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Book notices

Computed Tomography of the Chest. J David Godwin. (Pp 492; £59·25.) Lippincott. 1984.

A reference book of computed tomography of the chest is something most thoracic physicians and surgeons now need on their bookshelf. This book will fill the void well for the time being and, in a field that is changing rapidly as the machines improve and experience in different diseases accumulates, that is no mean feat. The book is well produced with illustrations on virtually every page and each CT scan clearly captioned. The introductory chapters on normal anatomy and technical aspects provide a clear and well illustrated foundation for the following chapters, which deal systematically with the entire thoracic contents and their diseases and abnormalities. The index is comprehensive and accurate and each chapter ends with a realistic summary of the "state of the art" and a useful list of references. Any textbook is likely to be incomplete or even out of date when the subject covered is advancing, but despite this many physicians and surgeons, and not a few radiologists, will find this book to be an essential addition to their library.—DCTW.

Tuberculosis. Praeger Monographs in Infectious Disease. Vol 2. David Schlossberg. (Pp 361; £37·75.) Praeger Publishers. 1983.

This volume is a "state of the art" statement of the American view of tuberculosis, produced in part to celebrate the centenary of the discovery of the tubercle bacillus. After a relatively brief introductory section considering epidemiology, pathogenesis, bacteriology, diagnosis, treatment, and prophylaxis, there are sections on the manifestations of tuberculosis in both its common and uncom mon sites in the body. There is a final relatively brief section on non-tuberculous mycobacterial infection. For those working in the field the volume is disappointing. It is not a comprehensive review of the subject. It presents few new insights and its level is relatively superficial. The balance of the section on clinical manifestations is odd; problems of the lungs are dealt with in 15 pages of text while the same amount of space is allocated to upper respiratory tuberculosis and seven pages are given to ocular tuberculosis. Tuberculous lymphadenitis, which is described as being "now seen infrequently," is dealt with in a section of 17 pages, while bone disease is allocated 19. In many of these sections one is left with the strong impression that the decline in incidence in tuberculosis in America has been so great that the authors are speaking from a position of theoretical rather than practical knowledge. The approach concentrates very heavily on the American problems in diagnosis and management. Little of the advice appears to be unusual or unsound but when we turn to problem areas in diagnosis and management insights and additional information are uncommon. It is difficult to see that this book has a place for the European physician. It is not orientated towards his practice or his problems, neither is it the sort of fundamental work which would be part of a reference library on tuberculosis.—MW McN

Clinical Manifestations of Respiratory Disease. Terry R Des Jardins (Pp 433; $32.95.) Year Book Medical Publishers Inc. 1984.

This book, aimed mainly at nurses, students, and physiotherapists, has been written by a respiratory therapist with the aim of bringing together the physiology, anatomy, aetiology, clinical pathophysiology, and treatment of respiratory disease into one comprehensive volume. Sadly, this laudable aim is not achieved. The section on anatomy and pathophysiology is straight forward and generally accurate, although the analogy of water flow through garden sprinklers for airflow is overused. The sections on aetiology are thin, with no mention of bronchial hyperreactivity and only passing reference to the role of cigarette smoke. Given the aim of correlating pathology and physical signs, it is surprising that fibrosing alveolitis and pleural effusion are not mentioned at all in view of their classical physical signs. But the clinical aspects of this book are very weak—lung sounds are described archaically and incorrect statements abound (for example, clubbing is common in advanced emphysema). The sections on management are brief and inaccurate: ephedrine is stated at one point to be a xanthine drug and percussion physiotherapy to be useful in acute asthma and as an optional treatment for pulmonary oedema, and it is said that "alcohol may be aeriosolised into the patient's lungs to lower the surface of the frothy secretions." These examples are not isolated, and although the artistic quality of the diagrams are good the book is misleading and confusing and cannot be recommended.—JGA