

cortisone myopathy may be dose related in susceptible individuals.

## References

- 1 Macfarlane IA, Rosenthal FD. Severe myopathy after status asthmaticus. *Lancet* 1977;ii:615.

## Book notices

*Airway Responsiveness: Measurement and Interpretation.* (proceedings from a workshop held at Mont Ste Marie, Quebec, June 1983). Ed FE Hargreave, AJ Woolcock. (Pp 146; free of charge.) Astra Pharmaceuticals Canada Ltd. 1985. ISBN 0-921063-02-5.

The measurement of airway responsiveness has become so common in clinical and particularly respiratory research practice that a thorough overview and stocktake of current procedures has been greatly needed. This readable and fairly slim volume fits the bill as well as could be reasonably expected. The publication of workshop proceedings has become a very fashionable pastime over recent years and so frequently the end result is disjointed and spoiled by tedious, poorly edited, and often verbatim discussion. Fortunately, this production has avoided most of these pitfalls. With 17 different papers covering a range of interest from the highly theoretical to the pragmatic use of equipment, there is inevitably some variation in subjective interest in the individual parts. The whole work, however, is given great strength and cohesion by being interspersed with excellently edited discussion and review sections that summarise the thoughts of the workshop, and, without being unduly didactic, try to formulate some realistic and practical conclusions. Perhaps pre-eminent among these discussion sections is that by JE Fish, who sounds a death knell for the use of exercise as a challenge procedure in the face of more effective and quantitative methods. He quite rightly emphasises the importance of more adequate reporting of both methods and results in scientific papers—so frequently one is unable to relate one author's experience with that of others because of inadequate details. Editors and reviewers, please take note! Authors, too, should take note of the fact that at least the term "airway responsiveness" has succeeded in replacing the outmoded term "bronchial reactivity." It has been evident for several years that this should occur as "bronchial reactivity" is anatomically inappropriate and the term was concurrently being used with both a general and a specific meaning. The book ends with two pages of very useful, specific, and practical recommendations. These may be weakly criticised for not quantifying sufficiently what should be regarded as adequate within subject reproducibility. This has become pre-eminently important in studies of

- 2 Van Marle W, Woods KL. Acute hydrocortisone myopathy. *Br Med J* 1980;281:271-2.
- 3 Collins JV, Clark TJH, Brown D, Thorenson J. The use of corticosteroids in the treatment of acute asthma. *Q J Med* 1977;44:259-73.
- 4 Affifi AK, Bergman RA. Steroid myopathy. A study of the evolution of the muscle lesion in rabbits. *Johns Hopkins Med J* 1966;124:66-86.

mechanisms of change in individual responsiveness. In conclusion, this welcome state of the art work should become a handbook for all those, clinicians and investigators, who are using, or intend to use, airway challenge techniques in asthma.—EHW

*Sleep and its Disorders.* JD Parkes. (Pp 499; £29.50.) W B Saunders. 1985. ISBN 0-7216-1858-8.

This book is not aimed primarily at the respiratory physician. It comes from a series entitled "Major Problems in Neurology" and the author is a reader in neurology at King's College Hospital and the Institute of Psychiatry London. Thus it offers a different slant on sleep disorders from that prevalent in publications on sleep in relation to breathing, and this enhances its value to the respiratory physician who is interested in sleep problems. The 500 pages are divided into three sections, about one third on the physiology of normal sleep, including its relation to circadian rhythms, one half on disorders of sleep and the rest on sleep pharmacology. The book is very well referenced throughout, the 10 chapters having an average of 270 references a chapter. Indeed, one of the most important functions of this book so far as the respiratory physician reader is concerned would be as a source of references. The 40 page section on narcolepsy will be found particularly useful by those interested in sleep apnoea. Reports in this area have been confused by many of the older series of narcoleptic patients contained in the files of patients who would now be recognised as having the sleep apnoea syndrome. Dr Parkes has a particular interest in narcolepsy, however, and this section is clear and helpful. The 70 page section on respiratory disorders during sleep is a commendable attempt by a neurologist to cover this area. Some minor points may be debatable—such as the term "subobstructive apnoea" and the bland statement that "some old people must die in their sleep as a consequence of sleep apnoea." Overall, however, the section is well written and has obviously resulted from much very hard work. I think that respiratory physicians interested in sleep will enjoy this book, and they will certainly discover many new and useful references.—NJD