

The technique used by us becomes inaccurate in circumstances where the mass output of the nebuliser is very small. Therefore—provided that the output of tracer is representative of the output of the solute under consideration—the tracer technique described by Dr Dennis and colleagues may be preferable when one is dealing with small mass outputs.

RD HAMILTON
A GUZ
Department of Medicine,
Charing Cross and
Westminster Medical School,
London W6 8RF

- 1 Hamilton RD, Winning AJ, Guz A. Blockade of "alveolar" and airway reflexes by local anaesthetic aerosol in dogs. *Respir Physiol* 1987;67:159–70.

BOOK NOTICES

Asthma as an Inflammatory Disease. Paul M O'Byrne. (Pp 336; \$119.50.) New York: Marcel Dekker, 1990. ISBN 0-8247-8220-8.

This book is one of a series published by Marcel Dekker on allergic disease and treatment. The title is somewhat misleading as this volume is really an overview of the current concepts in asthma, with comparatively little emphasis on the inflammatory basis of the disease. The opening chapters deal with the pathology, epidemiology, and genetics of asthma and serve well as an introduction. The following six chapters include strong sections on airway hyperresponsiveness, atopy, and asthma and cough as a manifestation of asthma. The latter contribution I found particularly interesting as it is a subject often left out of books of this sort. The last four chapters are concerned with treatment and are probably the most interesting. They start with an excellent, comprehensive review of the pharmacology of antiasthma medication and end with a thought provoking contribution on variations in prescribing of prophylactic anti-inflammatory treatment throughout the world. Overall, I was pleasantly surprised by this book. The topics covered are important and well reviewed by an international team of contributors, resulting in a well balanced approach with a good mix of European and North American viewpoints. The chapters are well referenced and the references are up to date and comprehensive. My only reservation is the price: even at a favourable exchange rate, at \$119.50 this slim volume is more expensive than several equally up to date, more comprehensive reviews. Medical and paramedical newcomers to the field of asthma will, however, find much of interest in this book and I hope it finds its way on to a few library shelves.—IP

The Lung in Rheumatic Disease. GW Cannon, GA Zimmerman. (Pp 545; \$150.) New York: Dekker, 1990. ISBN 0-8247-8211-9.

This is the latest volume (No 45) in a long series of generally well received volumes entitled "Lung Biology in Health and Disease" under the executive editorship of the director of the National Heart, Lung, and Blood Institute in the United States. It is not before time that the involvement of the lung in the rheumatic disorders receives appropriate attention and the subject is generally well reviewed in this text. The authors are drawn almost entirely from the North American subcontinent with no European contribution and almost half of the contributors are rheumatologists. Seventeen chapters are divided into four sections; pathogenesis of lung and pleural lesions; methods of assessment of lung disease—physiology, imaging, biopsy and bronchoalveolar lavage, pathology; a section of chapters dealing with the individual entities; a pot pourri of chapters on sarcoidosis, cystic fibrosis, and hypertrophic pulmonary osteoarthropathy, disorders in which arthropathy may be a feature. It is pleasing to see good chapters on infection and drug induced diseases, complications that may be confused with the underlying lung problem; and other chapters worthy of mention include those on the pathogenesis of interstitial lung disease and pathology. In general, the book contains detailed, well referenced, and clearly illustrated chapters but it is particularly disappointing that there is no mention of high resolution computer tomography, a technique now well established in the assessment and early diagnosis of interstitial lung disease. Some of the contributions by those who are not lung specialists reflect a lack of the sort of detailed, in depth perception of the pulmonary problem that is more evident in the chapters by the lung experts. Aimed at the clinician and the basic scientist, it is likely to achieve only 50% success. The clinician will find it a good source of review and reference but the basic scientist will be disappointed by the depth of discussion on some of the basic mechanisms, particularly immunology and molecular biology. At \$150 this will not be a good buy for most individuals but would be a good acquisition for the library or the rheumatic lung disease aficionado.—RMB

Ventilation/Blood Flow and Gas Exchange. 5th ed. John B West. (Pp 120; £9.95.) Baltimore: Blackwell, 1990. ISBN 0-632-02855-6.

It was a pleasure to review this new edition of Professor West's classic monograph on the relation between blood flow and ventilation. He describes the physiological concepts concerned in gas transport from air to tissue with illustrations from original experiments, many of which he performed himself. The book begins by describing normal oxygen transport and the adverse effects on gas exchange of hypoventilation, impaired perfusion, shunt and ventilation-perfusion inequality. He then covers in detail the physiology of ventilation and perfusion

interrelationships in the normal lung, emphasising the effects of inequality of distribution of both ventilation and blood flow on regional gas exchange. For the faint hearted this section may be rather daunting, but it provides the basis for understanding abnormalities of gas exchange in the diseased lung. The pathophysiology of hypoxia and carbon dioxide retention are very clearly described, again with helpful experimental illustrations. Ventilation-perfusion inequality in various pulmonary and cardiac conditions is then illustrated, use being made of the multiple inert gas elimination technique. This approach emphasises the importance of both alveolar ventilation and cardiac output to the maintenance of normal gas exchange and transport. This short book is not easy reading. The subject matter is complex, but with perseverance comes a thorough understanding of the physiology of normal gas exchange and abnormalities caused by disease. The text is clear and logical. Mathematical formulae describing ventilation and blood flow are avoided in the text, but usefully included in the appendix. The figures and illustrations are helpful for understanding the text and only occasionally are too complex. This monograph is already a medical classic and the new edition well worth the investment. It can be recommended to all physicians caring for patients with abnormalities of gas exchange, to refresh understanding of this complex but very important aspect of human physiology.—SE

NOTICES

Symposium on breathlessness

The 1991 Campbell symposium, on breathlessness, will be held on 16–19 May 1991 in Hamilton, Ontario, to mark the retirement of Dr E J Moran Campbell and the 25th anniversary of the Manchester breathlessness symposium, which he chaired with Dr J B L Howell. Former students and colleagues of Dr Campbell are encouraged to attend. The number of participants will be limited by the accommodation available. Details from the conference coordinator IM10, McMaster University, 1200 Main Street West, Hamilton, Ontario, Canada L8N 3Z5 (fax (416) 521 0048).

Course on lung pathology

Lung pathology is the subject of a comprehensive course of lectures, hands on microscopy sessions, and a slide seminar to be held at the Brompton Hospital, London, on 10–12 June 1991. The programme will include J Wigglesworth on perinatal disease, M Dunnill on defence mechanisms and fibrosis, A Gibbs on pneumoconiosis, C Wagenvoort on hypertension, and various internal speakers on airway disease, infections, interstitial disease, angitis, and tumours. The fee is £150 (or US \$290). Applications should be sent to Professor B Corrin, Department of Histopathology, Brompton Hospital, London SW3 6NP.