Tuberculosis in the UK, 1994

With reference to your excellent "series" on the control and prevention of tuberculosis in the UK (November 1994;**49**:1085–9; December 1994;**49**:1193–1200), the control of tuberculosis in the community – both in terms of patient management and contact tracing – sits uneasily on the current health care reforms. One factor already alluded to is the ability of hospitals to avoid contracting for these services even though they may be sited in the best places to undertake them.[1] The process of contact tracing is essentially about the provider requiring the purchaser to purchase with vitually no choice in the matter. A purchaser has the right to object or refuse. A provider may have no source of revenue if the patient, contact, recent immigrant, or whoever else requires screening is not registered with a family practioner, and may therefore object to providing these services.

The American tuberculosis experts have not been slow to draw attention to the importance of maintaining tuberculosis control in the public sector, despite health care reforms.[2,3] I believe it is important that we do the same.

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1 Davies PDO. Tuberculosis screening falls foul of reforms. *BMJ* 1993;**307**:59.
2 Frieden TR, Fujiwara PI, Hamburg MA, Ruggiero D, Henning KJ. Tuberculosis clinics. *Am J Respir Crit Care Med* 1994;**150**:893–4.
3 Hopewell CP. The baby and the bath water. The case for retaining categorical services for tuberculosis control in a reformed health care system. *Am J Respir Crit Care Med* 1994;**150**: 895.

Transfer of severe asthmatics

The recommendation by Cochrane (January 1995;**50**:1–2) and Fergusson and colleagues (January 1995;**50**:81–2) for early nebuliser medication during ambulance transfer of severly breathless asthmatics must be tempered by the recognition that bronchodilator responsive cardiac asthma[1] could be an alternative diagnosis in the older patient due to increased bronchial reactivity resulting from left ventricular failure (LVF),[2] the latter requiring investigation and treatment in its own right. An additional confounding factor is the fact that, in some elderly patients, the natural history of allergic asthma includes a transformation into the symptomatology of cardiac asthma as a result of the supervention of age-related causes of LVF such as myocardial infarction (which may be pain-free)[3] and aortic stenosis. One such example is an 82 year old asthmatic patient with radiographically validated LVF resulting from pain-free myocardial infarction in whom an unrecordable peak expiratory flow rate (PEFR) increased to 120 l/min after 5 mg nebulised salbutamol. Following the recognition of the cardiac component of his illness, he received treatment for cardiac failure in addition to inhaled corticosteroids and bronchodilators with eventual increase in PEFR to 290 l/min. In this patient the stigmata of allergic airways disease included a blood eosinophil count of 1400/mm^3 and a serum immunoglobin E level of 1100 IU/ml (normal level <80). The association of bronchial asthma and aortic stenosis was exemplified by the onset of acute asthma in a 78 year old woman which required several readmissions during the subsequent two year period. Her condition was characterised by radiologically clear lung fields and predictable and satisfactory responses to nebulised bronchodilators. Due to the presence of an aortic systolic murmur she had also undergone echocardiography which showed a peak gradient of 44·9 mm Hg across the aortic valve. In the course of time she did, indeed, eventually experience an episode of acute breathlessness and wheezing which proved to be the result of radiologically validated LVF. On that occasion her symptomatic relief was incomplete after nebulised salbutamol.

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1 Plotz M. Bronchial spasm in cardiac asthma. *Ann Intern Med* 1947;**26**:521–5.
2 Editorial. Cardiac asthma. *Lancet* 1990;**335**:693–4.
3 Bayer, AG, Chandra JS, Farag RR, *et al.* Changing presentation of myocardial infarction with increasing age. *J Am Geriatr Soc* 1986;**34**:263–6.

BOOK NOTICES

Snoring and Obstructive Sleep Apnea. 2nd Edition. David N F Fairbanks and Shiro Fujita. (Pp 266; $91.00.) New York: Raven Press, 1994. 0 7817 0196 1.

The last decade has brought an increase in the understanding and awareness of the importance of the sleep apnoea syndromes. The early availability of many sleep laboratories in North America led to the development of surgical approaches to the management of sleep apnoea without the benefit of adequately controlled trials to define outcome.

This multi-author book is now the second edition of the text which concentrates on surgical aspects of snoring and sleep apnoea. The contributors are mainly ENT surgeons from the USA. Two of the chapters are by authors recently deceased and, as they were both pioneers in the development of upper airway surgery, these are reprinted from the first edition for their historical and educational significance. There are chapters on the diagnosis and consequences of obstructive sleep apnoea, followed by the medical management which contains only a relatively brief mention of nasal CPAP therapy. The remainder of the book is concerned with the description of surgical operations and patient selection, which is often out of date. There are some wonderful diagrams of the different variations of uvulopalatopharyngoplasty and the complications of this procedure are discussed. There is a good chapter on anaesthetic aspects, and the book also describes sleep apnoea in children.

