is a good method for providing a definite diagnosis and more invasive procedures such as open lung biopsy can be avoided. This technique may be particularly useful for immunocompromised patients with pulmonary consolidation who have failed to be diagnosed by conventional approaches.

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BOOK NOTICES

A Century of Tuberculosis—South African Perspectives. HM Coovadia and SR Benatar. (Pp 319; £17.50.) Cape Town: Oxford University Press, 1991. ISBN 0 19 570583 1.

This South African perspective of tuberculosis over the last 100 years divides into four main sections. "History and epidemiology" covers the history of tuberculosis from early times into the prechemotherapy era, followed by the epidemiology of tuberculosis in South Africa documenting control efforts and the detailed epidemiology in various ethnic groups. "Clinical aspects" covers tuberculosis in children and adults in general, with specific chapters on pericardial, skin, neurological, and bone and joint forms, which are commonly seen in South Africa. Next the relationships between occupation and tuberculosis, particularly between mining and silicosis, are fully examined. The final section covers various aspects of diagnosis, treatment, and immunology, including the spectrum of radiographic changes; a review of the immune response to *Mycobacterium tuberculosis*; and diagnostic considerations in management and epidemiology. The evolution of antituberculosis chemotherapy is charted for both developed and developing countries, and it was pleasing to see the British Thoracic Society treatment guidelines listed in the milestones of tuberculosis treatment. The final section deals with the role of voluntary organisations and other aspects of tuberculosis control in South Africa. It is disappointing to see relatively little on the tuberculosis-HIV interaction, even though this will clearly be a major problem for this part of Africa. Although HIV infection is mentioned in various sections, there are no figures for the prevalence of HIV-tuberculosis cases in South Africa, and nothing about local clinical experience in treatment. The book's strength is in the non-clinical sections, which clearly show the interaction of social, economical, and political factors in tuberculosis, the importance of which tends to be neglected in the developed world. In particular, the pernicious and detrimental effects of the apartheid and homeland systems on the incidence and control of tuberculosis are graphically brought out. The book will appeal to those with interests in tuberculosis and its control, but may not find its way on to departmental shelves.—LPO

Recent Advances in Respiratory Medicine 5. D M Mitchell. (Pp 312; £32.95.) Edinburgh: Churchill Livingstone, 1991. ISBN 0-433-04467-8.

Despite regular reading of the journals it is quite difficult for the practising physician to obtain a balanced view of the changes and developments occurring in all aspects of respiratory medicine over a period of time. *Recent Advances in Respiratory Medicine* thus has an important role. Five years seems a long time since the last volume in this series was produced, so volume 5 is very welcome. The aim, as always, is to provide up to date reviews of the growing areas in respiratory medicine, written by leaders in each subject, for consumption by doctors in training as well as the practising physician. In volume 5, as in previous volumes, this is undoubtedly achieved. Of the 17 chapters in the book, two are devoted to asthma and four to aspects of lung transplantation, the latter being of special value for those who do not have the privilege of working in a transplant centre. Each of the other 11 chapters covers different and specific areas of respiratory medicine, ranging from cystic fibrosis to chronic obstructive lung disease. The emphasis is mainly on clinical topics but the basic sciences are not neglected, with sections of the chapters on the adult respiratory distress syndrome, asthma, cystic fibrosis, and occupational lung disease dedicated to these. Most chapters are concisely presented and extensively referenced, allowing readers to delve even further into a particular subject if they wish. It is impossible to be impressed with every aspect of any book. I would like to have seen more detail on the risk of treatment in the chapter on venous thromboembolism. The chapter on interstitial lung diseases might have been better if it had been more selective in its content rather than giving an overview of all aspects, especially when separate chapters on sarcoidosis and occupational lung disease cover some of the same ground. The price at £32·95 seems a lot for a small volume but given the amount of information crammed into the 312 pages this is perhaps unfair. These are but minor quibbles about what is an otherwise excellent volume. It should be on the bookshelf of any practising respiratory physician and should be read by all those in training in respiratory medicine.—MW