

Book notices

Drugs for the Respiratory System. Reuben M Cherniack. (Pp 247; \$23.50, softback.) Florida: Grune and Stratton Inc, 1986. ISBN 0-8089-1818-4.

Books on clinical pharmacology can be divided into those that look at the subject from the point of view of the drug, the pharmacologist's approach by and large, and those which look at the problem from the clinician's viewpoint of the patients' symptoms and disease. *Drugs for the Respiratory System* is largely written in the former style, despite the fact that it has been written mainly by clinicians. The 14 authors, all from the National Jewish Hospital in Denver, Colorado, and all but three from the Department of Medicine, cover 10 topics, each chapter being devoted to a group of drugs—beta agonists, theophyllines, drug treatment in the management of cough, respiratory stimulants, etc. The chapters vary in form but most contain a lot of factual information, on pharmacokinetics and clinical studies in particular, and these are well referenced, with 31–187 references a chapter. The focus on specific drugs can leave the reader in some doubt about the relative merit and efficacy of different drugs in any disorder. The chapters on steroids and cytotoxic drugs for non-neoplastic disease are more authoritative and give useful information on the use of the respective drugs in a variety of conditions, both common ones such as sarcoidosis and the less common such as Wegener's granulomatosis and Goodpasture's syndrome. These are a useful reference source for clinicians treating patients with these more difficult problems. Perhaps inevitably, the European reader will find the chapters on the drugs used for airways obstruction less satisfactory. Some of the drugs being considered at some length (ipratropium bromide and atropine methonitrate) had not been approved for the treatment of bronchoconstriction by the US Food and Drug Administration at the time the book was written. With others, such as inhaled steroids and sodium cromoglycate, experience is clearly limited and this is apparent. The advantages of the inhaled route are mentioned but often lack conviction, and side effects come across as being much greater than clinical experience this side of the Atlantic would suggest (for example, dysphonia is said to occur in up to half of all patients given beclomethasone dipropionate). Although for these reasons it might not be considered a useful practical book in Europe, the extensive bibliography would be of value to some physicians and pharmacologists, particularly those looking for information on the less popular areas of respiratory pharmacology, such as cough medicines or pulmonary vasodilating drugs.—AET

Respiratory Medicine. The Illustrated Lecture Series. Edited by P N Plowman. (Pp 226; £11.95.) Chichester: John Wiley and Sons, 1987. ISBN 0-471-91538-6.

On first glancing through this book I thought that it looked like the answer to the student's prayer. The text is short and succinct, and adjacent to simple line diagrams that illustrate the main points. The first chapters on anatomy, physiology and the symptoms and signs of chest disease lived up to my expectations. There are useful tips for the student and these appear to be based on experience gained from introducing students to clinical medicine. The clinical chapters contain some omissions, however; hyposensitisation is recommended for hay fever and asthma, with no mention that this might be dangerous; there is no mention of the possibility of staphylococcal pneumonia during an influenza infection or of drug addiction and alcoholism under staphylococcal pneumonia. There is some confusion over bronchoscopy, fiberoptic bronchoscopy being recommended for aspiration pneumonia, though the illustration for delayed resolution of pneumonia shows a rigid bronchoscope and this is recommended for "lung abscesses." The balance of the book could be questioned—30 pages for tuberculosis, 16 for asthma, 12 for bronchial tumours, and 11 for chronic obstructive airways disease. As usual with a book designed for the United States market, the management of severe asthma that advocates would probably not be acceptable to most physicians in Britain. The authors recommend subcutaneous adrenaline routinely or an intravenous infusion of salbutamol followed, if that fails, by 500 mg intravenous aminophylline to be given over five minutes, without any warning of possible dangers. Continued treatment by inhalation of aerosolised drug from a Bird or Bennett ventilator is recommended, with no mention of modern nebuliser treatment. Although the idea behind this book was good, it requires more updating before it can be recommended for medical undergraduate teaching in the UK.—EN

Notice

Workshop on platelet activating factor

A one day workshop entitled "PAF: its role in pulmonary and cardiovascular disease" will be held at the Cardiothoracic Institute, London SW3 6HP, on 1 July 1988. Details from Pam de Chazal (01 352 8121).