to recover the embolised fragments without an increase in postoperative morbidity.

**References**

1 Sethia B, Quin RO, Bain WH. Disc embolisation after minor strut fracture in a Björk-Shiley mitral valve prosthesis. *Thorax* 1983;**38**:390–1.
2 Ibarra F, Gutierrez A, Martinez F, Carreras L, Lopez C and Alonso-Lei F. Fracture of the outlet strut of a Björk-Shiley mitral prosthesis: emergency operation with survival. *J Thorac Cardiovasc Surg* 1984;**87**:315–8.
3 Hughes DA, Leatherman LL, Norman JC, Cooley DA. Late embolisation of prosthetic mitral valve occluder with survival following re-operation. *Ann Thorac Surg* 1975;**19**:212–5.
4 Ansbro J, Clark R, Gerbode F. Successful surgical correction of an embolised prosthetic valve poppet. *J Thorac Cardiovasc Surg* 1976;**72**:130–2.

# Book notices

*Sleep and Breathing*. Nicholas Saunders, Colin E Sullivan (eds). (Pp 640; SFr 213.) Marcel Dekker Inc. 1984.

This is the 21st volume of the series "Lung Biology in Health and Disease." The international and multiple author nature of the book makes for some uneveness of style but each chapter is carefully researched and often provocatively speculative, and provides a rich pool of references. The first seven chapters are mainly physiological, beginning with the neurobiology of sleep and covering central neural interactions, arousal responses, upper airway function, and neurochemical influences, and finishing with two chapters on the effect of sleep on the cardiovascular system and on the respiratory muscles. Two chapters on the clinical significance of snoring and the pathophysiology of sleep apnoea lead to the last six chapters, which are clinically based. A review of sleep apnoea syndromes is followed by an interesting psychiatric perspective by Bruce Singh. The regulation of breathing during the perinatal period and the sudden infant death syndrome are well covered, as is gas exchange during sleep in chronic airflow obstruction. The final chapter brings together information about sleep and breathing in many lung conditions, including asthma and cystic fibrosis. Research workers and clinicians will find much of interest in this volume, not least the rich source of references, but it is not easy bedtime reading.—KP

*Clinics in Immunology and Allergy*. J Pepys (guest editor). (Pp 196; £12.50.) WB Saunders Company. 1984.

Occupational asthma and extrinsic allergic alveolitis are diseases where there has been a great deal of progress over the last few years, both in terms of identifying relationships between exposure and sensitisation in industrial populations and in terms of elucidating basic mechanisms. This book contains by far the best collection of papers on this important subject so far available. There is an introduction on the clinical and epidemiological methods used for the investigation of occupational asthma, which sets the basis for the remaining chapters reviewing the literature on the commoner causes of occupational asthma. There are particularly good chapters reviewing the laboratory immunological methods for antigen characterisation and antibody detection, particularly with laboratory animals, platinum salts, isocyanates, and trimellitic anhydride. There are authoritative chapters on occupational asthma due to isocyanates, epoxyresin curing agents, and colophony. The complicated literature on wood dusts, cotton, and grain is also well reviewed. The book finishes with a review of occupational extrinsic allergic alveolitis. The whole book is written by authors with considerable personal experience and authority in the subject and should form a useful reference text for this difficult field for some time to come.—PSB

Thorax: first published as 10.1136/thx.40.2.159 on 1 February 1985. Downloaded from http://thorax.bmj.com/ on April 19, 2024 by guest. Protected by copyright.