

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. Hyper-ventilation 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 28 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 94108, USA.