THORAX

The Journal of the British Thoracic Society
A Registered Charity
President: NEIL PRIDE

Notice to contributors

Thorax is the journal of the British Thoracic Society. It is intended primarily for the publication of original work relevant to diseases of the thorax. Contributions may be submitted by workers who are not members of the society. The following notes are for the guidance of contributors. Papers may be returned if presented in an inappropriate form.

SUBMISSION AND PRESENTATION The original typescript and three copies of all papers should be sent to the Executive Editor, Dr S G Spiro, *Thorax* Editorial Office, Private Patients' Wing, University College Hospital, 25 Grafton Way, London WC1E 6DB. Editorial and historical articles are normally commissioned but the Editor may accept uncommissioned articles of this type. Manuscripts must be accompanied by a declaration, signed by all authors, that the paper is not under consideration by any other journal at the same time and that it has not been accepted for publication elsewhere. The typescript should bear the name and address of the author who will deal with editorial correspondence, and also a fax number if possible. Authors may be asked to supply copies of similar material they have published previously. Papers are accepted on the understanding that they may undergo editorial revision. In the event of rejection one copy of the text may be retained for future reference.

Authors should follow the requirements of the International Steering Committee of Medical Editors (*BMJ* 1979;i:532–5). Papers must be typed in double spacing with wide margins for correction and on one side of the paper only. They should include a structured abstract on a separate sheet (see below). Papers should contain adequate reference to previous work on the subject. Descriptions of experimental procedures on patients not essential for the investigation or treatment of their condition must include a written assurance that they were carried out with the informed consent of the subjects concerned and with the agreement of the local ethics committee.

ABSTRACT Abstracts, which should be of no more than 250 words, should state clearly why the study was done, how it was carried out (including number and brief details of subjects, drug doses, and experimental design), results, and main conclusions. They should be structured to go under the headings "Background," "Methods," "Results," and "Conclusions."

STATISTICAL METHODS The Editor recommends that authors refer to Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *BMJ* 1983;**286**:1489–93. Authors should name any statistical methods used and give details of randomisation procedures. For large numbers of observations it is often preferable to give mean values and an estimate of the scatter (usually 95% confidence intervals) with a footnote stating from whom the full data may be obtained. The power of the study to detect a significant difference should be given when appropriate and may be requested by referees. Standard deviation (SD) and standard error (SE) should be given in parenthesis (not preceded by ±) and identified by SD or SE at the first mention.

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1 Anderson HR. Chronic lung disease in the Papua New Guinea Highlands. *Thorax* 1979;34:647–53.
2 Green AB, Brown CD. *Textbook of pulmonary disease*. 2nd ed. London: Silver Books, 1982:49.
3 Grey EF. Cystic fibrosis. In: Green AB, Brown CD, eds. *Textbook of pulmonary disease*. London: Silver Books, 1982:349–62.

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BOOK NOTICES

Clinical Management of Urticaria and Anaphylaxis. Alan L Schocket. (Pp 272; US$ 99·75.) New York: Marcel Dekker, 1993. ISBN 0 8247 8632 7.

Chronic urticaria is to the allergist what dizziness is to the neurologist—a complaint which frequently leads to frustration on the part of both the doctor and patient. Anaphylaxis is the nightmare of every doctor. The stated aim of this volume, which is one of a series on allergic disease in therapy under series editor David G Tinkelman, is to provide a practical guide to the investigation and treatment of these difficult conditions. In fact it is a series of detailed chapters covering various aspects, mostly lucidly written and intensively referenced.

In the first chapter basic mechanisms of acute allergic reactions are reviewed, together with the potential causes and varied clinical manifestations of anaphylaxis, its treatment and prevention. Chapter 2 deals comprehensively (220 references) with chronic urticaria and reviews possible mediators, areas of investigation with reference to diagnosis, and current and future possibilities for therapy. Chapter 3, which contains interesting and helpful information about physical urticaria, is unfortunately marred by sloppy editing: dermographism occurring in 5% of the population is noted three times; "weal" and "wheal" are used interchangeably within six lines; and groups of sentences recur within a few pages as though this chapter was put together in a hurry from a series of previously written articles. The concept of two subthreshold stimuli summating to cause an allergic reaction is interesting and may well have relevance for asthma (pollutants plus allergen) as well as urticaria (physical exercise plus allergic food). The chapter on hereditary angio-oedema contains information on the treatment of the acute episode and of the patient during surgical and dental procedures.

The next section includes chapters reviewing specific causes of anaphylaxis and urticaria including drugs, foods, and additives. The first of these provides new insights into the pathogenesis of drug allergy and is a good guide to the diagnosis, management and prevention of this common event. Food allergy is dealt with in a sensible and logical manner, not recommending the intradermal testing and oral intradermal dilution extract therapy beloved by some American allergists. The chapter on additives would have been improved by the addition of the E numbers used in Britain rather than the USA notation alone. Here again there is some poor editing.

