

handouts are said to be of value in counselling—examples would have been helpful. The chapter on disinfection considers HIV only and does not discuss organisms such as atypical mycobacteria. Despite my criticisms I am sure that many physicians will find this a helpful short therapeutic reference book to aid them while they obtain personal experience. There is much useful information, which I hope will be restructured in the next edition.—NJ

Annual Review of Pulmonary and Critical Care Medicine 88/89. RA Matthay, MA Matthay, HP Wiedemann. (Pp 201; £39.50.) Hanley and Belfus, 1988. ISBN 0-932883-15-X.

The aim of this series is to produce a concise and analytical review of recent pulmonary and critical care publications. Each chapter contains a critical analysis of a few studies selected from recent publications. Most of the chapters address topics in clinical respiratory medicine, but there are additional chapters on diagnostic imaging, respiratory physiology, and cardiorespiratory aspects of intensive care. A chapter on heart-lung and lung transplantation appears in this volume for the first time in the series. The data from the studies reviewed are presented well, including the relevant tables and figures, and are followed by a brief analysis of the study and discussion of its significance by North American authors. Most of the studies selected have been published within the last two years, and careful restriction of the analysis to important studies has enabled the editors to succeed in their aim of producing an up to date and concise review. This is an eminently readable book that will be of most value to the respiratory physician who wishes to keep abreast of developments outside his own particular sphere of interest.—WK

Computing for Clinicians. T Chard. (Pp 136; £18.) London: IOP Publishing, 1988. ISBN 0-9512981-0-0.

Like it or not, computers appear to be destined to play an increasing part in the clinician's life style. Their use initially within the National Health Service was to carry out repetitive tasks at an administrative level (for example, salaries, pharmacy). Individual enthusiasts then developed programs for their own units, usually in the more service oriented departments of medicine (such as lung function and biochemistry). After the Griffiths and Korner reports the need to collect more clinical information was recognised. This information may, however, be inaccurate if left to non-medical personnel, as shown by previous analyses of, for example, Hospital Activity Analysis codes. To safeguard the accuracy of this information therefore clinicians need to take part in the planning of how this information is collected. It is clearly important that clinicians, like others, have a thorough understanding of the methods by which the data are collected and analysed. A good introduction to these methods is provided by Professor Chard's small paperback, whose main aim is to present the principles of medical computer application. The book addresses the broad concept of the use of computers for clinical data collection, diagnosis, and treat-

ment. Other chapters cover the value of computing in medical equipment and in medical education. Each chapter is well referenced (up to 1987), to allow interested readers to delve deeper into whatever aspects particularly interest them. Readers hoping to come away with detailed information on useful software for their own units will be disappointed. The book is well written, easy to read, and nicely presented. The approach assumes no prior knowledge of computing and only rarely resorts to complicated mathematical equations. As such I found it a good introduction to the language of medical computing.—CRKH

The Role of Platelet Activating Factor in Immune Disorders. P Braquet. (Pp 213; £90.) Basel: Karger, 1988. ISBN 3-8055-4744-7.

This volume consists of the proceedings of the 1987 Paris meeting on platelet activating factor (PAF) and the immune system. It described the *in vivo* relation between PAF and immune disorders and emphasises the therapeutic potential for PAF antagonists. The chapters vary considerably in scope but provide good background reading on the subject of PAF. The chapters are concise and easy to read. They range from excellent reviews to specific descriptions dealing with specialised topics. There is, inevitably, a lot of repetition in the introductions to all chapters. A minor problem with this volume relates to the numbering of the chapters, which are referred to by numbers in the preface but are not numbered in the text. In general, this is an interesting review of the subject and can be recommended.—TL

Anaesthesia for Thoracic Procedures. Marshall, Longnecker, Fairley. (Pp 632; £74.50.) Oxford: Blackwell, 1988. ISBN 0-86542-043-2.

This comprehensive multiauthor volume is a welcome addition to the few texts on thoracic anaesthesia. It has a good theoretical base, with extensive chapters on the functional anatomy of the respiratory system, pulmonary physiology, pulmonary blood flow, and oxygenation. After an interesting chapter on historical developments in thoracic anaesthesia there is a detailed account of the evaluation of lung function, including sections on preoperative evaluation, tests of split pulmonary function, and radionucleotide imaging. This section also specifically addresses the effects of thoracotomy, lobectomy, and pneumonectomy. This is followed by an excellent chapter on assessing disease of the chest wall and mediastinum. One of the highlights of this book is the chapter on endoscopy, which includes an extensive section on local anaesthetic techniques for bronchoscopy as well as a section on the use of jet ventilation and lasers. Besides some fairly traditional chapters on anaesthesia for pulmonary surgery, oesophageal surgery, and mediastinal surgery there are three chapters devoted to the more specialised areas of tracheal resection, thoracic trauma, and heart-lung transplantation. The final 90 pages are given over to the immediate post-operative management of patients undergoing thoracic

