# Correspondence

**Bronchoalveolar lavage in talc induced lung disease**

SIR,—Dr A A Redondo and his colleagues (1988;**43**:1019–21) report a case of inhalational talcosis with abnormal findings in bronchoalveolar lavage fluid. They wonder if lymphocytosis with predominance of $T8^+$ lymphocytosis is a typical finding in talc lung. They also suggest that there is no previous report of lavage findings in talcosis. We had the opportunity to perform bronchoalveolar lavage in eight talc millers exposed to pure talc (Luzenac, French) with pneumoconioses after a long exposure (mean 29·5 years). Lavage findings were characterised by a macrophage alveolitis. No case showed a high lymphocyte count in the lavage fluid (mean 7% (SEM 5%) lymphocytes), but there was a tendency towards polynucleosis (5% (4%)).[1]

In another study we reported that mineralogical analysis of lavage fluid can provide information about the heterogeneity of inhaled talc.[2]

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1 Leophonte P, de Vuyst P, Dumortier P, Rouquet RM, Didier A. Données cytomorphologiques et minéralogiques du lavage bronchoalvéolaire au cours de la pneumoconiose par le talc français. In: Le Bouffant L, ed. *Silicosis and mixed-dusts pneumoconiosis*. Paris: INSERM, 1987:93–8. (Colloque INSERM 155.)
2 De Vuyst P, Dumortier P, Leophonte P, Vande Weyer R, Yernault JC. Mineralogical analysis of bronchoalveolar lavage in talc pneumoconiosis. *Eur J Respir Dis* 1987;**70**:150–6.

AUTHORS' REPLY We appreciate the comments of Dr De Vuyst and colleagues. We are familiar with their work in the mineralogical analysis of bronchoalveolar lavage fluid from six talc workers with interstitial changes on chest radiographs. Although it is likely that talc had a role in the pathogenesis of interstitial lung disease in these patients, exclusion of other causes of interstitial lung disease in talc workers (especially asbestosis, present in some amount in the lavage fluid in each of the six cases reported) is extremely difficult, if not impossible. An important control group—that is, those workers exposed to similar levels of talc but without radiologically evident disease—was not reported. Chest radiographic findings may be a later development in talc induced lung disease, as suggested by our case report. Moreover, the association of talc with granulomas on open lung biopsy in this patient is unique in the reported cases and strongly supports a causal relation of the patients to symptoms. The striking suppressor T lymphocyte predominance in bronchoalveolar lavage fluid may reflect early pathogenetic mechanisms of talc induced lung disease. It is possible that the presence of neutrophils in the bronchoalveolar lavage fluid in a group of talc workers, as reported by Leophonte *et al* (their ref 1), reflects a later phenomenon in fibrosis, similar to that occurring in fibrotic sarcoidosis.[1] Is granulomatous disease an early development in patients who go on to develop "talc lung" of the type characterised by Dr De Vuyst and his coworkers? If this question is to be answered, patients will need to be studied before the onset of fibrosis. As suggested by our case report, bronchoalveolar lavage may have a prominent role in such an investigation.

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1 Roth C, Huchon GJ, Arnoux A, Stanislas-Leguern G, Marsac JH, Chrétien J. Bronchoalveolar cells in advanced pulmonary sarcoidosis. *Am Rev Respir Dis* 1981;**124**: 9–12.

# Book notices

**Disorders of Ventilation.** John Shneerson. (Pp 389; £55.) Oxford: Blackwell, 1988. ISBN 0-632-01668-X.

The provision of long term ventilatory assistance for patients with respiratory failure has until recently been considered a minor and often eccentric specialty. In the past few years, however, there has been a proliferation of evidence that failure of the skeletal or neuromuscular elements of the respiratory system are just as important as the lungs in the development of ventilatory failure. There has consequently been a pressing need for a reference book on this subject to remove much of the mysticism surrounding the practice of ventilatory support, and also to establish the case for treatment in a group of patients who would otherwise suffer through the ignorance of their doctors. This comprehensive volume by Dr Schneerson covers the areas which are relevant to the investigation and management of patients with ventilatory failure arising from scoliosis, neuromuscular disease, and less common disorders. The first third of the book covers the basic underlying physiology and pathophysiology. This is followed by descriptions of the individual disorders of ventilation and, separately, by the different methods of treatment, both historical and current. All the chapters can stand alone and are generously illustrated by plates, line drawings, and flow charts. There is a magnificent set of references containing over 3400 entries and going up to 1987. The style of the book is very conservative and it is not a radical text or a "How to do it" manual. There is also notable underemphasis of some important recent subjects, such as nasal intermittent positive pressure ventilation and respiratory muscle rest in airway obstruction. I assume that this reflects the rapid growth of the specialty as well as the author's natural caution, and that they will be included in

future revisions. Only in the last chapter, on the organisation of an assisted ventilation service, is there a demonstration of his strength of feeling that the resources in this country are wholly inadequate. This book should become a classic volume found on the bookshelf of every respiratory physician and any other specialist who is likely to have contact with patients in ventilatory failure.—MDLM

**Asthma: Basic Mechanisms and Clinical Management**. Ed P J Barnes, I W Rodger, N C Thomson. (Pp 784; £55.) London: Academic Press, 1988. ISBN 0-12-079025-4.

