disease, McCleod's syndrome, bronchiectasis, and cystic fibrosis. There are also chapters on the pneumoconioses and on aspiration of foreign material. One can find areas of deficit—for example, the lack of discussion on the radiographic scoring methods used in cystic fibrosis, such as the Crispin Norman score, which are in widespread use. The text as a whole, however, is detailed and broad and is not just about the chest radiograph and imaging techniques in respiratory medicine. This book is a must for any respiratory unit.—DJS

Diagnostic Imaging of the Lung. (Vol 46 of *Lung Biology in Health and Disease*). (Pp 769; \$198.) New York: Dekker, 1990. ISBN 0-8247-8318-2

This volume is written by a group of mainly American radiologists who are eminent in their field. The book has the professed objectives of "reviewing the role of conventional radiographic techniques" and "providing a reasonable diagnostic approach for the utilisation of more advanced technologies." It is aimed at a wide medical audience ranging from pulmonary physicians and radiologists to general practitioners. It starts with a good overview of the modalities currently available in radiology for the investigation of the chest. It describes the benefits of the high kv chest radiograph, emphasises the growing importance of high resolution computed tomography, compares the relative merits of magnetic resonance imaging and computed tomography and has sections on digital radiography, nuclear medicine, ultrasound, and interventional radiology. The introduction to each subsequent chapter covers the same ground again in a more limited form. The topics included range from diseases of the trachea and other airways through vascular disease, malignancy, and pulmonary oedema to diffuse and focal lung conditions. It finishes with a chapter on interventional radiology and another on future goals in chest radiology. For a book concerned with imaging, there is rather too much description of the clinical aspects of the disease processes, particularly in the chapters on diffuse lung disease. The space would have been better spent on pursuing the radiology in greater depth. Much of the introduction to the section on intervention would seem too obvious to need inclusion. Generally, the radiographs are reproduced well and the points that they illustrate are clearly seen. There are in addition some line drawings, particularly in the section on pulmonary oedema, and these are helpful. Each chapter ends with a long list of references, the more recent ones being not later than 1988 but covering the subject of the chapter well. The book is unlikely to appeal to a radiologist who has experience in thoracic disease but would be useful to readers who are seeking an overview of the range of imaging modalities available and the ways in which they interrelate. The chapter on pulmonary vascular diseases is a good summary for physicians on the approach to pulmonary thromboembolic disease as this condition is often rather poorly investigated from a radiological perspective.—ARM

Modern Drug Treatment for Tuberculosis. 7th ed. (Pp 102; £5.) London: Chest, Heart, and Stroke Association, 1990. ISBN 901548-47-2

The seventh edition of *Modern Drug Treatment of Tuberculosis* has been updated from

the last edition in 1983 to cover new developments, particularly the impact of AIDS on tuberculosis. The book title is a little misleading for, although over half of the book covers the drugs used to treat tuberculosis (both first line and reserve drugs and drug regimens for developed and developing countries), other topics are included. The first chapter covers the pharmacology of the drugs, together with side effects and interactions. Treatment regimens, including daily, partly intermittent, and fully intermittent regimens, are discussed for both pulmonary and extrapulmonary disease. Costs and suitability for different economic and social situations are well covered, recommendations being tailored to the money and health facilities available, and are consistent with the IUAT guidelines. Short chapters on generalised drug reactions, special situations, chemoprophylaxis, the management of acquired drug resistance, opportunistic mycobacterial disease, tuberculin testing, BCG vaccination, and tuberculosis control programmes are also included. The emphasis in these latter sections is on practical advice based on the author's wide experience, covering the limitations and advantages of certain techniques—for example, tuberculin testing—and dispensing sound advice on the clinical topics. The price of £5 is very reasonable. The book will be suitable for three groups of doctors. Firstly, those who treat tuberculosis only occasionally will find firm and concise advice. Those who treat tuberculosis frequently will also find helpful advice on the less common problems. Finally, because the different needs and resources of developing countries are borne in mind throughout the book, doctors in developing countries will find much of practical help in setting up and running a tuberculosis service.—PO

