

non-neoplastic disease, including pathogenesis of asbestos related disease in man. Each chapter usefully begins by introducing in some detail the required methods and continues with a review of results, all with excellent illustration. There is information on the ultrastructure of respiratory tract cilia and their motility and pharmacological regulation and mucociliary interaction. The chapter describing the principles and application of morphometric methods to interpretation of lung slices and study of the interspecies variation of airway surface epithelia is excellent, as is the comprehensive chapter on pulmonary vasculature in health and the evolution of alterations with chronic pulmonary hypertension and the adult respiratory distress syndrome. One chapter reviews the ultrastructural features of common and rare tumours superbly. There is also an elegant description of the constituents of lung interstitium with interesting discussion of the functional implications of the three dimensional organisation of connective tissue elements and their variation in emphysema and fibrosis. The three dimensional structure of the lung is beautifully shown by corrosion casting techniques and variations are shown following experimental injury and angiogenesis. There is an interesting review of the history and biological properties of fluorocarbon emulsions used to investigate the interaction of plasma proteins and endothelial glycocalyx, and two chapters deal with the pathogenetic mechanisms in animal models of asbestosis and silicosis and techniques and data generated in the use of analytical scanning, transmission, and scanning transmission electron microscopy to identify fibre types and investigate asbestos induced disease in man. The book is therefore suited to a wide readership and forms an excellent text for learning more about the special applications of the electron microscope to the study of lung disease.—PKJ

Respiratory Illness in Children. 3rd ed. P D Phelan, L I Landau, A Olinsky. (Pp 403; £59.50.) London: Blackwell, 1990. ISBN 0-632-02567-0.

The remarkable success of the first edition of this book in presenting a comprehensive account of illnesses affecting the respiratory tract in children lay not only in the need for such a book (at a time when subspecialisation in respiratory medicine in childhood had scarcely begun) but even more in the extensive clinical and research experience of its authors. Fifteen years later the aim of the present authors in introducing the third edition remains unchanged despite the explosion of additional information on nearly all of the topics considered. This book will appeal to clinicians in terms of its scope, balance, and presentation. About half of the text is devoted to acute respiratory infections, asthma, cystic fibrosis, and an analysis of common symptoms of respiratory disease. Each chapter on these topics is essential reading for paediatricians in training, whether or not they intend to specialise in respiratory medicine. Childhood asthma and cystic fibrosis are dealt with expertly and comprehensively in "state of the art" accounts that include recent advances in understanding airways inflammation in asthma and the molecular genetics of cystic fibrosis. The introductory and final chapters, which deal with lung growth and development and the physiology of respiration, are

similarly clear, concise, and informative. Four of the remaining eight chapters—on neonatal respiratory disorders, pulmonary complications of inhalation, lung defences and infection, and congenital malformations of the respiratory tract—deserve special mention for the lucid descriptions of the clinical approaches to diagnosis and the emphasis on the principles of management. Throughout the text the illustrations are excellent and the quality and educational value of the chest radiographs selected are outstanding. It is disappointing but, to some extent, inevitable that several chapters have not been fully updated since the previous edition. In some only a minority of references refer to publications within the past 10 years, whereas in others nearly half of the references quoted have appeared in the past five years. This detracts from the book's value as a source of reference. The inclusion of a chapter outlining trends in radiological assessment of the respiratory tract and one on respiratory failure in children might have improved this book without substantially enlarging it. It would have required a larger and multi-author textbook to fulfil the original aim of this book and, to achieve this, balance and presentation may have had to be compromised. This is an excellent reference book for MRCP candidates and invaluable for paediatricians in training, particularly those with interests in respiratory medicine. It will also be used by paediatric chest physicians but falls short of being a comprehensive reference textbook on paediatric respiratory medicine.—HS

Introduction to Respiratory Care. M G Levitzky, J M Cairo, S M Hall. (Pp 589; £32.) Philadelphia: Harcourt Brace Jovanovich, 1990. ISBN 0-7216-1090-0.

This book has been written as a core textbook for respiratory therapists in the United States. As we do not have respiratory therapists (physiotherapists specially trained in the care of patients with respiratory failure) in the United Kingdom, the book is not strictly relevant to any health care professional group in Britain. But the whole direction of the book is towards the care of patients in the intensive care unit and the information would be useful for intensive care nurses and technicians who wish to know more about the physiology and treatment of cardiorespiratory failure. The book has been written by a professor of physiology, a respiratory therapist, and an anaesthetist, and as a consequence it lacks much of the detail that many respiratory physicians would consider essential. I was disappointed by the very short section on the pathophysiology of respiratory disease, which occupied only 20 of the 580 pages. There is no information on the care of respiratory failure in the community, and no mention of domiciliary ventilation or the new types of ventilation used to assist patients with obstructive lung disease, such as continuous positive airway pressure and nasal intermittent pressure ventilation. The book is divided into three main sections. The first section deals with the basic physics and chemistry and physiology of the cardiopulmonary system with perhaps too much basic physics and chemistry. I would have preferred less information on chemical bonding and the molecular configuration of proteins in return for more clinical material. The second section, dedicated to patient assessment, is extremely good and covers

