

*Severe diaphragm weakness in spinocerebellar degeneration***References**

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- 3 Newsom Davis J, Goldman M, Loh L. Diaphragm function and alveolar hypoventilation. *Q J Med* 1976;45:87-100.
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Book notices

Surgical Pathology of Diffuse Infiltrative Lung. A Flint, TV Colby. (Pp 234; \$49.50.) Orlando: Grune and Stratton, 1987. ISBN 0-8089-1867-2.

Now that relatively safe and non-invasive methods of biopsy are available, a firm diagnosis can be made in many cases of diffuse lung disease. At the same time histopathologists are increasingly faced with a bewildering range of changes, often in tiny samples of tissue. This book deals specifically with the pathology of disorders characterised by diffuse infiltration of the lung parenchyma—disorders which are frequently investigated by transbronchial, needle, or open biopsy. In the opening chapter the general principles of processing and interpretation are covered, and there is a short but highly relevant section on the “abnormal, non-diagnostic” specimen. The second chapter is devoted to infective processes, with emphasis on viral and fungal disease, tuberculosis, and pneumocystis pneumonia. Subsequent chapters deal with pulmonary eosinophilia, hypersensitivity pneumonitis and drug induced disease, diffuse alveolar damage, interstitial pneumonitis, vascular disease, and sarcoidosis. In the section on malignant neoplasms the emphasis is on diffuse infiltrative neoplasms, including lymphomas, metastatic disease, alveolar carcinoma, and Kaposi's sarcoma. The final chapter describes a miscellany of disorders such as histiocytosis X, alveolar proteinosis, and amyloidosis. The text is well written and copiously illustrated by high quality photomicrographs. References are comprehensive and up to date. This book is not meant to be exhaustive. The authors have wisely omitted the exotic, concentrating instead on problems most commonly met with in contemporary practice. Inevitably, some topics could have been covered in more detail. Amiodarone toxicity, for instance, is dismissed in two sentences and one incomplete reference, and paraquat poisoning seems to have been forgotten. Nevertheless, this book ranks among the best of the currently available monographs on pulmonary pathology. Although primarily a bench guide for pathologists, it will also be a useful reference work for clinicians concerned with the management of chest disease—CWE.

Manual of Chest Medicine. JE Stark, JM Shneerson, T Higenbottam, CDR Flower. (Pp 256; £9.95.) Edinburgh: Churchill Livingstone, 1986. ISBN 0-443-02737-4.

This pocket manual has been written by a group of experienced Cambridge respiratory physicians with a radiological colleague, Dr CDR Flower. It is designed for the young doctor on a short term attachment to a respiratory unit and lays particular emphasis on dealing with practical problems. The first chapter covers a range of common respiratory symptoms and signs and is followed by a useful chapter on the radiology of the lung, including helpful comments about the place of specialist techniques such as computed tomography. A further chapter is devoted to respiratory function tests. Although simple tests are well described, the doctor working in a specialised unit might be helped by a fuller description of such “less widely available” tests as flow-volume loops and exercise testing. Subsequent chapters provide useful and often not readily obtained details of practical procedures. They deal concisely with the management of clinical problems and give useful practical hints, such as the need to alert the pathology laboratory of the arrival of samples from procedures such as transbronchial biopsy. Nearly all the clinical advice is very sound, as expected, though some would disagree with the statement that in Asian patients with suspected cervical tuberculosis aspiration or biopsy may be unnecessary. The chapter on pulmonary eosinophilia puts this disease spectrum into context with comments that the association with systematic vasculitis is very confusing, both in classification and in terminology—an observation which may take some time to dawn on the inexperienced doctor. This book will be particularly helpful to the junior doctor at senior house officer and registrar level. The senior registrar specialising in respiratory medicine may require additional detail.

Notices**SEPCR meeting 1988**

The 23rd annual meeting of SEPCR (Societas Europaea Physiologiae Clinicae Respiratoriae) will take place in Athens, Greece, on 20-24 June 1988. The topic will be respiratory failure. There will be invited lectures, free communications, seminars, and satellite symposia. Information from Dr NM Sifakas, 23rd Annual Congress of SEPCR, Organising Secretariat, 23 Asklipiou Street, PO Box 30365, 10680 Athens, Greece.

Clinical respiratory physiology course

A course on clinical respiratory physiology will be held at Hammersmith Hospital, London W12 0HS, on 15-18 March, 1988, for doctors and pulmonary function technicians, emphasising practical aspects and clinical applications. Details from the organisers (Drs JMB Hughes and Dr NB Pride, Department of Medicine).

Correction**Drill biopsy in the diagnosis of lung lesions**

In the paper by Professor P Shatpathy and others (November 1987;42:858) line 3 of the second paragraph of column 2, p 858, should read “The hollow Steel's trephine.”