

immune deficiency in a previously fit and now critically ill young person. Finally, the management of both the patient and, particularly, the distressed relatives is easier if the illness can be given a name.

Over 50 years ago Lemierre suggested that necrobacillosis produced a syndrome "so characteristic that mistake is almost impossible . . . It becomes relatively easy to make a diagnosis on clinical findings."³ We agree, and the patient of Dr Chippindale and colleagues is yet another illustration of this fact. The final sentence of their paper is worth rereading—and remembering.

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- 1 Moore-Gillon J, Lee TH, Eykyn SJ, Phillips I. Necrobacillosis: a forgotten disease. *Br Med J* 1984;**288**:1526-7.
- 2 Eykyn SJ. Necrobacillosis. *Scand J Infect Dis* 1989;**62**suppl:41-6.
- 3 Lemierre A. On certain septicaemias due to anaerobic organisms. *Lancet* 1936;i:701-3.

BOOK NOTICE

Clinical Epidemiology of Chronic Obstructive Pulmonary Disease.

Michael J Hensley, Nicholas A Saunders. (Pp 395; \$132.) New York: Dekker, 1989. ISBN 0 8247 8087 6.

Chronic obstructive lung disease, in commercial publishing terms, represents a "market opportunity." It is a major clinical problem and, unlike some respiratory diseases, has attracted a great deal of epidemiological interest. The time is ripe for somebody to draw the epidemiological and clinical data together, and produce a classic text. This book contains some excellent material. The 14 chapters include contributions from 24 authors in the definitions, descriptive epidemiology, and natural history of chronic obstructive lung disease; the roles of genetic factors, atmospheric pollution, and bronchial hyperreactivity in the aetiology of the disease and the epidemiology, economics, and treatment of cigarette smoking. With few

exceptions these topics are covered comprehensively and readably, with much potential interest for both clinicians and epidemiologists. I suspect that these summaries will be valuable to anyone with an interest in chronic obstructive lung disease, though at \$132 it is perhaps more suitable for library than personal purchase. The major failings of the book lie in its omissions. In a disarmingly frank preface the editors list various topics they are aware of having left out of the book, including the roles of infection and of childhood respiratory illness in the aetiology of chronic obstructive lung disease, and an assessment screening for this disease. They give references to suitable reviews on some of these topics; why did they not invite these reviewers to contribute? The writing is extremely US oriented, a bias reflected in the origins of the authors. Is there nobody in Europe with anything useful to say? For a textbook with "clinical epidemiology" in its title there is remarkable little clinical epidemiology in the text; only one chapter (the sole contribution by the editors) deals with the assessment of effectiveness, efficacy, implementation, and evaluation of treatment promised in the preface. I think that chronic obstructive lung disease deserves better; the market opportunity is still there.—JB