention was to describe appeals from Medical Appeal Tribunal decisions but unfortunately the final draft did not reflect this.

For those interested in the subject I recommend the following further reading:

*Social Security Appeal Tribunals—a guide to procedure.* London: HMSO, 1985.

*The annual report of the Chief Adjudication Officer for 1984/85 on adjudication standards.* London: HMSO, 1985.

Ogus AI, Barendt EM. *The law of social security.* 2nd ed and supplement. London: Butterworths, 1982.

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## Thoracic medicine in the regions: study of sleep and breathing disorders

SIR—I hope it was only accidental that the investigation and treatment of sleep and breathing disorders was omitted from the list of functions of subregional, regional and supra-regional thoracic medicine units 1986;41(June):496. It is already effectively a supraregional service with at least ten centres to my knowledge actively involved in the care of patients with mainly obstructive sleep apnoea. This service requires expertise and specialist equipment rarely paid for by the NHS, but usually out of research monies.

Failure by even the BTS to recognise this growing speciality within respiratory medicine when preparing "authoritative documents" will only hamper the chances of acquiring proper funding for it in the future.

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\*.\*Inquiries resulting from Dr Stradling's letter revealed that the omission was indeed accidental. A correction appears below.—Ed.

## Correction

### Thoracic medicine in the regions: study of sleep and breathing disorders

In the list of special functions of thoracic medicine (non-district based) which was prepared by the Regional Representatives Subcommittee of the British Thoracic Society and published in the June issue of Thorax (p496), "the investigation of sleep and breathing disorders" should be included among the functions that should be provided at regional level. Its omission arose through an oversight in the course of preparation of the document.

## Book notices

*Surgery of the Oesophagus.* TPJ Hennessy, A Cushieri. (Pp 363; figs; £35, hardback.) London: Baillière Tindall, 1986. (ISBN 0-7020-1095-2.)

This multiauthor book is intended for surgeons who want to develop an interest in oesophageal surgery. In writing such a book, there are two possible courses to follow: either to give dogmatic statements based on personal clinical experience or to cover all possible methods of treatment that have appeared in the literature. This book tends to follow the second course, and a trainee who lacks experience has a rather bewildering choice. There are 11 chapters, covering anatomy, physiology, diagnostic techniques, and specific

oesophageal lesions. As in all multiauthor books, there is some variation in the quality of the different chapters. The first chapter is a straightforward account of the anatomy and physiology of the oesophagus. The following chapter, on diagnostic techniques, is rather scant and more illustrations of radiology, including computer tomography scanning, would be helpful. There is an excellent chapter on motility disorders, which is most comprehensive. In another chapter hiatus hernia and reflux oesophagitis are fairly well covered, but the section on management of benign oesophageal strictures deals mainly with dilatation, making only a brief mention of surgical procedures. There is a basic account of tumours of the oesophagus, but more details on the method of selection of a treatment for a patient with carcinoma would be welcome. There are further chapters on oesophageal perforations, oesophageal diverticula, and corrosive and non-reflux oesophagitis. The various topics are quite well covered and, although the novice after reading this book might have difficulty in deciding how to treat a particular problem, he would certainly be better informed.—REL

*Principles of Pulmonary Medicine.* SE Weinberger. (Pp 337; figs; £19.95, softback.) Philadelphia: WB Saunders, 1986. (0-7216-1559-7.)

