

tions (60.3 (10.4, range 13.6–191) min; $n = 19$; $p < 0.001$).

The CD4 counts on the patients before the first ^{99m}Tc DTPA transfer were 120, 130, and 170 respectively. All three were smokers, as were nine of 19 with various non-pneumocystis pneumonia chest conditions, and all three took nebulised pentamidine, 300 mg monthly, as primary prophylaxis for pneumocystis pneumonia, as did eight of 19 patients without pneumocystis pneumonia. Bronchopulmonary lavage (all three) and transbronchial biopsy (two patients) had negative results. Open lung biopsy in the first two patients did not show any opportunistic infection. Both patients died—10 and 12 months after the initial ^{99m}Tc DTPA transfer. Postmortem examination in the first patient showed cytomegalovirus and toxoplasma brain disease. The third is symptom free 10 months after the first test.

It is concluded that a rapid biphasic ^{99m}Tc DTPA transfer may be seen in advanced HIV infection in the absence of pneumocystis pneumonia.

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BOOK NOTICES

Asthma 3rd ed. T J H Clark, S Godfrey, T H Lee. (Pp 622; £65.) London: Chapman and Hall, 1991. ISBN 0 412 35900 6.

This is the third edition of this text and many readers of *Thorax* will have purchased or have access to the first two editions. Readers of this review therefore need to know whether enough has been changed to justify a further purchase. The 1977 edition contained 409 pages, and by the time of the second edition in 1983 the subject merited an increase in length to 519 pages. This new edition is considerably longer and the original two editors have been joined by Tak Lee, professor of asthma and allergy at Guy's Hospital. The text is essentially new and this is really a new book rather than an update of the previous edition. In only four or five chapters is the author the same as in a previous edition. The chapter on physiology remains as powerful and authoritative as previously but it is now followed by a series of new and very well referenced reviews of airway responsiveness, neural mechanisms, mediators, and inflammation. The latter two are particularly strong and provide a very clear summary of current understanding in a didactic but fair manner. The diagrams and electronmicrographs are particularly clear and well presented in the section on inflammation. The previous edition's chapter on pathology has now been replaced by a short but very readable section on both pathology and cytology, and this contains a useful description of the bronchial circulation. One of the most useful chapters in the first two editions was that by Ian Gregg on epidemiology and it bravely tackled the problem of international comparisons at some length. This has been replaced in this edition by a different but no less useful chapter, which looks carefully at both genetic and environmental influences on the prevalence

of asthma. The sections on smoking, pollution, and diet are particularly good, and well referenced up to 1990. An excellent, newly written summary of occupational asthma is rather awkwardly placed between the chapter on epidemiology and five very good chapters on pharmacology. That on β agonists was written recently enough to encompass most of the current controversies (but not necessarily the answers), and the chapters on steroids and other prophylactic agents are clear and provide a good summary of the current position. The chapter on methylxanthines has been rewritten by one of the previous authors, but the subject begins to look rather historical and there are few references beyond the mid 1980s. The last 100 pages are on the more obviously clinical aspects of asthma—that on childhood asthma has been updated rather than rewritten but the summary on adult asthma is completely new. This is well written and referenced but let down by rather unimaginatively produced algorithms. This chapter includes a useful section on the interface and relationships between the general practitioner and the hospital doctor, but in any future edition the editors might wish to consider pulling together a separate chapter that looks at the specific question of delivery of care. I suspect that this book is used most by clinicians who require a source of information on basic mechanisms, epidemiology, and pharmacology rather than being purchased for its clinical content. As such it more than fulfils its role and it is well produced and extremely well referenced. It is essentially a new book rather than a new edition and it can be strongly recommended to all who have any responsibility for those with this common condition.—MRP

History of tuberculosis in Australia, New Zealand and Papua New Guinea. Edited by A J Proust. (Pp273; A\$37.50.) Curtin, Australia: Brolga Press, 1991. ISBN 1 875495 02 9.

This book is a delightful kaleidoscope of anecdote, story, and experience. It is written mainly by those engaged in the study and treatment of tuberculosis from the war years until relatively recently in Australia, New Zealand, and the Melanesian Islands. With over 40 contributors, the book has a wealth of variety and expertise, including "personal views" of lay patients. It is divided into 12 chapters, each comprising several separate essays by different authors. Though topics seem to be arranged fairly randomly, moving from tuberculosis in Australia, then to New Zealand, on to Papua New Guinea, and back to Australia again, this in no way detracts from its ability to maintain interest right to the end. It is a book that both lay people and medical professionals will find stimulating and informative. For the epidemiologist, there is some vital information that may not be easily accessible through normal literature searches. In particular, I found the chapter on tuberculosis in Papua New Guinea of interest. Tuberculosis did not affect the population in the central highlands of New Guinea until relatively recently, when epidemiological methods and data processing had reached a reasonably sophisticated state, so that a thorough scientific appraisal of the effect of tuberculosis on a totally non-immune population was made possible. Perhaps because it is written by older and wiser heads, much experienced in tuberculosis, the writing becomes at times almost prophetic. "Recent economic events in X have widened the gap between rich and poor. The increase

in poverty and unemployment is likely to result in an upsurge of tuberculosis over the next decade. Furthermore, the advent of AIDS will be associated with an increase in tuberculosis, especially in racial groups with a high incidence of previous infection." Though this was actually written of New Zealand, does it necessarily matter which country in the world X refers to? Again, "no chest surgeon or physician can now hope to obtain the tuberculosis experience of our pioneers. We need to ensure that they have at least read what these remarkable Doctors achieved and to learn the principles they derived from their experience." What better self advertisement could one have for such a delightful read?—PDOD

NOTICES

British Society for Allergy and Clinical Immunology

The annual conference of the British Society for Allergy and Clinical Immunology will be held in Southampton on 7–9 September 1992. The main subjects will be allergens: biology and control; current advances in rheumatoid arthritis; and β agonists and steroids. Details from Conference Associates and Services Ltd, BSACI 1992, Congress House, 55 New Cavendish Street, London W1M 7RE.

German Society for Pneumology

The 35th scientific congress of the Deutsche Gesellschaft für Pneumologie will be held in Wiesbaden on 23–26 September 1992. The main subjects will be inflammation; operative measures in respiratory diseases; respiratory diseases in the immunocompromised; and mycobacterioses. Details from Professor Dr J Meier-Sydow, Theodor-Stern-Kai 7, D-6000 Frankfurt (Main) 70, Germany (fax (069) 6301 7391).

Continuing medical education and training in Europe

An international conference entitled "Continuing medical education and training in Europe: the future" will be held in London at the Royal College of Physicians on 1 and 2 October 1992. Details from Dr M W N Nicholls, Conference Office, c/o Fellowship of Postgraduate Medicine, 6 St Andrew's Place, London NW1 4LB (tel 071 935 5556, fax 071 224 3219).

Clinical applications of pulmonary function testing

A two day course will be held on 2–3 November 1992 at Hammersmith Hospital, with lectures, demonstrations, and case discussions on physiological background, methods, and application of the common and not so common pulmonary function tests, aimed at doctors and technicians who work in pulmonary function laboratories or who engage in physiological research. The organisers are Dr J M B Hughes and Professor N B Pride. The course fee is £130. There will be some bursaries of £130 for pulmonary function technicians and non-medical staff who apply with a letter of support from their consultant. Application forms and further details from the Wolfson Conference Centre, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0NN (tel 081 740 3117/3245, fax 081 740 4950).