My other complaint is that some figures are of very poor quality and there are no clinical photographs. One showing urticaria pigmentosa would have been useful. For a book which costs so much the production quality is poor, but the content is worth reading.—GS.

Pulmonary Disease in the Elderly Patient. Donald A Mahler. (Pp 528; US $155.00.) New York: Marcel Dekker, 1993. ISBN 0 8247 8752 8.

This book fills a significant gap in the literature regarding the basic science, physiology, and practical clinical aspects of respiratory medicine in the elderly. Most of the standard texts on the elderly are woefully short on detail, while respiratory textbooks seldom pay much heed to the physiology and clinical medicine of ageing patients. This is the latest volume in an extensive series—*Lung biology in health and disease*—with a distinguished list of 25 authors. Geriatricians will find detailed referenced reviews of respiratory physiology and clinical medicine successfully discussing the interplay between ageing and disease, while the chest physician will find enough specific scientific data to broaden his interest to the older age groups.

The first chapter on the ageing lung is a thorough, comprehensive, well referenced piece which sets the tone for later chapters. There are good reviews of current work regarding lung function in the elderly, and a useful expansion of the ATS guidelines regarding their interpretation. Difficulties of extrapolation from younger age groups and the merits and problems with cross sectional and longitudinal studies are discussed. There follow thorough descriptions of respiratory monitoring and sleep disorders together with methods appropriate for elderly patients and the need to address multisystem disease.

The clinical chapters take both the problematic approach—dyspnoea, wheeze and cough—as well as the more conventional diagnostic headings. Age is no explanation for dyspnoea, and detailed clear descriptions of different investigative techniques with good quality algorithms aid the reader with problem solving. A chapter on the epidemiology of pneumonia, host defence changes and outcome with detailed referencing is particularly successful.

There are areas of slight unevenness: rather long chapters on pulmonary rehabilitation, cessation of smoking, and nutrition probably reflect the transatlantic flavour. Inclusion of all authors referenced within the text can, on occasion, break up the flow and the sense of the paragraph. The very extensive tuberculin testing of all nursing home patients and recommendations on prophylaxis and treatment are probably at some variance with British practice.

Although not cheap, this is a very useful book for geriatricians with an interest in respiratory medicine. It has more than adequate information for chest physicians who need to address this increasing and often understudied group of patients.—PJL

Pulmonary and Critical Care Medicine. Roger C Bone. (Pp 1504; £180.) USA: Mosby-Year Book, 1993. ISBN 0 8151 1033 2.

This enormous text has been under development since 1988 when the need for a comprehensive review of the field of pulmonary and critical care medicine was first recognised by the editors. More importantly, they recognised the pace of scientific and clinical developments that can render textbooks useless in only a few years, and designed the current work specifically with this in mind. Thus, the two volume book is looseleaf in format, enabling the easy incorporation of annual revisions and updates into the text. The whole is subdivided into 19 clearly demarcated and marked sections dealing with the basic sciences (anatomy, physiology, pharmacology, etc) that pertain to the lung, including the major clinical subdivisions of respiratory diseases. A very comprehensive and useful section on diagnostic procedures is included. As is so often the case, the authors are almost all from the USA, but the writing is generally good and the line diagrams and radiographs have been clearly reproduced.

The critical care section is rather less satisfactory, being appended at the end of Volume 2 and giving the impression that it is a rather uneasy addition to the main body of the text. Furthermore, the editors seem to have had difficulty deciding what clinical conditions to incorporate outside the immediate respiratory field. Excellent chapters are thus appropriately included covering the treatment of acute respiratory failure and asthma, but septic shock is afforded almost equal prominence. There is no section dealing with renal failure.

The market for this book in the USA seems assured, as pulmonary and critical care medicine are inextricably interlinked and relatively few clinicians practise in one discipline alone. In this sense, producing a book that requires the purchase of annual updates to remain current is a decidedly shrewd move on the part of the publishers. Outside North America the respiratory physician could be paying a good deal for a number of chapters he may not need. Furthermore, the total lack of indexing suggests he may have difficulty finding what he actually does want.—TWE

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NOTICE

8th World Congress for Bronchology and Bronchoesophagology

The 8th World Congress for Bronchology and Bronchoesophagology will be held in Munich on 12–15 June 1994. For further information please contact Professor J A Nakhosteen, Augusta Teaching Hospital, Bergstrasse 26, 4630 Bochum, Germany. Tel 49 234 517 2461; fax 49 234 517 2463.