

posteriorly as the lowest fibres of the sympathetic tract exit with the second thoracic nerve.<sup>3</sup>

DEREK LESLIE CONNOLLY  
Department of Neurology,  
Queen's Medical Centre,  
Nottingham NG7 2UH

- 1 Campbell P, Neil T, Wake PN. Horner's syndrome caused by an intercostal chest drain. *Thorax* 1989;44:305-6.
- 2 Fleischman JA, Bullock JD, Rosset JS, Beck RW. Iatrogenic Horner's syndrome secondary to chest tube thoracostomy. *J Clin Neuro-ophthalmol* 1983;3:205-10.
- 3 Bertino RE, Wesbey GE, Johnson RJ. Horner syndrome occurring as a complication of chest tube placement. *Radiology* 1987;164:745.

### Malignant carcinoid tumour of the oesophagus

Dr AR Ready and colleagues (July 1989;44:594-6) review the seven patients with malignant carcinoid tumours of the oesophagus reported since 1969, almost all of whom rapidly died with widespread metastases. Our case was the only one of this series to show a "benign" course.<sup>1</sup> The tumour was located in the middle and lower part of the oesophagus, measured 7 × 2 cm, and had with a local lymph node metastasis at the time of resection. Numerous mitoses were seen (10-20/10 high power fields) and the cells had abundant dense core, membrane bound granules.

It is now five years since a subtotal oesophagectomy and upper gastrectomy with gastro-oesophageal anastomosis was carried out in this patient. He received no additional treatment and repeated oesophagoscopy and computed tomography have shown no recurrence or metastases. A renal cell carcinoma (5 cm diameter, clear cell type) was discovered two years ago incidentally and a left nephrectomy performed. The patient, now 81 years old, is alive and well. He illustrates the unexpected behaviour of carcinoid tumours, for which there is no reliable prognostic criteria. Tumours in the oesophagus, as in this case, may have a relatively indolent course, supporting an aggressive surgical policy as with gastric carcinoid tumours.<sup>2</sup> Carcinoid tumours are, however, often associated with malignant neoplasia at other sites.

A SIEGAL  
Pathology Department  
A SWARTZ  
Surgery Department  
M ARONHEIM  
Urology Department,  
Meir Hospital and Tel-Aviv University,  
Kfar Saba, Israel

- 1 Siegal A, Swartz A. Malignant carcinoid of oesophagus. *Histopathology* 1986;10:761-5.
- 2 Day DW. *Biopsy pathology of the oesophagus, stomach and duodenum*. London: Chapman and Hall, 1986:142-5.
- 3 Moertel CG, Dockerty MB, Judd ES. Carcinoid tumors of the vermiform appendix. *Cancer* 1968;21:270-8.

## BOOK NOTICE

**Thoracic Surgical Techniques.** Edited by F Wells and BB Milstein. (Pp 280; £80.) East Kilbride: Harcourt, 1990. ISBN 0 7020 1239 4.

In the small world of general thoracic surgery, operative techniques are often handed from generation to generation, and rarely appear in print. This beautifully illustrated book describes the surgical traditions in one highly respected centre as they have evolved and are now practised. It covers chest wall, tracheal, and pulmonary surgery and a full range of oesophageal procedures. As well as the common operations, the latter includes treatment of leiomyoma, management of perforation, and the use of the colon in oesophageal replacement. The descriptions of lung resections, particularly segmentectomies, are classics of their type, and would reward study by surgeons of any level of experience. There are good chapters on decortication, thoracoplasty, and bronchopleural fistula. Operations are discussed in a very clear, step by step fashion. There is a heartening emphasis on sound technique; stapling devices are largely eschewed, for which the authors are to be congratulated. The authors readily admit that they have described the practice at a single centre, and therein lies the major weakness—this is a very "traditional" book. The usual thoracotomy incisions are covered, but do not include the currently popular muscle sparing techniques. There is no mention of jet ventilation in tracheal surgery or of cricopharyngeal myotomy after excision of a pharyngeal pouch. The absence of references to further reading worsens the effect of the single minded approach. Despite these criticisms, because of the quality of the step by step descriptions and the excellent illustrations, this book can be recommended to anyone training in or practising thoracic surgery. It should be regarded as an accompaniment to an up to date textbook or to a thorough familiarity with the current publications.—JHD

Other book notices appear on page 45.

## NOTICES

### Course on asthma treatment

A NATO-ASI course entitled "Asthma treatment: a multidisciplinary approach" will be held on 19-29 May 1991 at the Centro Ettore Majorana, Erice-Trapani, Italy. For information please contact Professor Dario Olivieri, Department of Respiratory Disease, University of Parma School of Medicine, Ospedale Rasori, 43100 Parma, Italy.

### British Society for Allergy and Clinical Immunology

The British Society for Allergy and Clinical Immunology will be holding its annual meeting at Regent's College, London, on 4-6 September 1991. Further information may be obtained from Miss Sharon Pidgeon, Conference Associates and Services BSACI, Congress House, 55 New Cavendish Street, London W1M 7RE (tel 071 486 0531, fax 071 935 7559).

### Workshop on hypertrophic osteoarthropathy

The first international workshop on hypertrophic osteoarthropathy will be held in Dubrovnik, Yugoslavia, on 8-11 September 1991 (deadline for abstracts 15 May). For further details contact Dr Marco Matucci-Cerinic, Istituto di Clinica Medica IV, Università di Firenze, Viale Pieraccini 18, 50139 Florence, Italy.