

- 11 Hoffman LA, Dauber JH, Ferson PF, Openbrier DR, Zullo TG. Patient response to transtracheal oxygen delivery. *Am Rev Respir Dis* 1987;135:153-6.
- 12 Haggi J, Anderhub HP, Kronauer C, Russi EW. Trans-tracheale O<sub>2</sub>-applikation zur sauerstoff-longzeittherapie. *Schweiz Med Wochenschr* 1988;118:1321-4.
- 13 Christopher DL, Spofford BT, Brannin PK, Petty TL. Transtracheal oxygen therapy for refractory hypoxaemia. *JAMA* 1986;256:494-7.
- 14 Heimlich HJ, Carr GC. Transtracheal catheter technique for pulmonary rehabilitation. *Ann Otol Rhinol Laryngol* 1985;94:502-4.
- 15 Quanjer Ph. Standardized lung function testing. *Clin Respir Phys* 1983;195(suppl 5):45-51.
- 16 Fletcher EC, Nickeson D, Costarangos-Galarza C. Endotracheal mass resulting from a transtracheal oxygen catheter. *Chest* 1988;93:438-9.
- 17 Couser JI, Make BJ. Transtracheal oxygen decreases inspired minute ventilation. *Am Rev Respir Dis* 1989;139:627-31.
- 18 Johnson LP, Cary JM. The implanted intratracheal oxygen catheter. *Surg Gynecol Obst* 1987;165:75-6.
- 19 Claiborne RA, Paynter DE, Dutt AK, Rowlands JW. Evaluation of the use of an oxygen conservation device in long-term oxygen therapy. *Am Rev Respir Dis* 1987;136:1095-8.

## BOOK NOTICES

**The Role of Inflammatory Processes in Airway Hyperresponsiveness.** S T Holgate. (Pp 255; £39.50.) Oxford: Blackwell, 1989. ISBN 0-632-02618-9.

This book is the outcome of a meeting, in Florida in 1988, of a select group of academics and research workers with an interest in the pathophysiology of asthma. The work is divided into seven chapters, though they are really sections, under the headings of: clinical presentation, pathology, diagnostic procedures, physiology, cellular mechanisms, pharmacology and therapeutics, and epidemiology. Each section is composed of contributions from three to five different authors, who obviously bring their own particular interests and slant. That leads to a rather disjointed collection of essays, which at times only loosely fit under the general chapter heading. There is also much overlap between the chapters, and sometimes even repetition within a chapter. Some experimental areas are reviewed several times. I think it would have been better, and more readable, if each author had been given a specific title and chapter within general section areas. That would also have allowed a more detailed contents list, so that a "browser" could accurately select out a focal area of interest. The book contains a number of "gems", which are picked up only by a fairly comprehensive read. One problem with a book based on proceedings of a conference that included presentation of original data is that by the time the book is published the relevant papers have frequently been in the journals for some time, and what was presented as new and hot news at the meeting seems slightly dated by the time the book appears. The book is rather more up market than many such symposium reports, but does suffer to some extent from that inevitable malaise. The title of the book reveals one of its difficulties. It would seem to take the relation between asthmatic airway hyperresponsiveness and airway inflammation as an established truth. Some of the authors do indeed treat the matter as a dogma to be supported, but the better chapters and authors keep a healthier distance and treat the title phrase as a hypothesis to be tested. This variation in approach, rather randomly placed through the book, gives the book a mildly schizophrenic feel when read from cover to cover. Overall, however, this book is a success and deserves a wide readership. It is most appropriate to those with an active research interest and for them the extensive reference lists will be very helpful; but it would also make a useful addition to most hospital libraries, and should certainly be available to departments of chest medicine and to those contemplating studies in this important area.—EHW

**Pocket Consultant Respiratory Medicine.** 2nd ed. N McI Johnson. (Pp 391; £13.95.) Oxford: Blackwell, 1990. ISBN 0-632-02572-7.

The pace of change in respiratory medicine is illustrated by the necessity for a second edition of this small textbook only four years after the first. The book is

aimed at medical students, junior medical staff, physiotherapists, and nurses. About half of the text consists of lists and tables that will be useful to candidates for final and MRCP examinations but casual readers may find them annoying, especially as they are unreferenced. The layout is generally clear but the list of contents contains only seven chapter headings; the reader must then refer to a subindex at the beginning of each chapter. The book contains 136 figures, including 83 chest radiographs and 19 computed tomograms. These are generally of good quality and well chosen to give the beginner a flavour of the most common radiographic abnormalities. Not all of the illustrations are of such high quality—for example, there is a very poor quality illustration of "positive allergy skin prick tests" and the publishers have managed to produce an upside down photograph of a Volumatic spacer device which might confuse the uninitiated. The topics covered are of importance to the target audience but one might expect a mention of primary pulmonary hypertension or the treatment of empyema in a text of this size. Churg-Strauss syndrome and Wegener's granulomatosis appear on a list but are neither indexed nor described. Lung infections are well described, however, with a particularly useful section on AIDS. As with any single author book, the text is sometimes idiosyncratic (nedocromil is preferred to inhaled corticosteroids in adult atopic asthma, and a bronchitic patient, it is said, should be given a trial of steroids only if he or she "might be a chronic asthmatic"). The text is sometimes very topical (HIV infection, methotrexate in asthma) and sometimes quite old fashioned: "intravenous aminophylline is the drug of choice in severe acute asthma attacks," percussive physiotherapy is recommended for acute pneumonia, and diphosphonates are not mentioned in the treatment of malignant hypercalcaemia. In summary, this book will be useful to its intended audience, the chest unit library should contain a copy, and many house officers may wish to buy it themselves.—BR O'D

## NOTICES

### International symposia in Rotterdam

The Eleventh International Symposium on Information Technology in Anaesthesia, Intensive Care, and Cardiopulmonary Medicine will be held in Rotterdam on 8-10 October 1990, and the Sixth International Symposium on Cardiopulmonary Urgencies and Emergencies on 26-29 November 1990. Details may be obtained from Dr Omar Prakash, Thorax Centre, Erasmus University, 3000 DR Rotterdam, The Netherlands (fax 31-10-463-5240).

### Drug delivery to the lungs

A repeat of the meeting on drug delivery to the lungs, held by the Aerosol Society last October, will take place on 4 December 1990 at Fisons PLC, Loughborough. Details may be obtained from Dr S P Newman, Department of Thoracic Medicine, Royal Free Hospital, London NW3 2QG (071 794 0500).