Thorax

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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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oedema, and the often neglected features of the pulmonary circulation during obstructive sleep apnoea. My main reservation is with the subtitle for the book – a "handbook for clinicians". There are several excellent chapters on the basic scientific mechanisms underlying pulmonary vascular responses and pulmonary hypertension which are of great interest to those researching in the field, but some relatively common clinical scenarios such as pulmonary hypertension secondary to fibrotic lung disease are dealt with scantily. Oxygen therapy is dealt with in a well written but brief chapter by Bill MacNee and nitric oxide is covered by the Minneapolis group as a physiological modulator rather than a potential therapy.

Despite its theoretical rather than practical emphasis, this handbook contains some excellent chapters on the investigation of the pulmonary circulation in disease and pulmonary hypertension in paediatrics. The surgical aspects, particularly transplantation, are dealt with from the physician's rather than the surgeon's point of view and Paul Corris presents an easy to follow set of indications for intervention. Thromboendarterectomy is dealt with in much greater detail in an excellent chapter by Moser and Fedullo which provides a comprehensive overview of the clinical aspects of this problematic area.

In summary, this is a volume which is a little weak on some of the therapeutic areas concerning pulmonary vascular disease but will be an excellent handbook for clinicians dealing regularly with pulmonary hypertension, particularly in terms of investigation and the scientific basis for the diseases they see. Any unit working in the field should purchase this volume as it is an excellent resource for both clinicians and scientists. – AHM

Acute Respiratory Failure in Chronic Obstructive Pulmonary Disease (Lung Biology in Health and Disease Series, Volume 92). J-P Derenne, W A Whitelaw, T Similowski. (Pp 952; $225.00). New York: Marcel Dekker, 1996. 0 8247 9487 7.

There has been a resurgence of interest in the management of acute respiratory failure in patients with COPD in recent years, possibly stimulated by the introduction of non-invasive ventilation in this area. Guidelines are appearing thick and fast, so the publication of this volume is timely. An international panel of authors (64 in all) gives scholarly but readable accounts of all possible aspects of the disease, with extensive lists of references. After a brief account of clinical presentation, the largest section of the book is devoted to pathophysiology. Sections on precipitating factors, conservative management (including non-invasive ventilation), and mechanical ventilation follow. The final section entitled "Perspectives" has chapters on new imaging techniques in intensive care, lung transplantation, and decision analysis. This last uses pulmonary embolism as an example to explore the value of diagnostic tests and clinical decision making, so is of more relevance than might appear at first glance. There is very little overlap between chapters, and the book is a mine of useful information. It should be on the library shelf of every hospital to which patients with COPD are admitted. For a volume of nearly 1000 pages, the price is not unreasonable but is probably beyond the budget of the individual reader. – WK

Manual of Clinical Problems in Pulmonary Medicine. 4th Edition. Richard A Bordow, Kenneth M Moser. (Pp 531; £30.00). UK: Churchill Livingstone, 1995. 0 316 10270 9.

This pocket sized book aims to provide an on the spot reference to patient management. The authors, drawn largely from the University of California San Diego School of Medicine, have contributed 102 chapters in 11 sections. The book has 523 pages and is spiral bound – while weighty for the pocket the pages are easy to turn. Each chapter is only 3–5 pages long, but with 59 lines per page, no subheadings or chest radiographs, and very few figures or tables, the text can be hard going. The 10–30 annotated references per chapter are a valuable feature.

Most aspects of respiratory medicine are covered and the section on special problems, which includes chapters on chronic cough, haemoptysis, and pleural effusion, is quite useful. Other chapters on rehabilitation, preoperative pulmonary evaluation, the solitary pulmonary nodule, and mediastinal mass reflect the clinical emphasis of the book. Some chapters such as that on small airways dysfunction are less clinically useful and the three separate chapters on oxygen might have been combined. The balance of the book is sometimes questionable with, for example, three pages devoted to Goodpasture's syndrome but only two to sarcoidosis.

Its North American origin is reflected in the 12 pages on fungal infections and the emphasis on critical care, with chapters on mechanical ventilation (two), nutritional support, and airway control. Not surprisingly, most quoted statistics, standards, and references are of North American origin and the details of drug therapy generally reflect only those available in the USA – for example, beclomethasone is the only inhaled steroid and breath-activated and dry powder inhalers are not mentioned.

The contents are largely accurate, but I would question the role for fibreoptic bronchoscopy in the management of massive haemorrhage and would like to see definitions of mild, moderate, and severe as applied to asthma and pneumonia. The text tends to be dogmatic and sometimes suggests that only one approach is appropriate when a variety of approaches is the norm – for example, sedation for bronchoscopy.

The book falls halfway between being a textbook and a practical manual and, while useful for those who like a textbook in their pocket, I doubt that the book will have major appeal outside North America. – MW

Cystic Fibrosis Pulmonary Infections: Lessons from around the World. A Bauernfeind, M I Marks, B Strandvik. (Pp 352; $229.00). Switzerland: Birkhausser Verlag AG, 1995. 3-7643-5027-X.

One of the pleasures of international cystic fibrosis meetings is meeting colleagues from around the world and learning from their experience. All are keen to improve the health of their patients and yet it is clear that survival from this condition is very variable, particularly in those areas in which there is a high level of poverty or where it has been difficult to share knowledge and experience. Respiratory disease remains the major cause of mortality and morbidity in cystic fibrosis and in this book there are contributions on management of pulmonary disease from more than 20 countries. This produces fascinating perspectives – for example, in Japan cystic fibrosis is incredibly rare (one in 680 000 births) but survival in this tiny population of known cases is poor. Many countries emphasise the need for specialist cystic fibrosis clinics, good record keeping, and an intensive approach to antibiotic therapy in the event of a respiratory exacerbation. In Denmark intravenous antibiotics are given routinely every three months once *Pseudomonas aeruginosa* is identified. In Melbourne sputum is not cultured routinely unless there is an exacerbation, and children who produce no sputum do not need to do regular physiotherapy if they do lots of exercise. The Italians have passed national laws requiring the development of regional centres and article 3 of law 548 declares: "The Regions shall provide free of charge the medical, technical and pharmaceutical materials necessary . . . and whatever else is considered essential for the home care and rehabilitation of cystic fibrosis patients."

The first six chapters deal with general aspects of pulmonary infections including drug pharmacokinetics and mechanisms of microbial virulence. There is a chapter on the current state of lung transplantation. The whole book is well referenced. Whilst the individual chapters which deal with management of infection in individual countries do not provide much new information, the details of organisation of care in individual countries are fascinating and I suspect this book will be of interest to those who are involved in the care of cystic fibrosis worldwide. – JT

NOTICES

The Dr H M (Bill) Foreman Memorial Fund

The Trustees of the Dr H M (Bill) Foreman Memorial Fund invite applications for grants relating to study in respiratory disease. Limited funds are available for registered medical practitioners to assist in travelling to countries other than their own to study respiratory disease, and also for support of clinical research abroad. Intending applicants should write for further details to Dr Brian H Davies, Llandough Hospital, Penarth, Vale of Glamorgan CF64 2XX, UK.

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The Second European Forum on Quality Improvement in Health Care will take place in Paris, France on 24–27 April 1997 and will consist of one day teaching courses, invited presentations, posters and presentations selected from submissions and a scientific session. For more information contact: BMA, Conference Unit, PO Box 295, London WC1H 9TE. Telephone: +44 (0) 171 383 6478. Fax: +44 (0) 171 383 6869.