history, examination, pulmonary function, exercise testing, blood gas analysis, and radiology. These sections are practical and give detailed information on how to take arterial blood gas samples, administer exercise tests, take samples for microbiology, etc—the sort of information that is often lacking in textbooks for physicians, where, for some reason, this knowledge of practical techniques is assumed. The last part, on therapeutics, is also extremely good, covering the pharmacology of cardiorespiratory drugs and with sections on oxygen therapy (but no information on domiciliary oxygen therapy) and on bronchopulmonary hygiene and a very useful simple explanation of mechanical ventilation. I hope that one day we will have respiratory therapists in this country, though I would like to see them broadening in this function from intensive care nurse technician to someone interested in the whole gamut of respiratory disease and respiratory failure. This book has no real audience in this country, but it is clearly presented and practical and would therefore be a useful adjunct to the other textbooks found in intensive care units.—AP

Essentials of Respiratory Disease. 3rd ed. R B Cole, A D Mackay. (Pp 266; £14.95.) Singapore: Churchill Livingstone. ISBN 0-443-03646-2.

This book was first published in 1971. The second edition came out in 1975 but it has taken a further 15 years to see the third edition. Over this period its place in the market has been lost to the profusion of short textbooks on respiratory medicine that we have seen over the last few years. Although these books are supposedly aimed at medical students. I think that most students tend to stick to the established general medical textbooks and we are therefore left with junior hospital doctors studying for exams or wishing to widen their experience of the specialty. *Essentials of Respiratory Disease* is certainly well written, very adequately illustrated, and easily read. The style is, however, rather "traditional" and in places a little unimaginative. The first section deals with the history taking, clinical examination, and investigation of patients with chest diseases. Next comes the structure and function of the respiratory tract, which is very clearly explained and one of the strongest parts of the book. The third section, making up the bulk of the book, examines various diseases and conditions in turn. My overall impressions are that the authors have fallen midway between being basic enough for medical students and not carrying enough detail for junior doctors. Although many areas have been updated, such as laser treatment in lung cancer, AIDS, and the pathogenesis of asthma, there are several gaps. For instance, in the section on cystic fibrosis there is nothing about the identification of the gene with all its implications, and no mention of heart lung transplantation. I would have liked to have seen nasal IPPV at least mentioned in the chapters on respiratory failure and chest wall deformities. Transbronchial biopsy has now been replaced by bronchoalveolar lavage in the diagnosis of pneumocystis pneumonia in AIDS and nebulised pentamidine often given subsequently as prophylaxis. These are just a few examples of where I believe this book lags behind current practice. My feeling is that this edition has not been updated as well as it could have been. In consequence I think that

it will quickly become outdated. It has been pitched into a very competitive market and I fear that it will struggle. Although the cost is very reasonable, I think there are probably better buys around for £14.95.—PB

Aids and the Lung. Edited by D M Mitchell, A A Woodcock. (Pp 110; £8.95.) London: *British Medical Journal*, 1990. 0-7279-0289-X.

This book is a collection of articles that were originally published in *Thorax*, concerned with the diagnosis and management of respiratory problems in adult patients with AIDS and also with the general management of these patients. The first chapter concerns infection control, particularly in respect to bronchoscopy, and gives practical advice that will be of value to those who wish to introduce infection control into their respiratory unit. Then follow two chapters on the investigation of pulmonary disease, the first concerned with non-invasive tests and the second with providing an aetiological diagnosis. The next chapter describes the treatment of active lung disease in patients with AIDS and the following chapter addresses the management of res-

piratory failure in *Pneumocystis carinii* pneumonia. The problem of preventing lung infections in patients with HIV infection is then addressed and this is followed by a chapter on antiretroviral therapy, which will be of considerable value to those who use zidovudine infrequently. It is unfortunate that it is necessary to include a chapter on the ethics of treating patients with HIV infection; the opinions expressed in this chapter reflect the views of most people who deal with HIV infection. Overall, this book is of a high standard. Tabulation of data occurs in only one chapter and could have been more extensive. The reproduction of a radiograph showing the radiographic appearance of early pneumocystis pneumonia shows almost completely black lung fields and is unhelpful. The authors indicate that in a few years the information may be obsolete; I hope that they will be encouraged to write a new edition and suggest that a section is given over to the prognosis of HIV infection. This book will be of most value to those physicians who see few patients with HIV related lung disease, for whom it will be a valuable reference. Those who already deal with HIV infected patients should be aware of most of the information in the book and will no doubt have one of the larger textbooks.—JW

NOTICE

World conference on lung cancer

The 6th World Conference on Lung Cancer will be held at the World Congress Centre, in Melbourne, Victoria, Australia, from 10 to 14 November 1991.

The programme has 16 "state of the art" sessions, including chemoprevention of lung cancer, endobronchial therapy, recent advances in pulmonary adenocarcinoma, controversies in the management of small cell lung cancer, and mesothelioma. Further information may be obtained from Ms Jane Willis, MCS Convention Services, PO Box 335, Heidelberg, Vic 3079, Australia (fax (613) 499 7137).