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## Book notices

**Case Presentations in Respiratory Medicine.** John A Elliott. (Pp 211; £11.95.) Guildford: Butterworth, 1989. ISBN 0 407 00810 1.

This excellent little book is the latest (and welcome) addition to Butterworth's series of case presentations. John Elliott presents 50 cases covering a broad spectrum of respiratory diseases. The presentations are well written, succinct, and for the most part unambiguous. Two thirds of the book is devoted to discussion of the cases—and herein lies its strength. When appropriate the differential diagnosis is discussed, followed by a more detailed consideration of the case in question, including management. The sections on pulmonary vasculitis, collagen vascular disease, sarcoidosis, and airflow obstruction are particularly good. Most discussions are accompanied by one or two key references, though these occasionally refer to textbooks that will not be accessible to all. The text is indexed, in keeping with the fact that this book is more than a series of questions and answers. Inevitably a book of this size cannot cover all aspects of respiratory medicine, but it does provide postgraduate doctors with a series of well chosen diagnostic challenges, which should help them with both MRCP examinations and day to day medical practice. I would have liked more discussion on the respiratory complications of immunodeficiency, which are mentioned only briefly—and, astoundingly, the highly topical subject of AIDS is not mentioned at all. Likewise, cryptogenic organising pneumonitis, also topical, is not considered among the differential diagnoses of diffuse, bilateral radiographic shadows. Those who read this book will find that they have painlessly digested what amounts to a small textbook of respiratory medicine. I can recommend the book for postgraduate doctors taking MRCP examinations, and in particular for more junior doctors working in respiratory units. If Butterworth's case presentations in other specialties are of similar quality I would be tempted to add them to my own bookshelves.—DV McG

**Heart-Lung Interactions in Health and Disease.** Ed S M Scharf, Sharon S Cassidy. (Pp. 1135; \$175, USA and Canada; \$210, all others.) New York: Dekker, 1989. ISBN 0 8247 7986.

Taking its theme from the Emperor Huang Ti (circa 2600 BC), who thought of the heart as “the minister of the monarch, who excels through insight and understanding” and the lungs as “the symbol of the interpretation and conduct of the official jurisdiction,” this comprehensive book aims to bring together some of the advances in knowledge of respiration and circulation that have occurred in the last 40 years, and to explore many aspects of their interaction. Over 50 contributors have contributed to 29 sections. Sixteen of these deal with basic physiology, including gas exchange, the pulmonary and bronchial circulations and pulmonary oedema, mechanical function of the cardio-respiratory system, and indirect heart-lung interactions. Five are concerned with pathophysiology and eight with clinical applications, including monitoring and haemodynamic management. Perhaps the viewpoint is slanted a little towards that of the worker in an intensive care unit, who often has to deal with acute dysfunction in heart, lungs, and circulation. Thus there are chapters on “Interaction of respiration and circulation in cardiopulmonary resuscitation” and on “Circulatory effects of positive end-expiratory pressure in patients with acute lung injury.” Others may be intrigued by the section dealing with the problems of flight in high performance aircraft and of space travel. There is a valuable and detailed account of methods of non-invasive respiratory monitoring, and their application in ambulant patients and in acute clinical conditions. Each section has its own set of references, though there are relatively few more recent than 1986. The book will be a valuable reference source, and will encourage heart and lung specialists to learn more of each others' territories and of the interface between them. It should be available for consultation in libraries and in specialised units and intensive care areas.—JGR McH