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KEYWORDS Authors should include on the manuscript up to three key words or phrases suitable for use in an index.

STATISTICAL METHODS The Editor recommends that authors refer to Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *BMJ* 1983;286:1489-93. Authors should name any statistical methods used and give details of randomisation procedures. For large numbers of observations it is often preferable to give mean values and an estimate of the scatter (usually 95% confidence intervals) with a footnote stating from whom the full data may be obtained. The power of the study to detect a significant difference should be given when appropriate and may be requested by referees. Standard deviation (SD) and standard error (SE) should be given in parenthesis (not preceded by \pm) and identified by SD or SE at the first mention.

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1 Anderson HR. Chronic lung disease in the Papua New Guinea Highlands. *Thorax* 1979;34:647-53.

2 Green AB, Brown CD. *Textbook of pulmonary disease*. 2nd ed. London: Silver Books, 1982:49.

3 Grey EF. Cystic fibrosis. In: Green AB, Brown CD, eds. *Textbook of pulmonary disease*. London: Silver Books, 1982:349-62.

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respiratory physician with an interest in sleep. Many of the chapters were recently published in the *British Medical Journal*. The chapters are clear and concise, inevitably sacrificing some detail and speculation for the sake of clarity. They provide a broad framework, allowing quick and easy access, although the standard of writing is variable. Not all of the chapters sit easily together. Some deal with specific conditions – for example, obstructive sleep apnoea, the parasomnias, and nocturnal asthma. Others deal with the physiology, impact and epidemiology of sleep diseases and there is a useful series of chapters dealing with sleep and sleep problems in the elderly, in children, in psychiatric conditions, and in patients with medical illness, as well as a series dealing with drugs (psychotropic, recreational, illicit, and withdrawal) in relation to sleep. The double column presentation permits a large number of useful diagrams, graphs, and tables with an occasional whimsical picture. These lighten the text and provide easily accessible check lists and guidelines. For example, there are tables on medical causes of insomnia (p 48), causes of sleep problems in children (p 42), and how medical illness is reflected in dreams (p 64).

In my view this book can and should be read with benefit by students, specialist trainees, and consultants dealing with sleep disordered breathing. I enjoyed many aspects of the book, not least its brevity. It provides a useful reference for a busy clinician and is ideal for dipping into during brief spells of free time. Colin Shapiro and his colleagues are to be congratulated on producing an excellent short and wide ranging book which deserves a wide audience. – KP

Sleep. Rosemary Cooper. (Pp 702; £79.00.) London: Chapman and Hall, 1994. 0 412 39150 3.

Thorax readers will be familiar with the explosion of interest and research in sleep apnoea, but may be less aware of recent research and developments in the physiology of sleep and sleep medicine in general. The number of respiratory physicians investigating patients with possible sleep apnoea is increasing steadily, and all find inevitably that they are asked to see and investigate patients with other sleep disorders; consequently they need to be aware of the differential diagnoses of daytime sleepiness, sleep disturbance, parasomnias, etc.

This excellent multi-author text is therefore timely as it gives an up to date and comprehensive account of the subject. The first half of the book is devoted to physiology with useful reviews of areas such as the neurochemistry of sleep, circadian rhythms, dreams and, most elusive of all, the function of sleep. Although we are little further forward in elucidating the "purpose" of sleep, one would expect the mechanisms involved to be more amenable to scientific enquiry – yet it is salutary to see the number of putative natural sleep promoting substances which total no less than 36. The second half of the book includes detailed accounts of primary sleep disorders, parasomnias, and sleep disorders found in various medical and psychiatric conditions, followed by reviews of the

important social consequences of sleep disorders and, finally, detailed practical advice on sleep recording. Sleep apnoea is, of course, included but more detailed accounts can be found elsewhere; the increasingly recognised problems associated with non-apnoeic snoring receive little attention. The association of snoring and sleep apnoea with cardiovascular changes and ischaemic heart disease are well reviewed but, surprisingly, similar associations with stroke are not discussed. These are only minor quibbles and the book can be highly recommended to those with an established or burgeoning interest in sleep disorders. – GJG

Clinical and Physiological Applications of Electrical Impedance Tomography. David Holder. (Pp 310; £50.00.) London: UCL Press, 1993. 1 85728 164 0.

Electrical impedance tomography (EIT) is a new non-invasive tomographic imaging technique which is in the process of development. This book describes the state of the art of the technical aspects of EIT and its possible biomedical applications. The book includes excellent introductory reviews, recent technical developments, and applications to the gastrointestinal, nervous, and cardiopulmonary systems. Topics on the technical developments include the design and performance of an EIT system which produces images of the absolute impedance, a portable EIT system, a new reconstruction algorithm, and the specification of a practicable standard chest electrodes harness. The potential of EIT for measurement of gastrointestinal function has been demonstrated perhaps more clearly than in the other areas. The possible applications of EIT to the nervous system, monitoring hyperthermia, measurement of pelvic blood volume, and measurement of cardiopulmonary function have been discussed.

The material presented in this book should be of interest to those seeking an introduction to EIT and to those looking for a comprehensive survey of the subject. However, the clinical applications of this technique are still far away and there is a serious problem with the spatial resolution which needs to be improved before this method will be adopted clinically. The EIT may have interesting research applications, especially with regard to the functional assessment of various biological systems, but it is unlikely that such a method will be able to compete with the established medical imaging modalities such as CT, MRI, and PET in the near future. – RHM

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NOTICES

Lung Pathology

A course in lung pathology will be held at the National Heart and Lung Institute, London on 1–4 November 1994. For further information contact: Professor B Corrin, Histopathology, Royal Brompton National Heart and Lung Hospital, London SW3 6NP. Fax: (+44) 71 351 8435.

European Asthma School

A three day intensive course on experimental and clinical aspects of asthma will be held in Ghent, Belgium on 8–10 November 1994. Further information: Department of Respiratory Diseases, University Hospital, De Pintelaan 185, B 9000 Ghent, Belgium. Telephone: (+32)-9-2402611. Fax: (+32)-9-2402341.

Cuneo Lung Cancer Conference

The Cuneo Lung Cancer Study Group is organising a conference on non-small cell lung cancer in Alba, Cuneo, Italy on 7–8 October 1994. For further details contact the Organising Secretariat, Via Romita 15, 12012 Borgo S Dalmazzo, Cuneo, Italy. Telephone: (+39) 171 441770. Fax: (+39) 171 611597.

5th International Conference on Pulmonary Rehabilitation and Home Ventilation

The 5th International Conference on Pulmonary Rehabilitation and Home Ventilation will be held at the Hyatt Regency Hotel, Denver, Colorado on 12–15 March 1995. Deadline for receipt of abstracts for poster/oral presentations on original research/clinical observations 1 November, 1994. For information contact the National Jewish Office of Professional Education. Telephone: 303-398-1000.