

(six cases) and smooth muscle in the cyst wall (six cases). Finding smooth muscle and elastic fibres in the cyst wall and identifying the communication between the cyst and the thoracic duct is the key to the diagnosis of thoracic duct cyst.

Thoracic duct cyst must be included in the differential diagnosis of symptomatic and asymptomatic mediastinal masses. Surgical excision is recommended so that a definitive histological diagnosis can be made, symptoms alleviated and complications prevented. Care must be taken to identify the communication of the cyst with the thoracic duct and secure the ligation of communicating pedicles, especially the afferent vessel, to prevent post-operative chylothorax.

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## BOOK NOTICES

**Respiratory Physiology.** 2nd ed. John Widdicombe and Andrew Davies. (Pp 132; £9.95.) Sevenoaks: Edward Arnold, 1991. ISBN 0-340-55253-0.

This book forms part of the series "Physiological Principles in Medicine," in which books are published in pairs, one describing the basic physiology and the other being its clinical counterpart. Respiratory physiology is a second edition, which links to the clinical book in the series "Respiratory Disorders" by Cameron and Bateman. It is aimed at medical students studying for second MB and therefore assumes no prior knowledge. It should also be of interest to others, including nurses, respiratory technicians, and physiotherapists. The book is divided into 10 chapters and includes sections on lung structure, mechanics, pulmonary circulation, blood gas transport, and control of breathing. The final chapter describes the physiology of some special conditions, including breathing at altitude, underwater, and during exercise. It is well written and easy to read, with each chapter highlighting the relevant laws of physics and important basic principles. Each chapter concludes with a list of learning objectives to ensure that the reader has assimilated the main points. The illustrations are appropriate and clear. Overall it is a highly readable book describing the basic principles of respiratory physiology and at less than £10 represents good value for money. It is probably too small and superficial, however, to be of interest to those studying for postgraduate examinations.

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**Assisted Ventilation.** Edited by John Moxham. (Pp 93; £8.95, overseas £11.) London: British Medical Journal, 1991. ISBN 0-7279-0306-3.

This is an excellent small book. It deals with several key areas of respiratory intensive care, covering the indications for mechanical ventilation, care of the patient on a ventilator, and weaning. Two further chapters consider non-invasive ventilatory techniques. Although the editor has defined his potential readership as physicians unfamiliar with this area there is no doubt that the book will appeal to anyone working in an intensive care unit. Given the reputation of the editor for forthright explanation, it is not surprising that jargon has been avoided, with the result that the text is clear and readable. Certain chapters stand out. The section on weaning, written by John Moxham and John Goldstone, is up to date and will interest all clinicians concerned with this sometimes complex and prolonged process. Margaret Branthwaite's section on non-invasive ventilation is another fascinating account of a new technique with enormous application for the future. In case my selection of these chapters gives the impression that the others are of any less quality I hasten to add that this is not the case. They are uniformly of the highest standard, as is to be expected from the list of authors. Professor Moxham is to be congratulated on his selection of experts, who between them have managed to put together a first rate account of respiratory critical care. If the senior echelons of the Royal Colleges would insert a period of intensive care training into the programme of junior physicians, the targets of Professor Moxham's book might even be able to apply this knowledge.—RA

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