

high standard. The book is thoroughly referenced at the end of each chapter. The text is aimed at those who have committed themselves to specialisation in respiratory medicine and also at those embarking on their specialist career. All the important subjects in respiratory medicine are covered, though in many cases those who might dip into this textbook to obtain information on a rare disease or presentation might be disappointed that, although the subject is mentioned, it is only a rather brief annotation. Usually the reference list at the end of the chapter makes up for this. The fact that the three editors have written the entire textbook (with the exception of the chapter on AIDS) adds enormously to the continuity of style and the lack of repetition and makes for easy though intense reading. Inevitably one has one's

quibbles. Some important subjects have less space devoted to them than they might deserve—for example, respiratory failure 13 pages, cystic fibrosis 15 pages, sarcoidosis 30 pages.

One of the growing areas of respiratory medicine, sleep abnormalities, is mentioned only as a short review in the chapter on pulmonary physiology and discussion of its treatment is particularly scanty. Chronic bronchitis also has little on its treatment for such a common disease and, although oxygen therapy is referred to in a later chapter (chapter 20), it is in fact barely mentioned. Long term oxygen therapy, a particular problem we are facing today, receives only two paragraphs. The adult respiratory distress syndrome is also discussed too briefly to allow the reader real insight into the plethora

of problems it is associated with. Nevertheless, nearly all respiratory problems are presented most adequately and the chapter on drugs in respiratory disease is first class, providing a magnificent broad brush of treatment across the specialty. There is little doubt that those wishing to learn the basics of respiratory medicine, with a view to obtaining a first class background from which they could progress to more exhaustive reading, would get much out of this book, which can be thoroughly recommended to every physician committed to and already in respiratory medicine. My only other comments are that the book finds space to quote one of Dr Gerald Anderson's poorer jokes and the statutory reversed chest radiograph (to make sure the reviewer has done his stuff) is on page 983.—SS

CORRECTION

Decline of the lung function related to the type of tobacco smoked and inhalation

We regret that, owing to a printing error, in tables 2 and 3 of the paper by P Lange *et al* (January 1990;45:24) the rows of figures against "Did not inhale" and "Inhaled" were transposed. The corrected tables are printed below.

Table 2 Average daily tobacco consumption and decline in FEV₁ (Δ FEV₁) according to the type of tobacco smoked and whether smoke was inhaled

Smoking group	Women			Men		
	n	Tobacco consumption (g, range)	Δ FEV ₁ (ml/y, SEM)	n	Tobacco consumption (g, range)	Δ FEV ₁ (ml/y, SEM)
NON-SMOKERS	2417	0	25 (2)	1336	0	30 (3)
SMOKERS						
Plain cigarettes						
Did not inhale	112	11 (1-40)	27 (7)	55	16 (1-55)	53 (13)
Inhaled	591	14 (1-43)	34 (3)	734	18 (1-79)	46 (3)
Filter cigarettes						
Did not inhale	351	10 (1-40)	28 (5)	47	14 (1-45)	30 (17)
Inhaled	1111	14 (1-48)	32 (3)	427	17 (1-50)	42 (5)
Cigar or cheroots						
Did not inhale	315	29 (3-110)	41 (4)	166	31 (3-110)	52 (8)
Inhaled	89	43 (3-110)	44 (8)	141	45 (3-110)	66 (6)
Pipe						
Did not inhale				107	15 (5-50)	32 (11)
Inhaled				126	16 (5-39)	56 (9)

Table 3 Regression analysis of decline in FEV₁ (ml/y) on age, height, alcohol consumption, and the different types of tobacco smoking for smokers and non-smokers of both sexes (decline in non-smokers used as baseline)

Independent variable	Women		Men	
	Regression coefficient (SEM)	p	Regression coefficient (SEM)	p
Intercept	-96.7		-141.0	
Age (y)	1.2 (0.1)	<0.001	0.8 (0.2)	<0.001
Height (cm)	0.4 (0.2)	0.05	0.7 (0.3)	<0.05
Alcohol drinks/day	0.4 (1.7)	NS	2.1 (0.9)	<0.05
Smoking groups:				
NON-SMOKERS	0		0	
SMOKERS				
Plain cigarettes				
Did not inhale	1.0 (7.8)	NS	18.3 (15.1)	NS
Inhaled	13.3 (3.8)	<0.001	14.3 (5.6)	<0.005
Filter cigarettes				
Did not inhale	7.1 (4.7)	NS	-3.0 (15.6)	NS
Inhaled	11.1 (3.1)	<0.001	14.9 (6.1)	<0.05
Cigars or cheroots				
Did not inhale	8.5 (4.9)	0.09	16.8 (9.0)	0.06
Inhaled	20.6 (9.0)	<0.05	33.6 (9.6)	<0.001
Pipe				
Did not inhale			-2.1 (10.7)	NS
Inhaled			27.9 (10.1)	<0.01

NS indicates p > 0.1.