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patients, or with control measurements, is in these circumstances in our opinion essential.

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1 Cabrera MR, Nakamura GE, Montague DA, Cole RP. Effect of airway pressure on pericardial pressure. *Am Rev Respir Dis* 1989;140:659-67.

***Pneumocystis carinii* pneumonia complicating low dose methotrexate treatment for rheumatoid arthritis**

We read with interest the paper by Dr A Wollner and his colleagues (March 1991; 46:205-7) as we have recently reported two cases of pneumocystis pneumonia in immunocompromised patients with rheumatoid disease.¹ A 42 year old woman with severe seropositive rheumatoid arthritis was started on oral methotrexate treatment 7.5 mg per week and developed pneumocystis pneumonia after 16 weeks of treatment. Despite a stormy course, requiring ventilation for almost three weeks, she made a full recovery. It is of interest that at the onset of pneumonia her total white cell count was $14.6 \times 10^9/l$ with relative lymphopenia (total) lymphocytes $290 \times 10^6/l$, 2% of total). Our second patient was a 55 year old man treated with cyclophosphamide 2.5 mg/kg plus prednisolone 40 mg for microscopic polyarteritis nodosa. After eight months of treatment he developed pneumocystis pneumonia. Again, despite a normal total white cell count of $4.9 \times 10^9/l$, he had profound lymphopenia (1%, $43 \times 10^6/l$). This patient also required assisted ventilation but responded well to treatment, with complete resolution of symptoms.

With the increasing use of immunosuppression for patients with rheumatoid arthritis and similar conditions, the guidelines on falling total white cell counts would seem to be ineffective. The lymphopenia found in our two patients and in all three of the cases recorded by Dr Wollner and colleagues would suggest that this makes a substantial contribution to the immunodeficiency resulting in opportunistic infections. We advise that the absolute lymphocyte count should also be monitored in patients treated with cytotoxic drugs and that the dose should be adjusted promptly if profound lymphopenia develops.

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1 Porter D, Marshall DAS, Madhok R, Capell HA, Sturrock RD. *Pneumocystis carinii* infection complicating cytotoxic therapy in two patients with lymphopenia, but a normal total white cell count. *Br J Rheumatol* (in press).

BOOK NOTICES

Respiratory Medicine in Clinical Practice. Peter Howard. (Pp 281; £29.50.)

London: Hodder and Stoughton, 1991. ISBN 0-340-54560-7.

The author's preface states that this book is not intended to compete with comprehensive textbooks but is a survey of salient topics and controversies, aimed primarily at MRCP candidates. In this object it only partially succeeds. The book is organised in a standard way. Basic anatomy and physiology are covered adequately in the first five chapters; chapter 6 discusses basic investigations, and the middle chapters deal with clinical topics. The coverage is adequate but from the MRCP candidate's viewpoint there are important omissions. Recent developments are popular topics in membership examinations and coverage of these is patchy. For example, discussion of atypical mycobacterial infections is brief, and no mention is made of the recent improvement in the understanding of the genetics of cystic fibrosis or of bisphosphonates in the management of malignant hypercalcaemia. The use of antineutrophil cytoplasmic antibody in the diagnosis of Wegener's granulomatosis is not mentioned. Fine detail on radiographs is difficult to see owing to reproduction on print quality paper. The radiographs in figures 11.6 and 15.5 look very similar although the attached diagnoses are different. The book concludes with case histories, which are rather brief and would be improved if more information were given and questions were more akin to the "grey" cases posed in the membership examination. The MCQ questions are a useful aid to revision. Thus, although most standard topics are covered well, there are important omissions in the coverage of recent changes in diagnosis and management of topical respiratory conditions.—JAR

Immunologically Mediated Pulmonary Diseases. Edited by Joseph P Lynch III and Richard A DeRemee. (Pp 547; \$95.) Philadelphia: Lippincott, 1991. ISBN 0-397-51051-9.

This multi-author volume deals with a wide range of lung diseases in which immunological processes are thought to play a part in pathogenesis. The authors are exclusively American or Canadian and most are acknowledged experts in their spheres. The topics covered range from asthma, including occupational asthma, occupational lung disease, various disorders in which lung vasculitis is a component (four chapters), eosinophilic pneumonia, granulomatous lung diseases, and diseases characterised by the presence of fibrosing alveolitis. Rarer lung problems, such as pulmonary alveolar proteinosis, pulmonary haemorrhage syndromes, and eosinophilic granuloma, receive comprehensive attention and I welcome the detailed chapter on the complex disorders in which low grade lymphoproliferative processes operate, such as lymphomatoid granulomatosis. The editors' aim has been to integrate advances in the basic sciences with a clinical approach to diagnosis and management and each chapter addresses each of those issues separately. The text is directed mainly at practising clinicians and each chapter has been written, successfully in my view, with this in mind. No major area has been ignored. Each chapter is well referenced numerically, though there are few references more recent than 1989. The quality of the illustrations is somewhat variable. Particularly informative and well written chapters include those on pulmonary com-

plications in collagen vascular disease, lymphomatoid granulomatosis and lymphoproliferative disorders of the lung, pulmonary haemorrhage syndromes, and idiopathic pulmonary fibrosis. This book has achieved its aim of combining basic science with clinical practice in a very readable form. Anyone concerned with the management of pulmonary disease, either as pulmonary physicians or as rheumatologists, clinical immunologists, or other clinicians seeing patients with pulmonary problems, should find much of interest here; and at \$95 the book is extremely good value for money. Medical students and staff in training would find this an invaluable source of reference.—RMduB

Asthma—its Pathology and Treatment. MA Kaliner, PJ Barnes, CGA Persson. (Pp 808; \$165, USA and Canada; \$189.75, all others.) New York: Dekker, 1991. ISBN 0-8247-8217-8.

This book comprises several reviews with discussion sections derived from a three day symposium and attempts to cover comprehensively the pathology and treatment of asthma. In the main the book is well written and has drawn on the expertise of several acknowledged experts. Of particular note are the sections on asthma epidemiology and airway epithelium. Occasional chapters suffer from a disproportionate emphasis on the authors' own work. There are one or two subjects that are not covered particularly well, including cytokines, occupational asthma, and certain of the new asthma treatments, such as the potassium channel activators, in addition to some of the more practical aspects of asthma management. It would also have been useful to have an overview chapter, either at the beginning of the sections on asthma treatment or at the end. All things considered, however, this book represents a comprehensive review of asthma, which would be a useful addition to the bookshelf of the asthma specialist. It would make a useful reference book for general respiratory physicians, but for this group the price may prove prohibitive.—AK

NOTICES

International meeting on pulmonary mechanics and chest physiotherapy

The Fourth International Meeting on Pulmonary Mechanics and Chest Physiotherapy will take place in Brussels on 30 May 1992. The main topic will be breathlessness, and the free communications will relate to this. Details from Professor R Sergysels, Clinique de Pneumologie, Hôpital Universitaire St-Pierre, rue Haute 322, 1000 Brussels, Belgium.

Course on lung pathology

A comprehensive course of lectures on lung pathology and practical, hands on microscopy sessions will be held at the National Heart and Lung Institute, London, on 1-4 June 1992. The course is aimed at pathologists in training and consultant pathologists wishing to update their knowledge. The fee will be £195 (US \$335). Further information from Professor B Corrin, Lung Pathology, Brompton Hospital, London SW3 6NP (Tel: 071-351 8420, Fax: 071-351 8443).