The author, from the Harvard Medical School, aims to help medical students bridge the gap between basic physiology and clinical pulmonary medicine. Unlike many such books, this book covers not only those diseases where physiological measurement plays an important part but also the other major areas of clinical importance, including infections, lung cancer, and mediastinal disease, to mention a few. The book is well written, interesting, and most attractively presented, with plenty of line diagrams, x ray plates, and good black and white illustrations. The main points of each section are highlighted in the margin in green print; and each chapter has a good selection of references. Unfortunately, a student could not look to this book to give all the important information, for it is weak on the epidemiology of respiratory disease, and on treatment, where the author aims to give only "the general principles of the therapeutic approach." Thus there is no information on the prevalence of asthma, sarcoidosis, or tuberculosis at different age groups or populations; the relationship between smoking and lung cancer is mentioned, but no more than that. The drugs used for asthma are listed, but with no practical advice on managing patients with asthma; tuberculosis treatment is discussed (two drugs for nine months) without reference to preventive measures, drug resistance, or the developing countries. When compared with other short undergraduate textbooks, Weinberger's book is one of the most interesting, but also less comprehensive and more expensive. I hope that most students will have access to it in their medical libraries, since it is excellent in those aspects of clinical pulmonary medicine which it covers.—JARF

*Cardiopulmonary Exercise Testing: Physiologic Principles and Clinical Applications.* KT Weber and JS Janicki. (Pp 378; £37.50, hardback.) Philadelphia, USA: WB Saunders Company, 1986. ISBN 0 7216 1300 4.

This book has been written and edited by two professors of cardiovascular medicine from the University of Chicago, with nine other contributors. The first section considers cardiopulmonary anatomy, physiology, and pathophysiology. It brings together a lot of useful concepts and data.

The second section starts with a description of equipment available for exercise testing and of exercise protocols. This is followed by seven chapters describing responses to specific problems such as valvular heart disease, pulmonary and systemic hypertension, "chronotropic dysfunction and exercise" (17 pages), and "chronic lung disease and chest wall deformities" (8 pages). The final section has chapters on exercise training, the exercise assessment of postmyocardial infarction, and monitoring the response to treatment of chronic cardiac failure. One acid test of any book on exercise physiology is its approach to common clinical problems such as how to sort out the cause of breathlessness in a dyspnoeic patient. This book does not score well and the chapter on exertional dyspnoea is disappointing. Hyperventilation does not appear in the index. The strong bias in this book is towards cardiovascular rather than respiratory problems. There is undoubtedly a lot of useful information for a clinician setting up or running an exercise laboratory particularly for cardiology; but it is not a book for the ordinary medical library or for the chest physician who does not have an exercise laboratory.—CMcG

## Notices

### Course on pulmonary inflammation and infection

A five day course entitled "Pulmonary Inflammation and Infection" will be held from 16 to 20 March 1987 at the Royal Postgraduate Medical School, London. The emphasis will be on mechanisms and new approaches to investigation and treatment. Visiting speakers include JC Hogg (Vancouver) and WG Johanson (Texas). The course organisers are Dr C Haslett, Dr PW Ind, and Dr NB Pride. Application forms and further details may be obtained from the School Office (SSC), Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0HS (01-740 3117).

### International symposium on occupational asthma

An international symposium on occupational asthma will be held under the auspices of Collegium Ramazzini at the Hyatt Regency Hotel, Vancouver, British Columbia, Canada, from 13 to 15 July 1987. One day will be devoted to clinical aspects, one day to basic mechanisms and pathophysiology, and one day to problems of diagnosis and compensation. The last date for submission of abstracts is 1 May 1987. Posters and 15 minute papers will be acceptable. Further information and relevant forms are available from the Secretariat, 801-750 Jervis Street, Vancouver, British Columbia, Canada V6E 2A9.

### International symposium on smoking and health

An international symposium on smoking and health is being held in Tianjin, China, from 18 to 21 May 1987. The meeting is cosponsored by Tianjin Scientific and Technical Exchange Centre, Tianjin Municipal Bureau of Public Health, Tianjin Medical College, the Chinese Medical Association, the Sino-Western Medical Exchange Academy, the International Union Against Cancer, and International Union Against Tuberculosis. The last date for receipt of abstracts is 2 February 1987. Further particulars are available from the Liaison Office, SWMEA, 605 Wing On House, 71 De Voeux Road C, Hong Kong. Applications from North America should be addressed to C & C China Express Inc, 278 Post Street, Suite 408, San Francisco, California 94101, USA.