BOOK NOTICES


In this short textbook on fungal diseases of the lung the general chapters are excellent, dealing with the life cycle in different fungal diseases. The illustrations are particularly good, demonstrating the morphology and life cycle of the various fungi. The chapter on the clinical laboratory diagnosis is also excellent, giving tables which greatly aid in separating the individual fungi from each other by both morphological and cultural characteristics. It is interesting to note that a fluorescent stain can be used immediately to enable rapid diagnosis in many cases. There is also a detailed chapter on serological tests which indicates that, while the tests are excellent for histoplasmosis, coccidioidomycosis, aspergillosis/allergic bronchopulmonary aspergillosis, and central nervous system cryptococcosis, they are less useful for blastomycosis, candida, and disseminated aspergillosis. The application and limitations of tests for individual fungi are discussed in detail. Specific chapters on the various fungal infections which are repetitious of earlier chapters. The two chapters on fungal infection in lymphoma and leukemia and organ transplantation are also repetitious, but may be of interest for specific problems faced in these conditions. The final two chapters deal with methods of treatment, with particular reference to Amphotericin B and the azole antifungal agents. They are excellent, dealing with the actions, pharmacokinetics, effects on the immune system, side effects, and methods of administration of these drugs, and are clinically very useful.

This book is valuable for money at approximately £60, and will give information on specific fungal infections which affect the lung, as well as details of the extrapulmonary manifestations. Even though the later parts of the book are repetitious it is concise and gives useful information on fungal disease with specific reference to the lung. I would recommend it. – MS


Do not be misled by the title of this book. Its purpose is to provide a rational and scientific approach to rehabilitation in chronic lung disease but, in the process its authors and contributors have produced a highly authoritative reference work on chronic obstructive Airways disease. Its scope is broad – from disturbances of basic pulmonary function, through cardiovascular consequences, to sleep disorder, psychological and cognitive dysfunction. The aggregation of these review chapters together under one cover would alone be almost a justifiable reason for buying it. The remainder of the book covers all aspects of the care and management of patients with chronic pulmonary disease. While it concentrates on chronic obstructive pulmonary disease, it includes worthwhile chapters on non-obstructive lung diseases, asthma, cystic fibrosis, and rehabilitation related to lung transplantation. Whilst it is an extremely valuable reference for those with a specialist interest in rehabilitation of patients with lung disease, it is equally useful for those with any form of involvement with such patients, whether at a clinical or research level. Therapeutic topics range from standard pharmacology and long term oxygen therapy to smoking cessation and breathlessness desensitisation.

The core of the book, but not its bulk, is concerned with the components of a pulmonary rehabilitation programme. The reader is provided with a wealth of advice and comment in this area, yet it is here that the greatest disappointments lie. Despite the high level of scientific analysis of the processes underlying the development of disability and impaired health and well being, there is a clear shortage of critical analysis and identification of the important components of an effective rehabilitation regime. This is not the fault of the authors but a reflection of the current state of knowledge. I also felt that, in a book with such a broad scope, there was only a limited analysis of the impact of the disease from the patient’s perspective, and insufficient discussion of the process of setting realistic goals for rehabilitation and methods by which these could be achieved most efficiently.

Having made these small criticisms, it is hard to fault. It is very comprehensive and should be accessible to readers from a wide range of backgrounds. All chest physicians, nurses and physiotherapists concerned with the care of patients with chronic lung disease would gain much from it. One of its greatest contributions is to highlight the fact that, once maximum bronchodilatation has been achieved, the care and management of these patients has only just begun. – PWJ

NOTICE

Testing drugs for asthma

The recommendations of the Society of Pharmaceutical Medicine (SPM) Working Party on Testing Drugs for Asthma will be presented at a meeting at The Scientific Societies’ Lecture Theatre, Savile Row, London W1 on 20 April 1994. For further details contact: Mrs B Cavilla, Society of Pharmaceutical Medicine, The Institute of Biology, 20-22 Queensbury Place, London SW7 2DZ. Telephone: 071 581 8333. Fax: 071 823 9409.

CORRECTION

BTS Asthma Guidelines

An error occurred on page S16 of the BTS Asthma Guidelines (Thorax 1993;48: Suppl). In the section on “Special points about management of acute asthma in general practice” under the heading “Children” the correct dose of terbutaline that may be administered subcutaneously in severe episodes is 0.25 mg and not 2.5 mg as published.