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 barotrauma as a complication of cocaine inhalation. Pneumothorax, pneumomediastinum, and pneumopericardium have also been described, however, in association with the use of marijuana,[1 2] a drug that is more widely used in England and Australia than cocaine. The mechanism of injury is thought to be by coughing 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.[3] 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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1 Miller WE, Spiekerman RE, Hepper NG. Pneumomediastinum resulting from performing Valsalva maneuvers during marihuana smoking. *Chest* 1972;**62**:233–4.
2 Feldman AL, Sullivan JT, Passero MA, Lewis DC. Pneumothorax in polysubstance-abusing marijuana and tobacco smokers: three cases. *J Subst Abuse* 1993;**5**:183–6.
3 Munsell WP. Pneumomediastinum. *JAMA* 1967;**202**:129–33.

BOOK NOTICES

Lung Cancer. Desmond N Carney. (Pp 280; £60.00). London: Arnold, 1995. 0-340-56759-7.

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 multiauthored 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 preoperative 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. Controversial 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 multiauthored 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 Cross-Sectional Anatomy. 3rd Edition. Donald R Cahill, Matthew J Orland, Gary M Miller. (Pp 312; £122.50). USA: Wiley-Liss Inc, 1995. 0 471 59165 3.

Atlases 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 MRI/CT images. 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 imaged exclusively for 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

Asthma and Outdoor Air Pollution. Department of Health: Committee on the Medical Effects of Air Pollutants (Pp 195; £21.00). UK: HMSO Books, 1995. 0 11 321958 X.

Air pollution has been a hot topic in the media in the last few years and has been blamed for many respiratory problems. Doctors are often drawn into the debate by patients wishing to know if they are victims of air pollution. It has been difficult for the doctor to find reliable evidence to reply to the patient. Help is now at hand in the form of this book which reports the extensive and considered deliberations of the Committee on Medical Effects of Air Pollutants and their relationship to asthma. The book contains a wealth of information and is ordered into sections addressing relevant questions such as whether (1) there are plausible mechanisms, (2) short term exposures can worsen asthma, (3) ambient air pollution induces asthma, (4) changes in asthma prevalence correspond to changes in air pollution, and others.

Each chapter comprises a critical discussion of all the studies that address the topic and assesses what can be deduced from those studies. Each section is fully referenced and there are many helpful tables and figures. Finally, the conclusions set out what can be inferred from the present knowledge.

The committee producing this work consisted of a mix of clinicians and basic scientists with strong academic credentials which are reflected in the logical approach to the subject, the considered analysis of the evidence, and the dispassionate conclusions they have reached. Although this book is not bedtime reading, it is not difficult to read and will enable doctors and other health professionals to answer the questions posed by their patients. A copy should be in every medical library and any doctor interested in pollution will want their own copy. – MGP

NOTICE

British Association for Lung Research

The Summer Meeting of the British Association for Lung Research will be held at the Biological Sciences Building (Boldrewood), 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.