LETTER TO THE EDITOR

Lung disease induced by drug addiction

In their editorial on the pulmonary consequences of illicit drug use (November 1995; 50:1125-7) Benson and Bentley draw attention to the complications of cocaine inhalation. Pneumothorax, pneumomediastinum, and pneumopericardium have also been described, however, in association with the use of marijuana,1 a drug that is more widely used in England and Australia than cocaine. The mechanism of injury is thought to be through breathing while breath-holding in inspiration, or by performance of a Valsalva manoeuvre. The latter has been recognised as a cause of spontaneous pneumomediastinum since the 17th century.2 We have found it rewarding to seek a history of illicit drug use in young adult patients presenting with spontaneous pneumothorax.

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BOOK NOTICES


The incidence of lung cancer has risen rapidly in recent years. The growing importance of the disease is illustrated by a great number of books on the topic. It is therefore not surprising to encounter a new book presenting state-of-the-art knowledge on lung cancer.

This book is a multi-authored work. In its 280 pages it covers numerous recent advances in our knowledge of lung cancer, is well edited, and has a pleasant uniformity of style. It is divided into two parts. The first contains chapters on chemoprevention, pathology, and staging of lung cancer. Four chapters – the best in my opinion – are focused on the treatment of the disease. The preparative therapy and surgery, as well as the chemotherapy and radiation for lung cancer, are described in a thorough and generally well referenced fashion. There are also two well written chapters on cytokines and biological response modifiers in the treatment of lung cancer. The second part addresses the biology of the disease. In its seven chapters the latest aspects about the neuropeptide growth factors, monoclonal antibodies and molecular genetics of lung cancer are thoroughly analysed.

In general all of the chapters are well written with tables and figures and an extensive up to date bibliography. The topics are well presented and the areas in which our knowledge is incomplete are indicated. The authors emphasise the need for ongoing multicentre clinical trials to resolve controversial issues. The book also provides valuable summaries of a vast amount of knowledge pertaining to virtually every aspect of lung cancer.

Because each chapter is written by a different author, there is – as in most multi-authored books – a heterogeneity in the depth at which the topics are covered; for example, very little is provided on the radiology of non-small cell lung cancer. Nevertheless, this book is well written, clearly organised, and comprehensive in scope. It is useful for anyone who is involved in the treatment and care of patients with lung cancer. – AR


Atlas of human anatomy have undergone a renaissance thanks to cross-sectional imaging techniques, notably computed tomography (CT) and magnetic resonance imaging (MRI), which provide an alternative view to beautiful but sometimes arcane dissections. In the third edition of this handsome atlas attention is again focused on the fine detail of line drawings of transverse sections of cadavers. At a rough estimate, there is four times as much labelling on the meticulous line drawings than on the cross-sectional photographs or MRIs in the first edition. Despite the fact that the CT images can no longer be regarded as state-of-the-art (as the authors acknowledge), there is more anatomical detail in these images than the labelling suggests.

Perhaps this is a deliberate ploy to get readers to find out what the unlabelled bits and pieces are by looking at the line drawings. The most surprising discovery is the cursory coverage of the bronchial tree (for example, the right middle lobe bronchus does not appear in the index or in any illustrated section). There is no attempt to tackle the three-dimensional jigsaw puzzle of the bronchopulmonary segmental anatomy. Indeed, the CT sections of the thorax are mangled or thorax are imaged exclusively mediastinal detail. For readers of Thorax this must be regarded as a major disadvantage; it is difficult to be impressed with rudimentary labelling that is confined to the lobes of the lungs. Overall, the treatment of the thorax is slight – 10 pages devoted to the knee versus nine pages covering the chest seems unbalanced. Nevertheless this is a fine example of an atlas that takes full advantage of cross-sectional imaging and can be considered a more than adequate refresher of anatomy, particularly that outside the thorax. – DMH

NOTICE

British Association for Lung Research

The Summer Meeting of the British Association for Lung Research will be held at the Biological Sciences Building (Blackwood), University of Southampton on 19–20 September 1996. For further information contact Mrs Chris Vincent. Telephone: 01703 796891. Fax: 01703 701771.

CORRECTION

In the editorial entitled "Acute lung injury following lung resection: is one lung anaesthesia to blame?" by E A Williams, T W Evans and P Goldstraw which appeared on pages 114–6 of the February issue, the order of the authors should have been E A Williams, P Goldstraw and T W Evans. The publishers apologise for this error.