

dilator FEV₁. The relation of a particular index to prebronchodilator FEV₁ may well vary with differing populations studied, depending on spread of FEV₁ values, underlying diagnosis, age and sex distribution, and other factors. Using a measure which is independent of prebronchodilator FEV₁, however, will facilitate comparisons between the results of different studies.

- 1 Anonymous. Assessment of airflow obstruction [editorial]. *Lancet* 1986;iii:1255-6.
- 2 Anonymous. Airflow limitation—reversible or irreversible? *Lancet* 1988;i:26-7.

- 3 Tweeddale PM, Alexander F, McHardy GJR. Short term variability in FEV₁ and bronchodilator responsiveness in patients with obstructive ventilatory defects. *Thorax* 1987;42:487-90.
- 4 Postma DS, De Vries K, Koeter GH, Sluiter HJ. Independent influence of reversibility of airflow obstruction and nonspecific hyperreactivity on the long term course of lung function in chronic airflow obstruction. *Am Rev Respir Dis* 1986;134:276-80.
- 5 Weir DC, Gove RI, Robertson AS, Burge PS. Corticosteroid trials in non-asthmatic chronic airflow obstruction: a comparison of oral prednisolone and inhaled beclomethasone dipropionate. *Thorax* 1990;45:112-7.
- 6 Quanjer Ph (ed.). Standardised lung function testing. *Bull Eur Physiopathol Respir* 1983;19 (suppl 5):1-95.
- 7 Anthonisen NR, Wright EC, Hodgkin JE, and the IPPB trial group. Prognosis in chronic obstructive pulmonary disease. *Am Rev Respir Dis* 1986;133:14-20.

BOOK NOTICES

Respiratory Medicine. Edited by RAL Brewis, GJ Gibson, DM Geddes. (Pp 1559; £85.) London: Harcourt Brace Jovanovich, 1990. ISBN 0 7020 1279 3.

Rarely is the opportunity presented to antagonise so many of one's colleagues—94 to be precise. Thankfully, I can let the opportunity slip because this new all British text really does deliver the goods. A wealth of scientific information is combined with, in general, sound and often helpfully didactic clinical advice. The extensive referencing of each chapter (up to 1989 in some instances) is especially valuable. But this is more than just an excellent source book—it is a jolly good read. Time and again, when I had merely intended to look up a specific point, I found myself drawn to browsing through adjoining chapters. Sections on sleep related disorders, humidifier fever, and thoracoscopy for physicians, among others, give the book a leading edge feel; but even the traditional areas of airflow obstruction, lung cancer, and tuberculosis invigorate the reader. My only real concern arises from the book's traditional disease oriented approach, which on occasions does not lend itself to the difficulties of the chest physician faced with a clinical-radiographic syndrome, rather than a disease. The reader will not, for example, find an overall approach to the lung cavity, though the individual diagnostic possibilities are well

covered in separate sections. Again, the text could have been more clinically directive in some areas; specific antibiotics in bronchiectasis and specific regimens for small cell lung cancer are not discussed, though I accept that this may be inappropriate when one is aiming at a worldwide market. Radiographic reproduction is generally good, but more use of pointers would have been helpful; too often with computed tomograms the reader is left wondering what or where the abnormality is. Just as Persian carpet weavers traditionally incorporated a mistake lest perfection should offend Allah, so publishers include the obligatory radiographs with text reversed to test whether reviewers have reviewed. Fortunately I found it, on page 231. Chapter 2.1 has lost its textural references. Minor criticisms aside, this is a "big" book in every sense. The editors and authors are to be congratulated in producing what I have little doubt will be the foremost European respiratory textbook of its kind and one that will be a major contender worldwide.—IDA

Surgical Pathology of Lung Neoplasms. Edited by AM Marchevsky. (Pp 709; \$180.) New York: Dekker, 1990. ISBN 0 8247 8106 6.

This is the first edition of a book that is largely devoted to its surgical pathology of lung and pleural neoplasms but is supplemented by chapters on epidemiology, experimental models, and cytology. I found the supplementary chapters rather disap-

pointing, particularly the epidemiological ones, which were very superficial. The statement on page 2 that "All forms of asbestos . . . have been shown to have the same risk for subsequent development of lung cancer after industrial exposure" oversimplifies the facts. I am not convinced that it was advisable to include these chapters in this book. The surgical pathology chapters provide comprehensive descriptions of the macroscopic, microscopic, electron microscopic, and immunohistochemical features of a wide variety of lung neoplasms. The chapters are well referenced and up to date, though there is the odd missed reference—for example, Humphreys *et al* (1988), cited on page 372, is not included in the list of references at the end of the chapter. The chapter on classification is disappointing because it merely reiterates the World Health Organisation classification and gives no comparison of the strengths and weaknesses between the classifications. An irritating feature of the presentation is the interruption of the text by several pages of illustrations, which are often well away from the page on which they are referenced to; in addition, many figures take up only half a page with blank space beneath them. On balance, I thought that the book was very useful as a straightforward, comprehensive, well illustrated account of pulmonary tumours and I have found it useful in my own laboratory when dealing with surgical resections. I have found it less useful, however, in dealing with small biopsy specimens.—ARG

A further book notice appears on page 76.