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The Journal of the British Thoracic Society

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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

**Tuberculosis – A Comprehensive International Approach.** Lee B Reichman and Earl S Hershfield. (Pp 792; US \$195.00.) New York: Marcel Dekker, 1993. 0 8247 8852 4.

This monograph lives up to its claim in being both comprehensive and, remarkably for an American publication, international. After a brief idiosyncratic history of tuberculosis, contributions are grouped into five sections. The first, entitled "Basic aspects", deals with epidemiology, bacteriology, immunology, pathogenesis, and transmission. These constitute a useful introduction, but will fail to satisfy the reader who has kept up with the literature over the last three years. The practising physician will benefit more from the second section. If any data were needed to commend continued vigilance in the battle against tuberculosis, this is the place to find it. The suggestion that the national treatment of tuberculosis be audited by the proportion of cases diagnosed after death is truly sobering. The responsibility of finding and treating patients with tuberculosis is firmly placed in the hands of the physician by a comparison of delays due to the patient and those caused by the doctor! The recommendations for dealing with drug toxicity and chemoprophylaxis for contacts of multidrug resistant cases are full of common sense. There are interesting approaches to ensuring compliance. The third part deals with the special problems of drug resistance, immunodeficiency, homelessness, extremes of age, imprisonment, and disadvantaged groups. The resurgence of tuberculosis in developed countries is fairly ascribed to government policies which, in a time of recession, have protected the rich by redistributing income in favour of the more affluent. The fourth section deals with tuberculosis control with data relevant to both rich and poor countries. If you have any doubt that eradication of tuberculosis is feasible and should be our goal, read this section! The last section gives direction to future research. This monograph is indeed an exceptional addition to the "Lung Biology in Health and Disease" series, and libraries which have not subscribed to previous issues would do well to make an exception for this volume.—GB

**Clinical Aspects of Immunology.** 5th edition. P J Lachmann, D K Peters, F S Rosen, M J Walport. (Pp 2000; £225.00.) Oxford: Blackwell Scientific Publications, 1993. 0865 422974.

This new edition has grown enormously since its predecessor with an extra volume, 45 more chapters, and 70 additional authors. Such grand tomes act as a reference and guide beginners. An edition destined to last a decade must also emphasise the important facts, rather than be all inclusive, and give a glimpse of the future. By these criteria the overviews of infection (Professor Playfair) and of the cascade of intracellular events following immune activation and their relevance to cancer (Dr Evans) stand out as superb and thoughtful contributions. What of those subjects close to the heart of a respiratory physician? Asthma is still lost in inflammation and the immunological aspects

(antigen specificity, role of HLA molecules in the selection of antigenic determinants and control of the T cell repertoire, T cell subsets and mucosal associated lymphoid responses, the role of specific IgE and the fundamental basis of atopy) remain a mystery. An examination of the specific questions of asthma in the light of current data (similar to Professor Walport's excellent chapter on SLE) is urgently needed. Apart from tuberculosis, respiratory infection is not afforded the attention given to malaria and leishmaniasis, although I suspect that it has significantly moulded the human immune system. Lung cancer is specifically noted. Smoking is mentioned on several more occasions than the index might suggest. Immunological aspects of chronic obstructive airways disease are not considered. The chapter entitled "Lung disease" deals with less common problems in a reasonable manner and AIDS is considered separately. Considering the amount of antibody produced by the lung, the traffic of lymphocytes through the lung, the importance of inhalation as a route of antigenic challenge, and the frequency of respiratory disease, I suspect that the lung has much more to contribute to immunology. Hopefully, the next edition will show evidence of this.—GB

***Pneumocystis carinii* Pneumonia.** Peter D Walzer. (Pp 744; US \$195.00.) New York: Marcel Dekker, 1993. 0 8247 8854 0.

*Pneumocystis carinii*, discovered in the early 1900s, did not attract attention until the 1940s. By the 1960s it had become recognised as a major cause of pneumonia in immunocompromised hosts, and in the 1990s is now recognised as a leading cause of opportunistic pneumonia in patients with AIDS. In this book Peter Walzer, an acknowledged authority on *P. carinii*, has brought together an international Who's Who of researchers and clinicians to produce what will become the bible for all those with an interest in *P. carinii* infection. This is the second edition of a book whose first edition was edited by Dr Lowell Young 10 years ago.

Forty two contributors have produced 31 chapters divided into four sections. The first section on basic biology includes a clear exposition on the molecular genetics of the organism by James Stringer. The second section on the epidemiology of infection discusses the evidence for airborne transmission and reviews the serology of infectious outbreaks. In section 3 on the pathophysiology of infection there is a superb chapter on pathology. In the fourth section on clinical features the chapter by Robert Baughman on current methods of diagnosis is somewhat partisan, reflecting merely North American practice; in particular, there is no mention of empirical diagnosis. The chapter on molecular approaches to diagnosis from Oxford reveals the exciting potential contribution of DNA technology to clinical practice. In a way the most exciting section of this book is that on treatment strategy, and particularly the use of 8-aminoquinolones, hydroxynaphthoquinolones, and  $\beta$  1-3 glucan synthetase inhibitors.

This book really is a delight. I learned a lot from reading it. My only quibble is the somewhat partisan referencing within the clinical sections of the book. I suspect that, with the rapid growth in knowledge and the pace of current research, a further edition will be necessary well within the next 10 years.—RFM

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## NOTICES

### Clinical Applications of Pulmonary Function Testing

A conference on the clinical applications of pulmonary function testing will be held on 21–22 April 1994 at the Hammersmith Hospital. For further information contact Professor JMB Hughes or Dr NB Pride at the Wolfson Conference Centre, Royal Postgraduate Medical School, Hammersmith Hospital, London W12 0NN. Telephone +44 81 740 3117/3245. Fax +44 81 740 4950.

### AED '94 – American Euro Date: Update in Pulmonology

A conference on major clinical problems in asthma, COPD and interstitial lung disorders will be held from 30 June to 2 July 1994 in Vienna, Austria. For further information contact Welldone Events, Mariannengasse 14/12, A-1090 Vienna. Telephone +43/1/405 29 96. Fax +43/1/402 13 41–18.

### Combined Memorial Symposium to Dr Omar Prakash

To acknowledge the contribution to medicine made by Dr Omar Prakash, two international congresses have been combined: (1) the 8th International Symposium on Applied Cardiopulmonary Pathophysiology on 22–23 April 1994, and (2) the 14th International Symposium on Computing in Anesthesiology and Intensive Care on 25–26 April 1994 will be held at Erasmus University, Medical Faculty, Rotterdam, The Netherlands. Deadline for abstracts, free papers or poster presentations: 15 February 1994. For more details contact Department of Anesthesiology, University Hospital Dijkzigt, Dr Molewaterplein 40, 3015 GD Rotterdam, The Netherlands. Telephone 31-10-463-3458/31-10-463-5230. Fax: 31-10-463-3722/31-10-463-5240.