Cavernoscopic evacuation of an intrapulmonary aspergilloma causing appreciable haemoptysis appears to offer a useful alternative approach in high risk patients such as those with ankylosing spondylitis. It appears to be a relatively safe procedure with low morbidity and may be repeated as necessary. It avoids the risks of surgical resection in patients with poor respiratory function and is preferable to open drainage.

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References

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Book notices

Congenital heart disease after surgery: benefits, residua, sequelae. Ed Mary Allen Engle, Joseph K Perloff. (Pp 420; $40.) Yorke Medical books. 1983.

It is becoming clearer and clearer that truly corrective cardiac surgery hardly exists. Objective assessment of the results of such surgery is essential, both to enable a more realistic picture of the future to be given to the parents of a child whose cardiac lesion is to be repaired and to facilitate improvements in the perioperative management in order to limit undesirable long term sequelae. This timely book covers the field comprehensively, dealing with survival after operation for cyanotic and acyanotic lesions, residual anatomic abnormalities such as ventricular septal defect and aortic stenosis, residual functional anomalies such as arrhythmias and depressed ventricular function, and problems with prosthetic materials. There are also extremely important chapters on the outcome of pregnancy in mothers with repaired and unrepaired congenital heart defects, as well as the prospects for employment and life assurance in our patients. The opening chapter by Dr Helen Taussig, in which she surveys the incidence of congenital heart defects in man and animals and speculates on the implications for aetiology, is interesting but not germane to the book. The inclusion of three epilogues, albeit by distinguished authors, borders on the maudlin; but in general the book is a mine of information, much of which is not available elsewhere. It will undoubtedly become a standard reference manual.—FJM

Signs and symptoms in pulmonary medicine. Frederick L, Glauser. (Pp 242; £23·50.) JB Lippincott Company. 1983.

Twelve authors (10 from the pulmonary faculty, Medical College of Virginia) contribute to this intended practical guide for medical students, specialised nurses, and respiratory therapists. In each of 21 chapters a brief account of the pathophysiology, recognition, and interpretation of a sign (or symptom) is followed by a table listing the presence or absence and the severity of the sign in 36 diseases. This gives a pleasing uniformity of style in all chapters but leads at times to a somewhat stilted approach. An example is the chapter on tachypnoea, where a good, brief account of respiratory control mechanisms is followed by a five page table showing that tachypnoea can occur in all 36 conditions except sleep apnoea. The numbering in the tables is inconsistent—for example, aspiration lung disease variously appears as 33, 36, and 38. The accounts of crackles and wheezes and of clubbing are excellent. A whole chapter on asterixis and two pages on sophisticated tests of respiratory muscle strength seem excessive. Nurses, chest physiotherapists, and respiratory therapists wishing to learn the mechanism and interpretation of signs and symptoms will find more than enough here. Medical students can find equally good or more suitable fare in standard texts on clinical methods.—CS