Kendig's Disorders of the Respiratory Tract in Children. Eds V Chernick, EL Kendig Jr. (Pp 1055; £116.) Philadelphia: Harcourt Brace Jovanovich, 1990. ISBN 0-7216-2214-3

Although it is always a pleasure to place a bulky and expensive textbook on the office bookshelf, there must be doubt about the value of large tomes on any topic. Smaller monographs are often more up to date and better. This work is considered by many to be the bible of paediatric chest medicine. The fifth edition has been extensively revised and updated, only seven years after the last edition. None of the alternative large textbooks on this subject have managed to keep up to date; but smaller books have been published recently, the best by far being *Respiratory Illness in Children* from the Children's Hospital in Melbourne. *Kendig* is a multi-author textbook written predominantly by North American authors, with a few from other countries. The bibliographies contain very few non-North American references and some chapters are clearly unsuitable for European consumption. The chapter on asthma is particularly unsuitable: isoprenaline is still given more prominence than any beta₂ specific agonist, theophyllines have more space than sodium cromoglycate, and inhaled corticosteroids are demoted to two sentences buried in the section on oral steroids. The list of "useful" investigations for asthma starts with a full blood count followed by cytological examination of sputum and serum determination of immunoglobulins G, A, and M as well as E. Some chapters have been revised but really not updated, particularly

those on congenital defects. There is no classification and disorders are discussed in haphazard fashion, pulmonary sequestration in particular. The latest reference on this topic was 1983 (there are two references from the 1980s, six from the 1970s, 19 from the 1960s and 17 the 1950s). Other chapters are excellent, however, with very recent references. Outstanding among these are the chapters on sudden infant death syndrome and apnoea and pulmonary disorders in paediatric acquired immunodeficiency syndrome. A host of omissions might be picked out. There is no mention of the primary ciliary dyskinesia syndrome as a cause of transient tachypnoea or neonatal pneumonia, no mention of extracorporeal membrane oxygenation in the chapter on intensive care, and no mention of the peak expiratory flow meter in the section on lung function testing. The ciliary dyskinesia syndrome chapter does not comment on the measurement of ciliary beat frequency from nasal brushing or the saccharin clearance screening test. The chapter on antibiotics misses out ciprofloxacin and all monobactams. The chapter on foreign bodies does not mention the dangers of nut aspiration or the need for long term follow up, but suggests without references that steroids should be given for 48 hours postoperatively. It is fascinating that all paediatric respiratory textbooks say that taking a neck radiograph in a child with epiglottitis is dangerous, yet show a radiograph (twice in this book). The general format of the textbook follows that of many others with an initial section on anatomy, physiology, and clinical examination and investigations. The first two chapters are particularly good. The chapter on host defence concentrates almost exclusively on immunological mechanisms with little comment on non-specific defence mechanisms. The chapter on age and lung disease fails to discuss the changes that occur during male adolescence, which has a profound effect on form and function and manifestations of disease. Subsequent sections include neonatal disease and a very useful chapter on infections. Overall I am glad that I possess this textbook, which has some excellent sections and good bibliographies interspersed with poor chapters. It could be useful as a first port of call reference book when one is beginning to study a specific topic in paediatric respiratory medicine.—JOW

NOTICES

British Sleep Society

The British Sleep Society's third annual meeting will be held at Worcester College, Oxford, on 1-3 September 1991.

Free communications are invited. Information and abstract forms from: Dr J Stradling, Osler Chest Unit, Churchill Hospital, Headington OX3 7LJ (tel 0865 225236; fax 0865 225221).

Symposium on cardiopulmonary emergencies

The 7th International Symposium on Cardiopulmonary Urgencies and Emergencies will be held on 19-22 November 1991 in Rotterdam.

Details from Dr O Prakash, Thorax Centre, Erasmus University, 3000 DR Rotterdam, The Netherlands (fax 31-10-463 5240).