

## References

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## Book notices

*Clinical Tests of Respiratory Function*. GJ Gibson. (Pp 334; £30.) Macmillan Press. 1984.

Physicians interested in the better practice of modern respiratory medicine now have a plethora of textbooks from which to make a selection for their departmental or hospital libraries or for the more immediately accessible personal bookshelf. *Clinical Tests of Respiratory Function* is a welcome addition, with its greater emphasis on clinical application and lung function complements, without displacing the more laboratory based text of John Cotes. The author correctly observes that tests of respiratory function are not fully integrated into clinical medicine. The requirements for thoracic medicine published in *Thorax* (1984;39:400) recommended that inpatients and outpatients should have ready access to a respiratory physiology laboratory staffed by trained technicians. Such a book as this will be invaluable to those doctors concerned in establishing these departments. The text, after a brief description of the apparatus, is divided into three main sections describing, firstly, the theoretical and practical aspects of the commonly applied tests of mechanical and gas exchange function, respiratory control and exercise; secondly, functional alterations in conditions traditionally encompassed by the respiratory physician, such as airway, alveolar, and pleural diseases; and, thirdly, respiratory impairment in diseases of other systems, such as renal, hepatic, metabolic, and connective tissue disorders. I believe that this book will be invaluable to respiratory physicians with either a mainstream or a more peripheral interest in the practical application of clinical respiratory physiology. The text merits better quality paper and printing, a message which might usefully be conveyed to the publisher in time for the second edition.—RMC

*Oesophageal Disorders—Pathophysiology and Therapy*. Tom R DeMeester, David B Skinner. (Pp 655; \$13.) Raven Press. 1985.

This is a multiauthor publication appearing some two years after the Second International Symposium on Oesophageal Disorders held in Chicago in 1983. The papers are generally

well written but the presentation of data, the tables, and the graphics are at times of poor construction and fail to give credit to the fine text. The main topics covered in this book include oesophageal physiology, in particular a definitive histological study of nerve and muscle from James Christensen; radionuclide imaging; reflux and its complications; carcinoma; and the functional oesophageal disorders. There is little emphasis on oesophageal varices and atresia. Nearly one third of this 655 page book is devoted to 24 hour pH monitoring. There is far too much overlap, with a grand total of 28 chapters adding little to the previously published works of Johnson and DeMeester. Although this section suffers in particular from the time lag between conference and publication, for those wishing to undertake pH monitoring it is a comprehensive and valuable guide to the techniques and equipment available.—IPA

*Respiratory Care*. Edited by George G Burton and John E Hodgkin. 2nd ed. (Pp 1071; £47.) JB Lippincott Company. 1984.

Fifty four authors, most medically qualified, contribute to this comprehensive and readable textbook for American respiratory care technicians. Section 1 deals with the evolution of that profession, its training programmes, competency assurance procedures, ethics, and relationships with other professions. The chapter on legal implications of respiratory care has a six page glossary of legal terms, and there is a chapter on contemporary issues in health ethics. Section 2, on the rational basis of respiratory therapy techniques, includes conventional accounts of lung physiology, lung function testing, clinical examination, and interpretation of chest radiographs, and highly technical chapters on medical gases (manufacture, storage, transport) and aerosols (28 equations on the relevant physics). The account of oxygen therapy does not mention its eupnogenic effect. Therapeutics have a transatlantic slant—for example "The basic drug in managing chronic asthma is theophylline." Intermittent positive pressure breathing is discussed sceptically and admitted to be "the ideal placebo." Section 3 deals with respiratory care in critical illness. The book is too long and detailed for medical students, nurses, and physiotherapists, and too superficial in its clinical aspects for chest doctors. In short, it is an excellent book aimed at a readership which does not really exist in the United Kingdom.—CS