
This book fills a significant gap in the literature regarding the basic science, physiology, and practical clinical aspects of respiratory medicine in the elderly. Most of the standard texts on the elderly are woefully short on detail, while respiratory textbooks seldom pay much attention to the physiology and clinical medicine of ageing patients. This is the latest volume in an extensive series—Lung biology in health and disease—with a distinguished list of 25 authors. Geriatricians will find it referenced and reviews of respiratory physiology and clinical medicine successfully discussing the interplay between ageing and disease, while the chest physician will find enough specific scientific data to broaden his interest to the older age groups.

The first chapter on the ageing lung is a thorough, comprehensive, well referenced piece which sets the tone for later chapters. There are reviews of current work regarding lung function in the elderly, and a useful expansion of the ATS guidelines regarding their interpretation. Difficulties of extrapolation from younger age groups and the merits of the use of new methods such as SFC and longitudinal studies are discussed. There follow thorough descriptions of respiratory monitoring and sleep disorders together with methods appropriate for elderly patients and the need to address multysystem disease.

The clinical chapters take both the problemapproach— dyspnoea, wheeze and cough—as well as the more conventional diagnostic headings. Age is no explanation for dyspnoea, and detailed clear descriptions of different investigative techniques with good quality algorithms aid the reader with problem solving. A chapter on the epidemiology of pneumonia, host defence changes and outcome with detailed referencing is particularly successful.

There are areas of slight unevenness; rather long chapters on pulmonary rehabilitation, cessation of smoking, and nutrition probably reflect the transatlantic flavour. Inclusion of all authors referenced within the text can, on occasion, break up the flow and the sense of the paragraph. The very extensive references include all previous home patients and recommendations on prophylaxis and treatment are probably at some variance with British practice.

Although not cheap, this is a very useful book for geriatricians with an interest in respiratory medicine. It has more than adequate information for chest physicians who need to address this increasing and often understudied group of patients.—TWW.


This enormous text has been under development since 1988 when the need for a comprehensive review of the field of pulmonary and critical care medicine was first recognised by the editors. More importantly, they recognised the pace of scientific and clinical developments that can render text-books useless in only a few years, and designed the current work specifically with this in mind. Thus, the two volume book is looseleaf in format, enabling the easy incorporation of annual revisions and updates into the text. The whole is subdivided into clearly demarcated and marked sections dealing with the basic sciences (anatomy, physiology, pharmacology, etc) that pertain to the lung, including the major clinical subdivisions of respiratory diseases. A very comprehensive and useful section on diagnostic procedures is included. As is so often the case, the authors are almost all from the USA, but the writing is generally good and the line diagrams and radiographs have been clearly reproduced.

The critical care section is rather less satisfactory, being appended at the end of Volume 2 and giving the impression that it is a rather uneasy addition to the main body of the text. Furthermore, the editors seem to have had difficulty deciding what clinical conditions to incorporate outside the immediate respiratory field. Excellent chapters are thus appropriately included covering the treatment of acute respiratory failure and asthma, but septic shock is afforded almost equal prominence. There is no section dealing with renal failure.

The market for this book in the USA should be large as some respiratory and critical care medicine are inextricably interlinked and relatively few clinicians practise in one discipline alone. In this sense, producing a book that requires the purchase of annual updates to remain current is a decidedly shrewd move on the part of the publishers. Outside North America the respiratory physician could be paying a good deal for a number of chapters he may not need. Furthermore, the total lack of indexing suggests he may have difficulty finding what he actually does want.—TWE.

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8th World Congress for Bronchology and Bronchoesophagology

The 8th World Congress for Bronchology and Bronchoesophagology will be held in Munich on 12-15 June 1994. For further information please contact Professor J A Nakhosteen, Augusta Teaching Hospital, Bergstrasse 26, 4630 Bochum, Germany. Tel 49 234 517 2461; fax 49 234 517 2463.