



Figure 2 Histological features of an endobronchial lesion with PAS positive diastase resistant foamy macrophages (arrows). Magnification $\times 100$ reduced to 80% in origination.

and there is some doubt as to whether the granulomata were due to direct infection or resulted from a delayed hypersensitivity reaction. Differential diagnosis should include Wegener's granulomatosis, although this diagnosis was rejected in our patient in view of the negative anticytoplasmic antibody test and his benign clinical course.

We feel that the concept that dissemination of infection to organs outside the gastrointestinal tract occurs late in the evolution of the disease should be challenged, as diarrhoea and biochemical evidence of malabsorption may be absent while involvement elsewhere may be significant, as our case suggests. Our patient

did not consent to having biopsy samples taken of the small bowel until several months of treatment had been completed, in spite of being persistently requested to do so. The absence of diagnostic changes at this stage is not surprising and is consistent with his excellent clinical and radiological response to antibiotics. We suggest that this case represents a unique presentation of Whipple's disease and that pulmonary manifestations of this disorder should be extended to include pulmonary nodules and endobronchial lesions which may be mistaken for features of malignancy. Pulmonary involvement may be the presenting feature of the condition and offers the opportunity to diagnose the disease at a stage where response to treatment is likely to be both more rapid and complete than if it is delayed until manifestations of gastrointestinal involvement appear.

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BOOK REVIEW

A History of Breathing Physiology. Donald F Proctor. (Pp 416; \$150.00). New York: Marcel Dekker, 1995. 0 8247 9653 5.

I very much enjoyed reading this book. It is, like the proverbial football match, an affair of two halves. All but one of the first 10 chapters is written by the editor, and in these he traces up to the 17th century the story of the struggle to understand the nature and purpose of breathing. After the customary coverage of Babylonian, Egyptian and Greek physiology, there is a chapter on Galen which helps to explain how his ideas, although

wrong, became so authoritative. However, Dr Proctor's chief loves are clearly the English physiologists of the 17th century, particularly Mayow, and he devotes five chapters to them, providing a lot of detail on their lives and achievements, but unfortunately also with much repetition. He tackles the question of why they drifted into different fields of enquiry after coming so close to understanding the whole mystery, leaving it for Lavoisier, a century later, to provide the final essential missing piece in the jigsaw with the discovery of oxygen.

The second half of the book consists of eight chapters by various authors who bring the story up to date in their respective fields from pulmonary surfactant to regulation of breathing. These vary in quality; that by Permutt on the pulmonary circulation is outstanding. The book is lavishly illustrated and well produced, apart from the chapter on

da Vinci in which the 14 illustrations, their legends, and their text references have been shuffled into total non-correspondence which is disappointing in a book that is so exorbitantly priced. - SF

NOTICE

1st Congress of Surgery of Bosnia and Herzegovina

This Congress, which was originally planned for 8-11 October 1995, will now take place in Sarajevo on 12-15 May 1996. For further information please contact the Congress Committee. Telephone: 387 71 44 55 22. Fax: 387 71 47 19 76.