Computed Tomography of the Chest. A Teaching File. M Elon Gale, Joel B Karlinsky. (Pp 254; £41·50.) USA: Year Book Medical Publishers, 1988. ISBN 0-8151-3322-7.

Computed tomography represents the most dramatic advance in imaging of the chest for many years. Although computed tomography of the thorax has been in use now for over a decade, less than a third of respiratory specialists in England and Wales have a scanner available in their hospital. As the number of scanners increases, more respiratory physicians, surgeons, and radiologists will need to learn to grapple with image interpretation. I was very pleased when asked to review this book as I had been on the lookout for a good teaching text. The authors divide the volume into a brief review of essential normal anatomy followed by sections on the lung parenchyma, the hila and airways, the mediastinum, the pleura, the diaphragm, the chest wall, and the cardiovascular system. The chapter on images of the normal anatomy will be used extensively by doctors unfamiliar with computed tomography scans. It is clear but would have been helped by line drawings corresponding to the displayed images. "Normal" variations would have been best shown in this section. Each page of the other chapters is clearly laid out and shows one to four images of a specific condition with a brief but useful descriptive text. Some also include very brief discussions of other aspects of the conditions, including management, which are of less use although well referenced. The worth of such a book depends greatly on the quality of the printed images. In most cases these are very good, although some are grainy or have suffered from magnification. I suspect that many, including myself, will be pleased to have this teaching and reference book by their x ray boxes.—JTM

Pulse Oximetry. J P Payne and J W Severinghaus. (Pp 197; £29, hardback.) Heidelberg: Springer, 1986.

Reliable non-invasive continuous measurements of arterial oxygen saturation by the ear oximeter have been one of the major techical advances in continuous monitoring of respiratory function in the last 10 years. This account of a 1985 symposium on clinical applications of oximetry is heavily biased towards anaesthesia and intensive care. Although topics range from the derivation of oxygen dissociation curves to monitoring on ventilators, during weaning, intraoperatively, and during electroconvulsive treatment and haemodialysis, I am amazed that so little mention is made of sleep monitoring. This disappointing demonstration of the compartmentalisation of medical specialties seems all the more surprising, as the anaesthetists spend much of their professional lives putting people to sleep—and waking them up again. None the less, the volume is interesting, if a little on the colloquial chat level—most contributions having no references, which must reduce its scholastic value. Severinghaus on "Historial Development of Oxygenation Monitoring" is, however, very well worth reading, but I am still somewhat confused about the difference between a pulse oximeter and conventional oximetry, apart from providing a pulse rate as well as the oxygen saturation—and I suspect that many who attended this symposium came away sharing my confusion. Anaesthetic thinking is moving towards oximetry as an essential safety procedure—stimulated by medical liability claims; clearly this may yet eventually move to the intensive care unit, but when, if ever, to all patients in acute respiratory wards? Oximetry in quality control of long term oxygen therapy is mentioned, from the large French organisation ANTADIR, but there is little else of direct interest to the physician, as it is not concerned with exercise testing or ward use outside the intensive care unit, and of course there are no chapters on sleep monitoring with oximetry. Anaesthetists, intensive care specialists, and just possibly those interested in respiratory function assessment may wish to consult this book in a library, but its information:price ratio seems likely to be too low to persuade many to buy a personal copy.—DCF.

Notices

J Levy scoliosis research scholarship 1988: extended closing date

Applications are invited for the J Levy scoliosis research scholarship from physicians, surgeons, and doctors in allied specialties, including those in training. The scholarship is intended for the use of graduates of British medical schools while working on scoliosis in the British Isles. The scholarship is worth £15000 and is intended to further research into scoliosis and in particular methods of early detection and prevention. Please note that the closing date has been extended to 31 December, 1988. Applicants should apply, stating clearly how they would use the scholarship and enclosing a curriculum vitae to Mr John Dove FRCS, secretary and treasurer, British Scoliosis Society, 31 Quarry Avenue, Hartshill, Stoke-on-Trent ST4 7EW.

Scadding-Morrison Davies joint fellowship in respiratory medicine 1989

This fellowship is available to support visits to medical centres in the United Kingdom or abroad for the purpose of undertaking studies related to respiratory medicine. Medical graduates practising in the United Kingdom, including consultants and irrespective of the number of years in that grade, may apply. Applicants should submit a curriculum vitae together with a detailed account of the duration and nature of the work and the centres to be visited, confirming that these have agreed to provide the facilities required and giving the sum of money needed for travel and subsistence. A sum of up to £10 000 may be awarded to a successful applicant, or the sum may be divided to support two or more applicants. Applications should be sent by 31 January 1989 to Dr IA Campbell, secretary to the Scadding-Morriston Davies fellowship, Llandough Hospital, Penarth, Cardiff CF6 1XX.