

We do not accept Dr Miller's contention that the lesions described in her series and ours ought to be considered as bronchiolo-alveolar cell adenomas. The lesions are generally characterised by nuclear pleomorphism and a high nucleocytoplasmic ratio—features not normally associated with a benign neoplasm. We feel strongly that these features are much more consistent with premalignant dysplastic lesions seen at other sites—including the bronchus—hence our preference for "atypical hyperplasia."

FA CAREY  
D LAMB

Department of Pathology,  
The University of Edinburgh,  
Medical School, Teviot Place,  
Edinburgh EH8 9AG

## BOOK NOTICES

**Asthma in the Workplace.** I Leonard Bernstein, Moira Chan-Yeung, Jean-Luc Malo, David I Bernstein. (Pp 664; \$185.00.) New York: Dekker, 1993. ISBN 0-8247-8799-4.

This book is like a fruit cake: solid, full of goodness, digestible after a fashion, and mildly old fashioned. In it you will find a great deal about occupational asthma, yet some readers will remain disappointed.

Occupational asthma is of continuing interest because of its public health implications and because it provides a very useful model for the study of the mechanisms of asthma in general. Much is known about the frequency of occupational asthma in many working populations and this is covered well in a comprehensive chapter on epidemiology by Becklake. Too little is known about the impact of occupational asthma in the population as a whole and more discussion of this would have been welcome. Pathophysiological comparisons between occupational and non-occupational asthma are well covered in a chapter by Fabbri and others, but again these comparisons could have been usefully extended. The importance of evaluating exposure-response relationships is discussed too briefly in an otherwise excellent chapter on surveillance by D Bernstein. Other chapters discuss definitions, clinical matters, and environmental monitoring, and a comprehensive list of specific types of occupational asthma is included.

The four editors are all North American and between them they contribute to 17 of the 27 chapters. The parochialism of some of these contributions is irritating. The section on platinum asthma is, for example, little more than a repetition of the authors' work with no reference to studies carried out on this side of the Atlantic. The chapter on challenge tests describes a procedure very different from the more pragmatic approach used in Britain. On the other hand appropriate regard is given to surveillance systems and legal/compensation matters outside North America.

Many of those with a special interest in occupational asthma have already con-

tributed to this book. Others who will find it useful—and it is undoubtedly a useful book—will be those with an interest in occupational health and in asthma in general, and those with a well funded library.—PC

**Lung Vascular Injury.** Arnold Johnson, Thomas Ferro. (Pp 368; \$135.00.) New York: Dekker, 1992. ISBN 0-8247-8718-8.

This is yet another volume in the series entitled "Lung Biology in Health and Disease" which is rapidly becoming a classic of academic respiratory medicine. There are now over 60 books in the same series and a degree of overlap is hardly surprising. Volumes 24 and 50 were specifically devoted to the adult respiratory distress syndrome (ARDS) and this current work really updates the reader on progress in this important area.

Despite the fact that the mortality associated with ARDS remains depressingly high, research in this area has proved remarkably fruitful. The fashion of the 1980s for lengthy investigations of the pattern of fluid and solute flux through the damaged alveolar capillary membrane seems to be changing, partly through an appreciation by clinicians that, in many cases, lung injury represents only the pulmonary manifestation of a panendothelial insult. The recognition that the endothelium and smooth muscle act in concert to regulate both systemic and pulmonary vascular control, and the burgeoning literature concerning endothelially derived vasoactive products, are reflected fully in the nature of the contributions to this book. Thus, early chapters deal with transmembrane signal transduction and activation of phospholipases in the endothelium and the role of second messengers in the regulation of pulmonary vascular smooth muscle and permeability. There are several contributions touching on the relevance of the oxidant:antioxidant balance and a first class section on impaired vascular smooth muscle function in lung injury.

As in the rest of the series, the illustrations are clear. The referencing just about creeps into the early 1990s, which is probably about as up to date as could be expected. This is a worthy addition to a fine series, even if the current exchange rate puts the price out of reach for most individuals.—TWE

**A Colour Atlas of Respiratory Infections.** J T Macfarlane, R G Finch, R E Cotton. (Pp 130; £65.00.) London: Chapman and Hall, 1993. ISBN 0-412-38960-6.

This is a book with more than 300 illustrations, most of which are both educational and technically superb. About half reflect an interest in pathology; post mortem specimens are included. Of the 100 or so radiographs only the tuberculous empyema is not convincing and a pleural effusion, with mediastinal shift towards it, is a curiosity (figures 4.30 and 4.31 remain a mystery unexplained by the text). The clinical

photographs are admirably instructive. However, the spots were difficult to see on the man with a *Varicella* pneumonia and I suppose that tuberculosis is not the only cause of cachexia in a 48 year old man. Red arrows to indicate the portals of infection might relieve the boredom of a sedated, ventilated man in intensive care. The cooling tower (*Legionella*) was worthy of the Tate gallery and parrots were light relief to explain the serious "Psittacines". What a shame that the most helpful figure (seasonal peaks of common respiratory pathogens) was not more glamorous.

The quality of the text was variable. The chapter on the causes of recurrent respiratory infections was excellent. However, guidelines to restrain the adventurous fired up by "Invasive techniques for the investigation of respiratory tract infections" would be helpful. The pot pourri promised by "Uncommon or geographically restricted respiratory tract infections" was a disappointment. The importance of tuberculosis was underplayed: its presentation in the immunocompromised patient would have benefited from an American input, the epidemiology was dated, a clear message on treatment was missing, and the BTS guidelines were misquoted. There were some contentious hidden messages. Is *Haemophilus influenzae* the main cause of infective exacerbations of chronic bronchitis? Is chloramphenicol no longer a good treatment for some respiratory infections? Is a CT scan necessary when an aspergilloma has been well demonstrated by a plain radiograph? Should a highly calcified tuberculoma really be excised?

This is a book for the library with funds to spare at the end of the financial year. I look forward to the second edition—GB.

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## NOTICE

### Eighteenth International Conference on Lung Sounds

The Eighteenth International Conference on Lung Sounds will be held at Lake Louise, Alberta, Canada on 25–27 August 1993. For further information contact Raymond L H Murphy Jr, Attn: Barbara Keith, Faulkner Hospital, Pulmonary Department, 1153 Centre Street, Boston, Massachusetts 02130, USA. Tel: (617) 522-5800, x1968. Fax: (617) 524-8663.