the area of stenosis in a dose of 1250 rads (12.5 Gy) over three weeks was of symptomatic benefit to one patient.⁷ Mechanical relief of tracheal obstruction has been obtained with bronchoscopic dilation,¹⁰ often at repeated intervals. Tracheotomy for progressive upper airway obstruction has remained the mainstay of treatment and is necessary in about one third of cases.

Vaporisation of tissue with minimal surrounding thermal damage has been the carbon dioxide laser's main contribution to the endoscopic management of subglottic stenosis. The techniques of microtrapdoor¹³ and radial excision¹⁴ are well suited to this wavelength and allow a considerable amount of tissue to be removed without circumferential denuding of the subglottis and the subsequent risk of a circumferential cicatrix. Suspension micro-laryngoscopy with jet ventilation afforded control over an airway that could not easily accommodate a 5.5 mm endotracheal tube. Although the techniques would not be suitable for a lesion obstructing the entire trachea, our 1 cm lesion was easily managed. The potential for restenosis after carbon dioxide laser excision of Wegener's induced subglottic stenosis is unknown. The recurrence of mild stenosis in our patient has necessitated the continuance of cyclophosphamide and prednisone despite the absence of clinical pulmonary or renal lesions.

An upper airway obstruction from subglottic

stenosis in Wegener's granulomatosis remains a challenging clinical problem. The addition of carbon dioxide laser photoresection to the therapeutic armamentarium appears to be useful in this rare disorder.

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BOOK NOTICE

Adverse Reactions to Drug Formulation Agents: A Handbook of Excipients. Murray Weiner, I L Bernstein. (Pp 463; \$150.) New York: Dekker, 1989. ISBN 0-8247-7944-4.

After I had decided to read this book over the Christmas holiday the thought weighed somewhat heavily after reading the subtitle *A Handbook of Excipients* (meaning that it dealt with adverse reactions to all non-pharmacological aspects of drug treatment, from delivery systems to drug containers). After reading two pages or so I was pleasantly surprised to find that the style was simple and readable. The volume is clearly divided into three parts, one of which is to be read, the second browsed through, and the third used as a work of reference. In part 1 the authors give an excellent introduction to the intricacies of the immunological system and its role in allergic reactions. The text is factual and heavily referenced but suffers from a lack of diagrams. These would have helped to explain some of the more complex mechanisms of immunological

defence and in particular cell mediated immunity. I was initially surprised to find such a comprehensive introduction to what was basically a pharmacological text; but the second author, I L Bernstein, is co-director of the allergy research laboratory at Cincinnati Medical School and the book reflects his knowledge in a commonsense (if American biased) review. The second part of the book deals in detail with the adverse reactions to excipients and divides them according to the type of material used—that is, bulk materials, coatings, flavouring agents, colourings, etc. Once again the text is heavily referenced, though some of the more modern methods of drug delivery, such as microencapsulation of materials, is dealt with rather scantily. Some of the more interesting clinical syndromes, such as the "ginger jake paralysis" associated with drinking sesame oil, are glossed over; more details of such curiosities would have made a more interesting book. Of particular interest to respiratory physicians is the section on propellants, including discussion of the increased mortality rate in young people with asthma in the UK in the 1960s. The final part of the book deals with allergic reactions to excipients and covers possible allergies in medical practice, including those from hearing aids and rubber gloves, in great detail. This section contains much useful information in addition to some of a more trivial nature. This is a useful addition to the allergy clinic library.—AHM