- 2 Levin BH, Aaron BL. The subxiphoid pericardial window. Surg Gynecol Obstet 1982;155:804-6.
- 3 Ghosh SC, Larrien AJ, Ablaza S, Grana VP. Clinical experience with subxiphoid pericardial decompression. Int Surg 1985; 70:5-7.
- 4 Dabir R, Warren SE. Drainage of pericardial effusion using the peritoneal and pericardial window technique. Surg Gynecol Obstet 1984;159:485-6.
- 5 Treasure T, Cotter L. How to aspirate the pericardium. Br J H Med 1980;24:488-9

Book notices

The Anaerobic Threshold: Physiological and Clinical Significance. L Tavazzi and PE di Prampero (Pp 155; £65.) Basel: S Karger, 1986. ISBN No 3-8055-4395-6.

This book provides an account of an international symposium on the clinical value of the anaerobic threshold in heart and lung disease, held in Veruno, Italy, in late 1985. The papers range from a series of accounts of basic cardiorespiratory and metabolic responses to exercise from senior contributors in the area to reports of attempts to apply the assessment of the anaerobic threshold to evaluate the existence and severity of cardiovascular disease. The book is stated to be suitable for both scientists and physicians in everyday practice, but I fear that the former may be disappointed. Although the basic physiology of the cardiorespiratory responses to exercise and the threshold at which appreciable anaerobic metabolism occurs are elegantly covered in the first five contributions, the remaining papers represent attempts to produce tests that will generate parameters useful for clinical evaluation. The book is likely to be of most use to those concerned in the assessment of exercise tolerance in patients with cardiovascular, respiratory, and metabolic disorders, because the comprehensive accounts of the underlying physiology are combined with reports of efforts to assess these functions in various types of patient. The papers reporting the use and reliability of the assessments of anaerobic threshold, however, are somewhat conflicting, especially for patients who have had a myocardial infarction. This book is unlikely to appeal to a wide readership but it may be of some use for the background information it provides, rather than for providing definitive methods for assessing patients. The excellent accounts of basic physiology could be obtained from other texts costing much less than this one, and those who do buy the book will be a little irritated by the occurrence of spelling and typographical errors, although these are compensated for by the general high quality of the illustrations.-IAM

5 Treasure T, Cotter L. How to aspirate the pericardium. Br J Hospir Med 1980;24:488-9.
6 Prager RL, Wilson CH, Bender HW. The subxiphoid approaction to pericardial disease. Ann Thorac Surg 1982;34:6-9.
7 Little AG, Kremser PC, Wade JL, Levett JM, De Meester TRgiskinner DB. Operation for diagnosis and treatment opericardial effusion. Surgery 1984;96:738-44.
10.1130/http://www.aspirate.com/aspirate/aspirat Diagnostic Bronchoscopy: A Teaching Manual. 5th eu. 1000 Stradling. (Pp 182; £45.) Edinburgh: Churchill Livingstone No 0 443 03300 5.

This book continues to succeed superbly well as an intro duction to bronchoscopy. In the five years between this neve edition and its predecessor there has, however, been reland tively little new development in bronchoscopic technique. Isa new edition justified? The importance of the fibrescope has now, somewhat belatedly, been acknowledged, with the chapter on fibreoscopy extensively revised and now placed ahead of the chapter on rigid bronchoscopy. A sensible sec tion has been added about control of bleeding during fibreoscopy, which at last recognises the difficulty in carrying out the usual advice to use the bronchoscope as a plug. The 218 photographs of the bronchoscopic appearances of both normality and pathology are of excellent quality and range and are justifiably the reason for the book's pre-eminence in the subject. Of about 30 new plates, however, only a few? make an important addition, those of hamartoma and endop bronchial tuberculosis being the most useful; I was surprised that AIDS related pathology was omitted. I was taught to perform a bronchoscopy facing the patient and so, when was learning, all the plates were the "wrong way up"-leading to curious looks from others watching me read the book upside down. There is no way round this problem $^{N}_{O}$ however, and indeed it may assist in the development of the three dimensional anatomical image that the author rightly emphasises is important. Given the introductory nature of the text, there are few important omissions. It would have been helpful to include advice on performing bronchoscop in patients with AIDS, to have the question of sedation discussed more fully, and to have suggestions for further reading. These are relatively minor points, however, and while I would not advise those already owning the fourth edition to rush out and buy this fifth edition, the book had mains an essential companion to those learning the tech nique of bronchoscopy.—IDAJ edition to rush out and buy this fifth edition, the book reg