

of administration of oxygen and, if needed, corticosteroids.<sup>9,10</sup>

Reports about health hazards of microwave ovens are few.<sup>11</sup> PTFE is also used in non-stick plastic coated frying pans, which are reported to give the same toxic symptoms to both humans and birds after overheating.<sup>2</sup> Birds should preferably not therefore be kept in the kitchen.

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## BOOK NOTICES

**Cystic Fibrosis, Basic and Clinical Research.** Edited by Niels Høiby and Svend Stenvang Pedersen. (Pp205; Df1205.00). Amsterdam: Elsevier, 1992. ISBN 0 4448 1378 0

Cystic fibrosis is one of the fast advancing fields in respiratory medicine. During the next decade 90% of the children with cystic fibrosis will become adults requiring continuing care into their third and fourth decades. The majority of respiratory physicians will need to become knowledgeable about a disease which is complex, time consuming, and emotionally demanding to treat. Although the mortality of the disease is related to progressive suppurative lung disease, considerable morbidity is also associated with diabetes, hepatobiliary disease, gastrointestinal disease, malnutrition, arthropathy, and vasculitis. The growing interest in this disease is reflected in an annual American conference, a biennial European conference and a triennial world conference. The increase in scientific knowledge of cystic fibrosis is progressing at a breathtaking rate which at present is not matched by any therapeutic breakthrough. It is unlikely that any breakthroughs will alter the established burden of adult disease.

This book represents a compilation of the proceedings of the 17th annual meeting of the European working party for cystic fibrosis held in Copenhagen in 1991. The editors have tried to reflect the clinical and scientific breadth of the disease. The topics covered are screening and prenatal diagnosis; basic science; metabolism and hyperalimentation; the virulence of *Pseudomonas aeruginosa*; the prevention and early treatment of *Pseudomonas* infection; immunology and vaccines; lung inflammation and anti-inflammatory treatment; organ transplantation; and some of the psychosocial aspects of cystic fibrosis. A significant component of the proceedings deals with the microbiology and treatment of *Pseudomonas aeruginosa* infections. It reflects the interest of the editors and is perhaps the main strength of these proceedings.

The respiratory physician who does not see many patients with cystic fibrosis would probably not find this an easy first book with which to get to know the subject in depth, but the clinician well versed in cystic fibrosis care would find it a useful addition to his library. The cost of the book is somewhat high when the advancing state of knowledge is so rapid that it is likely that the current scientific knowledge will become outdated over the next two or three years. To complement updated texts such as this one, an up to date clinical textbook on the care of adults with cystic fibrosis is also needed which will serve as a benchmark for those physicians who expect to see increasing numbers of adults with cystic fibrosis.—AKW

**Sulphur Dioxide, Acid Aerosols and Particulates.** 2nd Report. Advisory Group on the Medical Aspects of Air Pollution Episodes. (Pp157; £30). London: HMSO, 1992. ISBN 0 11 321532 0

This book, the second report produced by the Advisory Group on Medical Aspects of Air Pollution Episodes, was set up to provide advice to the Chief Medical Officer of the potential hazards of sulphur dioxide, acid aerosols, and particulates. The first report dealt with the effects of ozone. The major problem of air pollution by smoke from the burning of coal has largely been overcome in the wake of the Clean Air Acts of 1956 and 1958, but it must be remembered that solid smokeless fuels can contribute local levels of carbon dioxide even if there is no smoke. The group, under the chairmanship of Professor Stephen Holgate, included both clinical and non-clinical scientists. It seems, however, that the epidemiological approach might have been given more emphasis to fit in with the experimental approaches.

Asthma has become more common, and this is a result of air pollution; but is it, and how easy is this to confirm scientifically? Asthma and allergies are certainly more common in children and there are many studies to confirm this. The emphasis in this report is on sulphur dioxide. The available evidence indicates that individuals not suffering from respiratory disease will not be affected by elevated concentrations of sulphur dioxide as occur in the UK. In patients with asthma who are more sensitive to sulphur dioxide the levels in the UK regularly exceed those at which effects of clinical significance occur. When the hourly concentrations of sulphur dioxide are in the range of 125 ppb (357.5 µg/m<sup>3</sup>) to 400 ppb (1144 µg/m<sup>3</sup>) advice on possible clinical effects should be made available. There is no evidence that wearing smog masks is necessary, but asthmatic patients may need to increase their treatment and spend less time out of doors, particularly if the weather is cold. Episodic or long term exposure to particulate matter is low and probably not a health hazard, but epidemiological data linking cancer with exposure to ambient levels of air pollutants other than cigarette smoke are very few. Too few data are available regarding acid aerosol levels to allow any assessment of their effects, although asthmatic patients are more sensitive than normal individuals to levels of acid aerosols as shown by changes in indices of lung function. The report indicates that further research is necessary because of lack of data. Epidemiological research is required on the low levels of air pollutants, the prevalence of respiratory disease, and the incidence of asthma attacks. Little is known about interactions of sulphur dioxide with related pollutants, and with other pollutants such as nitrogen dioxide and ozone.

If you do not have the time to read and study all of this comprehensive report with its multiplicity of figures and tables, spend five minutes reading Chapter 8: Summary, Discussion and Recommendations.—AWF