It is a great pity that among the wealth of surgical information it is difficult to understand the exact place of upper airways surgery in sleep apnoea, especially in mild disease. We know that patient compliance with CPAP is generally inadequate, while some patients are unable to tolerate the equipment. Although there is an enthusiastic chapter on tracheostomy for CPAP failures, this should only be used exceptionally and further research is required on the role of surgery in these circumstances.

This book is largely aimed at the ENT surgeon and probably its main value is in the description of surgical techniques. I hope that it will stimulate ENT surgeons to evaluate more critically their procedures and the interaction with medical management. However, I would recommend that departmental respiratory libraries obtain a copy for reference and historical interest of the wide number of treatments that have been tried in sleep apnoea. – JAW

Handbook of Sleep-Related Breathing Disorders. JR Stradling. (Pp 296; £40.00.) Oxford: Oxford University Press, 1993. 0 19 261834 2.

"Only connect . . ." E M Forster's memorable phrase might be considered the motto of those interested in sleep-related breathing disorders. Once a connection was made between snoring at night and excessive sleepiness by day, it became possible rapidly to elucidate the underlying pathophysiology and to develop effective treatments. In consequence, large numbers of patients who had previously been ignored were also able to make the connection between their symptoms and the possibility of a better life style. The result of this has been a deluge of referrals to respiratory physicians, either from family physicians or ENT specialists, requesting that patients be screened for sleep apnoea and treated accordingly. Since neither the anatomy of the upper airways nor the physiology of sleep were ever taught well in most medical courses, it is not surprising that many respiratory physicians feel uneasy when confronted with this new challenge. They can now sleep easier in their own beds with the publication of this book which is a comprehensive, authoritative, and accessible account of what any interested respiratory physician might need to know to set up a sleep and breathing disorders service. Dr Stradling is an internationally recognised authority in this field which is at present dominated by the need to diagnose and treat patients with sleep apnoea and related conditions.

This book gives a clear and up to date explanation of the underlying pathophysiology of breathing at night in normal subjects and patients with compromised upper airways. There are sections covering the clinical features, long term consequences, and the contentious area of differing methods of diagnosis. Having campaigned for the use of simpler and cheaper methods of diagnosing sleep and breathing problems, it must be of some satisfaction to him to know that even relatively affluent countries, such as the USA, are now adopting this approach to deal with the very large number of patients who require these investigations. Paediatric and treatment aspects are well covered and the section on other causes for excessive sleepiness is well worth consulting for those who are at a loss

to explain excessive sleepiness in a patient with normal respiratory recordings. The book is well illustrated and draws extensively on the Oxford experience. There are remarkably few typographical errors and the interested reader will find that most statements are at least justified from within the extensive and up to date bibliography. Inevitably there are going to be some points of disagreement in emphasis and I still find it odd to be reading about the epidemiology of a condition 158 pages after it is first described. Likewise, it may be necessary to vary the personal pronoun when the book is revised, since the statement that this is a condition 15–20 times more common in men than in women is no longer believed to be true. This is an excellent text book which should be available in all general hospital libraries and also in any laboratory where patients with sleep and breathing disorders are being studied. It is a feeling of some frustration to me (but not the author) that we had already purchased two copies of this book before I received the complimentary reviewer's copy from *Thorax!* – PMAC.

Cystic Fibrosis: Current Topics. Volume 2. J A Dodge, D J H Brock, J H Widdicombe. (Pp 368; £60.00/$90.00). Chichester, UK: John Wiley, 1994. 0 471 95166 8.

Scientific research into cystic fibrosis continues to move forward at an enormous pace. On the medical front multidisciplinary care, both at a paediatric and adult level, is producing increased survival. These benefits in medical care are counterbalanced by an explosion of scientific knowledge at the level of molecular genetics and applied cell biology. The authors have planned these editions of current topics to keep pace with this rapid development of knowledge. They plan to publish every two years and the topics will be set at the cutting edge of cystic fibrosis.

This edition is divided into three separate components: genetics, cell biology, and clinical aspects. The chapters on genetics and cell biology are of considerable interest to the cystic fibrosis specialist, either medical or scientist. As the authors comment in their introduction, the borders between genetics, cell biology, and clinical medicine are becoming increasingly blurred. Eventually, when the science of cystic fibrosis is translated into therapy, it will be increasingly important for clinicians and for those involved in the care of patients with cystic fibrosis to understand these topics in some detail. The authors take a balanced approach to the science of cystic fibrosis in suggesting that gene therapy will not necessarily cure cystic fibrosis; however, if, for example, the cystic fibrosis transmembrane conductance regulator can be manipulated to alter chloride channel impermeability there may be a way forward for novel pharmacological treatments of this lethal disease.