surgery, including chapters on complications of thoracotomy and acute respiratory failure. For a specialised text on thoracic anaesthesia, however, a major criticism in my view is that no less than one fifth of the book (120 pages) is taken up with five somewhat irrelevant chapters on pharmacology, coincident medical conditions, psychological preparation, developing a plan for anaesthesia, and control of infection, none of which has a particular bearing on thoracic anaesthesia. Such chapters, which are really better suited to basic texts on general anaesthesia, could usefully be omitted in future editions. Furthermore, there is no section on paediatric thoracic problems, which is a pity. Otherwise, this is a well written book, with many tables, high quality photomicrographs, and good diagrams. Indeed, the exploded diagram showing the position and shape of all the bronchopulmonary segments (page 21) is quite the best I have seen.—RWDN

Clinical Exercise Testing. 3rd ed. Norman L Jones. (Pp 325; £24.95.) Philadelphia: Saunders, 1988. ISBN 0-03-011838-7.

This is the third edition of the important monograph first published in 1975. The text has not been extensively revised but now includes additional, well referenced comments from Professor Jones on the implications of more recent research in clinical exercise physiology. The early chapters clearly outline the basic physiology of exercise followed by clinical testing, divided for convenience into four stages in order of increasingly invasive methodology. Large numbers of examples with useful interpretations are provided plus an extensive appendix which not only gives helpful information on methods but also shows the calculation of key formulae and prediction equations from the normal population. Professor Jones deals in depth with the difficulty in applying prediction equations to individual patients because of the complexity of the interrelationships between the large number of variables that may influence exercise performance. In view of the author's own estimate that over 90% of clinical problems can be satisfactorily explained by the stage 1 test, the original chapters on stages 2, 3, and 4 could have been shortened in the current edition and less prominence given to Barcroft's 4 quadrant analysis of the linkage between mechanisms, which is of less practical relevance to modern exercise testing than originally envisaged, although still a useful teaching aid. Despite two other recent excellent publications—*Physiology and Clinical Applications* (vol 5 (1) of *Clinics in Chest Medicine*, 1984) and *Principles of Exercise Testing and Interpretation* by Wasserman *et al*, 1987—this volume is no less essential reading than at the time of its original edition for those interested in clinical exercise evaluation. Apart from factual data Professor Jones has managed to incorporate a personal flavour—for example in his discussion of the assessment of exercise related symptoms and other talking points which are very familiar to those of us currently working in this area of research. For this reason the book is highly recommended to those respiratory physicians wishing to increase their understanding of exercise physiology.—CJC

Notices

Fleischner Society Symposium on Chest Disease

The Fleischner Society symposium on chest disease will take place on 28–30 April 1989 at the Grand Hyatt New York, New York City. The George Simon memorial fellowship award is presented annually by the Fleischner Society for the best original work relating to radiological or other imaging of the respiratory system. The winning author will receive a cash prize and an all expenses paid trip to the Fleischner Society meeting and course to present the award paper. Further details of the meeting and the award may be obtained from Nomi Feldman, conference coordinator, 3770 Tansy Street, San Diego, California 92121, USA.

Scandinavian Association for ECMO/ECLS

The Scandinavian Association for ECMO/ECLS (extracorporeal membrane oxygenation/life support) will hold the third SAFE congress on 25–27 May 1989 in Göteborg, Sweden. The topic will be clinical and experimental extracorporeal membrane oxygenation or extracorporeal life support and research in long time perfusion. Details from the SAFE Secretariat, Paediatric Surgical Clinic, Östra Sjukhuset, S-416 85 Göteborg, Sweden.

International meeting on pulmonary mechanics and chest physiotherapy

The third international meeting on pulmonary mechanics and chest physiotherapy, which will take place in Brussels, on 27 May 1989, will have as its theme chest physiotherapy in acute and chronic obstructive lung disease. Details from Mrs A Terlinck, Clinique de Pneumologie, Hôpital Universitaire Saint-Pierre, rue Haute 322, 1000 Bruxelles, Belgium.

Correction

Increased muscle enzyme activity and yoga breathing during an exacerbation of asthma

In the paper by FM Tamarin *et al* (Sept 1988; 43:731–2) in the second paragraph on p 732, penultimate line, ‘“ml” ’ should be followed by ref 1 (which should be deleted from line 13), and the first author of ref 5 should be Joseph S.