

1843 Turner reported on his "discovery" of ipecacuanha induced asthma. Turner, who also suffered from asthma, had to convince himself repeatedly that minute atmospheric amounts of ipecacuanha dust were capable of inducing a violent attack of asthma "because so new and singular was the fact . . ." The other side of the Atlantic may even today have a reputation for medical rediscoveries but, as Professor Seaton's communication makes clear, the rediscoveries may equally well take place within Europe. Importantly, Schadewaldt<sup>3</sup> gives Turner credit for discovering that asthma can be provoked by oral intake of the allergen: "On two occasions I took a single laxative pill, without being aware that each of them contained about a grain of ipecac., yet in both instances, after an interval of eight or 10 hours, a severe paroxysm of asthma followed their exhibition."

Towards the end of the nineteenth century, there was a great interest in the hypothesis that asthma could be induced by a neurogenic nasal reflex mechanism.<sup>4</sup> Lenhartz (1899) regarded ipecacuanha asthma as supporting the idea of a neurogenic reflex induced asthma starting in olfactory nerves.<sup>2</sup>

In his book on asthma Salter<sup>1</sup> characterised ipecacuanha asthma together with the asthma that was specifically induced by animal emanations (particularly from the "fur of animals"), and with that "curious affection known as hay fever" (which Salter, before Blackley, blamed on "flowering grass" instead of hay). Among Salter's own patients ipecacuanha asthma affected three medical students. Salter remarked on the singular cause of this asthma: "In none of them does asthma occur under any other circumstances —no other irritant will produce it." He seemed to exclude a psychogenic component: "They were always obliged to leave the room when it [ipecac.] was employed." Finally, Salter concluded from the fact that they were all medical students: "If more people were exposed to the peculiar exciting cause the number of instances of this kind of asthma would probably be much greater."

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1 Salter HH. *On asthma: its pathology and treatment*. 2nd ed. London: Churchill, 1868.

2 Persson CGA. On the medical history of xanth-

ines and other remedies for asthma. A tribute to H H Salter. *Thorax* 1985;40:881-8.

- 3 Schadewaldt H. *Geschichte der Allergie*. München: Düstri, 1983.
- 4 Murray JA. *Apparatus medicaminum tam simplicium quam praeparatorum et compositorum*. Göttingen, 1776.
- 5 Cullen W. *First lines of the practice of physic*. Edinburgh, 1776.
- 6 Turner U. Asthma caused by ipecacuanha. *Boston Med Surg J* 1843;29 (see also *Ann Allergy* 1960;18:110).
- 7 Persson CGA. On the medical history of asthma and rhinitis. In: Mygind N, Pipkorn U, Dahl R, eds. *Rhinitis and asthma. Similarities and differences*. Copenhagen: Munksgaard, 1990.
- 8 Lenhartz H. Asthma nervosum, s. bronchiale. In: W Ebstein, ed. *Handbuch der praktischer Medicin*. Bd 1. Stuttgart: 1899:392.

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## BOOK NOTICE

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**Imaging of Diseases of the Chest.** Edited by P Armstrong, A G Wilson, P Dee. (Pp 914; £127.50.) London: Wolfe, 1990. ISBN 0-8151-0350-6.

This new book has all the potential to be a success. It fills an important place between the established but weighty volumes of Fraser and Paré and the numerous smaller books on chest radiology. The book covers the subject of chest imaging in a single volume and in a remarkably comprehensive way. It is written from both sides of the Atlantic, which is a winning formula. Peter Armstrong is professor of radiology at St Bartholomew's Hospital but spent many years in the University of Virginia. His coeditors are Alan Wilson from London and Paul Dee from Virginia; the three editors have written most of the chapters but with important contributions from other American authors. The book very successfully combines current practice and thinking from both sides. The illustrations are generally of very good quality and the text is a pleasure to read. There is a good introductory section on basic principles and the normal chest, and this is particularly well written for the trainee. There then follow systematic sections on diseases of the lung,

pleura, and mediastinum, and finally useful chapters on chest trauma and on interventional procedures. The book will be enjoyed by general radiologists and physicians but there is also much to satisfy the specialist. There is a good blending of radiology, medicine, and pathology, which adds greatly to the book's value. I particularly like the tables for classification of disease and differential diagnosis, and the large number of references, mainly to British and American publications. This is a very good book and I expect it to establish itself as a standard work. I hope that it will be bought by all medical and radiological libraries, but individuals will also find it indispensable and well worth the purchase price.—BCO

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## NOTICES

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### British Thoracic Society winter meeting

The British Thoracic Society's winter meeting will be held at Kensington Town Hall, London, on 4-6 December 1991.

This meeting will be open to non-members. Abstract forms can be obtained from the administrative director, 1 St Andrews Place, London NW1 4LB, from 2 August 1991 (tel 071 486 7766; fax 071 224 2635). The closing date for acceptance is 20 September 1991 (first post).

### International Symposium on Cardiopulmonary Urgencies and Emergencies

The 7th International Symposium on Cardiopulmonary Urgencies and Emergencies will take place on 19-22 November 1991 in Rotterdam. Details may be obtained from Dr O Prakash, Thorax Centre, Dijkzigt Hospital, Dr Molewaterplein 50, 3015 GD Rotterdam, The Netherlands (tel 31-10-463-5230; fax 31-10-463-5240).