

nor is there much discussion about isocyanates elsewhere in the book. The final article, on agricultural exposures to organic dusts, is the only one that considers a complex situation in which similar exposures may lead to several different effects, addressing the sort of problems that are common challenges in occupational lung diseases. There are points in the book where transatlantic differences are very obvious; this is especially true with regard to compensation law in the chapters on impairment and disability and exercise testing. Another irritation for the British reader is the general lack of references to European work, which reduces the usefulness of the extensive lists of references. In summary, there are some useful articles in this collection but overall it fails to cover some of the important issues in occupational lung diseases. Non-specialists may find it a useful introduction.—AC

Practical Bronchoscopy. Eds J Collins, P Dhillon, P Goldstraw. (Pp 110; £18.50.) Oxford: Blackwell, 1987.

This is a short but informative book describing bronchoscopy using both flexible and rigid instruments. The authors, two physicians and a thoracic surgeon, recognise at the outset that no written work can replace practical supervised experience and have produced a remarkably comprehensive, well presented guide describing their approach to bronchoscopy. There is useful coverage of basic anatomy and physiology as well as very detailed discussion of practical techniques in both adults and children. In addition to the diagnostic applications of the instrument, which will be of interest to most readers, there is also a description of the use of the bronchoscope in both treatment and research. There is a section on complications of the technique and a final chapter describing measures to prevent transmission of the human immunodeficiency virus. Most of the chapters are well referenced with suggestions for further reading. The book is illustrated mainly with good, clear line drawings; a small number of radiographs are included but there is no attempt to provide an atlas of disease appearances. In working through the book the experienced bronchoscopist would find many of the techniques he applies, perhaps almost automatically, described very nicely for those new to the

procedure. The book would be very useful reading for a junior doctor fresh to the world of bronchoscopy and an experienced operator might also dip into parts of the text with some benefit.—CPM

Fundamental Techniques in Pulmonary and Oesophageal Surgery. Eds M Paneth, P Goldstraw, B Hyams. (Pp 160; £49.50.) London: Springer, 1987. ISBN: 0-387-16200-3.

The task of selecting material for inclusion in a volume entitled *Fundamental Techniques in Pulmonary and Oesophageal Surgery* is considerable and the final product must inevitably reflect the personal views and particular experiences of the authors. This is apparent in this book for neither all the operations nor the techniques illustrated would be universally considered fundamental. The first 95 pages are allocated to pulmonary surgery. The drawings in this part are excellent in quality and generally accurate. There are, however, one or two that are unfortunately displaced (for example, illustrations of right and left thoracotomies are reversed). Given that the authors display their personal techniques, some of the methods advocated appear highly individual by comparison with simpler techniques in common use (for example, closure of the chest using drill holes in the ribs). The various sections dealing with pulmonary resection are generally both good and clear, but intercostal tube drainage of the chest and rib resection for empyema drainage are important omissions. The second part of the volume is devoted to oesophageal surgery. In this section also the individuality of the authors' technique emerges strongly without achieving the intended simplification of standard operations. Total fundoplication (Nissen) and Collis gastroplasty are not clearly illustrated for the purpose of the trainee surgeon and leave the student guessing about how the fundus of the stomach is delivered into the chest in the presence of crural stitches that are already in place. The Ivor Lewis (laparotomy and right thoracotomy) operation for mid-thoracic oesophageal cancer, which is frequently practised by thoracic surgeons, receives only a brief mention. The book is rather expensive for what it offers and the individual prospective buyer should inspect the book before ordering it for his personal library. It will be, however, a useful addition to medical libraries.

Notices

Indo-British Course in chest and occupational medicine

An Indo-British course is to be held at the KEM Hospital, Bombay, on 9–21 January 1989, when seven British and 10 Indian respiratory specialists will discuss the latest advances in chest and occupational medicine. There are places for 75 delegates. For further details please contact Professor SR Kamat, CVTC Building, KEM Hospital, BOMBAY 12, PAREL, India.

Principles of epidemiology and medical statistics

There will be a course entitled "Principles of Epidemiology and Medical Statistics" from 17–21 October 1988 at the Cardiothoracic Institute, London SW3 6LY. No previous training in epidemiology or statistics is necessary. Inquiries to the postgraduate course administrator (01 351 8172) or to Dr KM Venables (01 352 8121 ext 4995).