mass. After radiotherapy two further cycles of chemotherapy were given. Unfortunately the patient died of neutropenic sepsis in the 10th month of treatment.

We believe that combined chemotherapy and radiotherapy can be used in this immunohistopathologically and clinically rare tumour.

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1 Koss MN, Hochholzer L, O'Leary T. Pulmonary blastoma. *Cancer* 1991;**67**:2368–81.
2 Karcıoğ lu AZ, Someren AO. Pulmonary blastoma: a case report and review of the literature. *Am J Clin Pathol* 1974;**61**:287–95.
3 Manivel JC, Wood JR, Watterson J, *et al.* Pleuropulmonary blastoma. The so-called pulmonary blastoma of childhood. *Cancer* 1988;**62**:1516–26.

BOOK NOTICE

Epidemiology of Lung Cancer. J M Samet. (Pp 544; $175.00). New York: Marcel Dekker, 1994. 0 8247 8853 2.

Epidemiology of Lung Cancer is a comprehensive overview of this malignancy in terms of environmental causes, lifestyle factors, familial aggregations, individual susceptibility, and genetic determinants. These and other circumstances of exposure are covered in separate chapters, with each chapter standing on its own. The careful reader will achieve, in a time effective way, a nicely balanced, comprehensive update of what is known today about factors capable of increasing or decreasing the incidence of lung cancer in human populations.

The critical reviews and the summing up of evidence on each of the human exposures are based on empirical findings, mainly epidemiological studies in the form of population-based investigations or hospital-based multicentre studies of lung cancer conducted around the world during the last five decades. In most cases the results are studied in the light of evidence of carcinogenicity in experimental animals and other available information on genetic and related effects of the exposure. Exposures considered exhaustively are tobacco smoking (active and passive) – which is by far the most important single risk factor for lung cancer, air pollution, radon, asbestos and manmade fibres, arsenics, silica, diet and – most importantly – interactions thereof, in particular with tobacco smoking. In addition, a full chapter is devoted to the documentation and discussion of the role of individual susceptibility for developing lung cancer.

Overall, the book is well written, clearly organised, and comprehensive in scope. The authors who have contributed to this work are well recognised in the field. In my opinion it is a very useful book for anyone who is involved in the treatment and care of patients with lung cancer. As written by Sir Richard Doll in the introduction chapter: "Epidemiology has already taught us enough for it to be possible to ensure that lung cancer ceases to be the most common form of fatal cancer throughout the world and that it returns to the place it occupied in the nineteenth century among the least common human cancers, if society is prepared to act on the knowledge obtained".—JHO

CORRECTION

New perspectives on inhaled drug delivery and systemic bioactivity

In the editorial entitled "New perspectives on inhaled drug delivery and systemic bioactivity" by B J Lipworth, which appeared on pages 105–110 of the February issue, figure 2 on page 106 was incorrectly labelled; 13 µg in part A should have read 13% and 33 µg in part B should have read 33%. The figure is reproduced here with the labelling correctly applied.

NOTICES

4th European Congress of Extracorporeal Life Support

The 4th European Congress of Extracorporeal Life Support will be held in Bergamo, Italy on 10–12 May 1995. For further information please contact Mr Matteo Salvi, ECMO Conference, Centro Congressi Giovanni XXIII, Viale Papa Giovanni XXIII, 106, 24121 Bergamo, Italy. Telephone: +39 35 236435. Facsimile: +39 35 236474.

Clinical Applications of Pulmonary Function Testing

A course on "Clinical Applications of Pulmonary Function Testing" organised by Professors J M B Hughes and N B Pride will be held at the Hammersmith Hospital, 2 and 3 November 1995. The course will consist of lectures, demonstrations and case discussions on physiological background, methods and applications of usual and not so usual pulmonary function tests and will be of interest to doctors and pulmonary function technicians. For further information contact the Wolfson Conference Centre, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0NN. Telephone: +44 181 740 3117/3245. Facsimile: +44 181 740 4950.

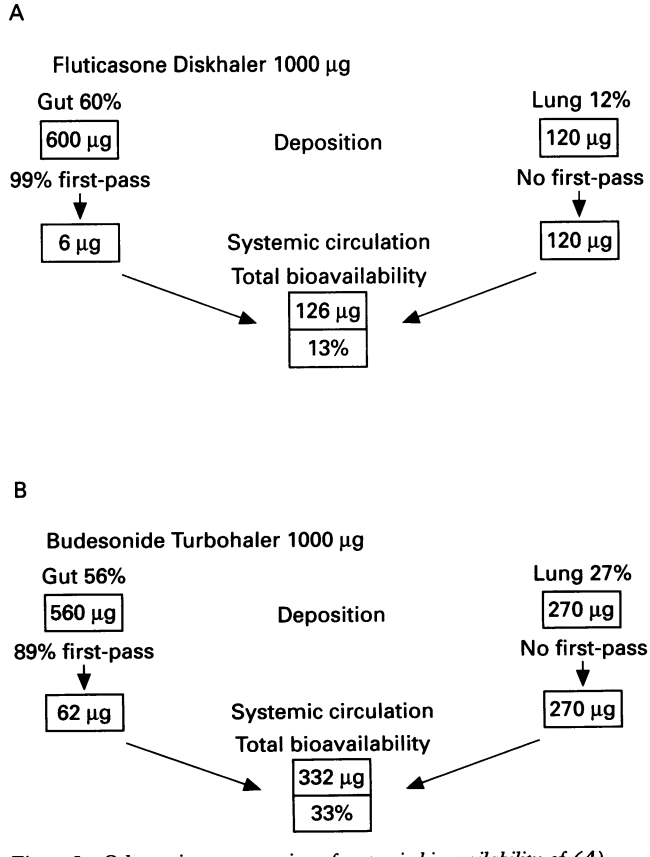

Figure 2 Schematic representation of systemic bioavailability of (A) fluticasone propionate and (B) budesonide given by respective dry powder inhaler devices.