The first five chapters cover up to date knowledge of the genetics of cystic fibrosis. Comprehensively discussed are mouse models, gene therapy, splicing of the *CFTR* gene, postnatal and prenatal selection in cystic fibrosis, and heterozygote screening. The chapters contain enormous detail and require concentration and a furrowed brow to get to grips with them, but this is not to underestimate their importance.

The second part of the book deals with the cell biology of cystic fibrosis and it is in this area where science is most likely to be of benefit and to be translated eventually into specific medical therapy. Pharmaceutical companies have already perceived this potential benefit and are investing considerable amounts of money into these areas of research.

The third part of the book deals with some of the clinical aspects of cystic fibrosis and includes chapters on the role of cytokines in cystic fibrosis, double lung transplantation, the prevention of liver disease, energy requirements, and the evolution of pancreatic disease. The chapter on transplantation demonstrates that double lung transplantation has now become the operation of choice rather than heart-lung transplantation in most centres. Also, as patients are growing older liver disease may become more prominent; eventually this organ may also need to be transplanted thus increasing the requirement for triple transplantation.

This book is essential reading for everyone with a specialist interest in cystic fibrosis and is a reasonable financial return for the wealth of information and references contained within it. The general respiratory physician would probably not wish to purchase this book but would certainly like to have access to it from a friendly cystic fibrosis specialist or to read a copy purchased by the postgraduate library. – AKW

High Altitude Medicine and Physiology. 2nd Edition. M P Ward, J S Milledge, J B West. (Pp 618; £69.00.) London: Chapman and Hall, 1994. 0 412 34610 8.

In its 618 pages this book authoritatively covers the main issues of man at high altitude. The authors are themselves all physicians, researchers, and climbers, each with a well documented personal interest in high altitude. The fact that all 31 chapters are written by the three authors themselves lends a cohesiveness of material and a uniformity of writing style not found when authorship is more widely spread. Although the first edition was an excellent contribution to the field, the second edition is considerably more current and comprehensive. The table of contents is well organised and following it are four useful conversion tables. The 24 pages of index make the volume handy for reference.

The initial chapters on altitude history and on the atmosphere are particularly well done. The former provides a table for historical overview and describes the high elevations of the world. In the latter the reader learns that barometric pressure varies with latitude and season, and that pressure at a terrestrial elevation is usually higher than that calculated for the standard atmosphere – all relevant facts for expeditionary climbers.

Approximately one third of the book is appropriately dedicated to the basic scientific aspects of oxygen transport and gas exchange under conditions of low barometric pressure. Here the reader finds well illustrated, concise expositions of the basic concepts as well as the actual changes over time in measurements related to ventilation, pulmonary diffusion, heart, pulmonary circulation, arterial pressure, blood composition, acid-base balance, peripheral tissue delivery, sleep, nutrition, endocrine and renal systems, and the central nervous system. Deficiencies, when they occur (sympathetic nervous system, metabolic fuels during exercise, pH at extreme altitude, altitude effects in women), are minor compared with the excellent, clear discussions of the great mass of information in a rapidly expanding field.

The inclusion in the text of illnesses and accidents at altitude, including cold injuries, indicates the comprehensive coverage of altitude by the authors and these chapters will be of particular interest to climbers and expeditions.

This is an excellent book which stands as a landmark in the field and will be of interest to medical students and practising physicians, to the occasional climber and the expedition leader, to the interested layman and the medical and physiological researcher. Because oxygen lack is a primitive and fundamental stress, it elicits cellular and integrative responses from every organ system. This authoritative text can easily reside in the libraries of biologists and outdoors enthusiasts everywhere. – JTR

NOTICES

Lung Pathology

A course on lung pathology will be held at the National Heart and Lung Institute, London from 31 October to 3 November 1995. For further information contact: Professor B Corrin, Histopathology, Royal Brompton Hospital, London SW3 6NP. Fax: +44 171 351 8435.

1st Congress of Surgery of Bosnia and Herzegovina

The 1st Congress of Surgery of Bosnia and Herzegovina will be held in Sarajevo on 8–11 October 1995. The scientific programme will include papers by distinguished specialists from all over the world on the surgery of injuries and diseases in war, surgical infections and the organisation of surgery in war. For further information contact Professor Hasan Piranić, Stjepana Tomica bb, 71000 Sarajevo. Telephone +387 71 644 696. Fax: +387 71 471 976 or Dr M Sabulic at The Embassy of the Republic of Bosnia and Herzegovina in the Republic of Croatia, Pantovscak 96, 41000 Zagreb. Telephone: +385 41 429 831 or +385 41 429 836. Fax: +385 41 441 899.