This multiauthor book on asthma represents a thorough review of the pathogenetic mechanisms, the known triggering factors, and the treatment modalities in asthma. About two thirds of the book are devoted to basic mechanisms, including the different airway cells and the inflammatory and chemical mediators possibly playing a part in the disease, the neural and humoral mechanisms controlling the airways, and the triggering factors in asthma. The pathogenetic roles of the different cells, mediators, and mechanisms are discussed in separate chapters. This part of the book is an excellent up to date review of the actual research in asthma. The second part of the book discusses the treatment of asthma. The different forms of treatment are critically reviewed and the book ends with state of the art reviews on the management of acute and chronic asthma in children and adults. The final chapter indicates future trends in asthma treatment. The book contains numerous illustrations and useful diagrams. Each chapter is followed by an extensive reference list. This book on asthma therefore represents a very valuable state of the art review on the pathogenesis and treatment of asthma. Other aspects of the disease, including diagnosis and evaluation, are left out. The book will be especially useful for scientists engaged in research on the pathogenesis and treatment of asthma and represents for them a comprehensive review and reference source. The clinician should use the book for updating his knowledge on asthma, though the size of the book and the absence of relevant clinical aspects may discourage him.—RP

**Essential Chest Radiology**. J B Cookson, D B L Finlay. (Pp 151; £12·50.) London: Heinemann Medical, 1988. ISBN 0-433-00047-3.

This slim book is intended as a pocket guide to chest radiology for the junior hospital doctor and senior medical student, and as such represents a long overdue effort to meet the needs of young physicians seeking a clinically oriented introduction to interpretation of the chest radiograph. The book includes introductory chapters on radiographic techniques and normal radiological anatomy and then proceeds to discuss abnormal appearances of the lung fields, the chest wall and pleura, and the mediastinum. The introductory chapters succeed in condensing much information into an accessible form. There are unfortunate errors in the labelling of some of the anatomical figures, but these are generally too obvious to confuse the reader. The chapters describing radiological abnormalities take the approach of categorising the appearances and discussing the differential diagnosis; the index lists diseases for anyone requiring a synopsis of the radiological findings associated with particular diseases and abnormalities. These chapters deal concisely with a wide range of material, and illustrative radiographs are plentiful. Satisfactory reproduction of radiographs for textbooks is always problematic, particularly of diffuse nodular or interstitial shadowing; but in general the quality is good. There are clinical notes in the text to aid diagnosis, and although these are inevitably brief they are well chosen. A book of this size cannot deal comprehensively with a subject such as chest radiology, and it has little to teach the more experienced physician. The essentials are there, however, and are presented in an eminently readable form, making this an excellent purchase for the junior or senior house officer.

**Year Book of Pulmonary Disease 1988.** Ed G M Green, with W C Ball, J R Mitchell, S P Peters, P B Terry, M S Tockman, R A Wise. (Pp 424; £33·50.) USA: Year Book Medical Publishers, 1988. ISBN 0-81513922-5.

This book is an overview of selected papers published in the English language relating to respiratory medicine in the years 1987–8. The book is divided into chapters covering most aspects of respiratory diseases, including respiratory structure and function, obstructive and restrictive disease, asthma and related disorders, pulmonary infections, pulmonary vascular disease, lung tumours, and also environmental and occupational lung diseases. Each chapter consists of abstracted papers selected and written by the chapter editor along with very concise and honest comments relating to the contents of the article or group of articles. The book was not written to be entertaining bedside reading; it is a text to read when one has time rather than to digest in one sitting. The choice of papers, however, is very representative of the quality publications of the year and the comments included with the abstracts guide the reader through unknown and familiar territory to give a balanced perspective on the importance of each paper. I would recommend this book for the busy physician who is interested in keeping abreast with current research but does not have time to keep up to date with respiratory publications on a regular basis either in his or her area of interest or in other fields within respiratory medicine. This book helps to sort the wheat from the chaff of the papers in the respiratory journals, and within this context I would endorse this book highly.—JFJM