stinal lymphadenopathy is not surprising. Paediatric series have emphasised the usefulness of bronchoscopy for the diagnosis of endobronchial disease associated with mediastinal lymph node tuberculosis. In adults Aurégan et al reported that only three from a series of 140 patients with the tuberculous mediastinal lymphadenopathy had a normal fibroptic bronchoscopic examination and that 135 patients had one or more bronchial fistulae.

We therefore agree with Baran and colleagues that bronchoscopy is of significant diagnostic value in patients with isolated tuberculous mediastinal lymphadenopathy and may avoid more invasive procedures such as mediastinoscopy or a range of rigid bronchoscopic examination in patients with apparently isolated tuberculous mediastinal lymphadenopathy.

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3 Aurégan G, Ali B, Chabot S, Etienne R, Migueres J Les adénopathies médiastinales tuber-


Measuring systemic effects of inhaled beclomethasone

The use of the urine cortisol/creatinine ratio for measuring the effects of inhaled beclomethasone on the hypothalamic–pituitary–adrenal axis described by McNally and colleagues (December 1995;50:1280–4), although less cumbersome than measuring the 24 hour urinary free cortisol excretion, nevertheless suffers from the limitation that it is an indirect assessment of plasma cortisol dependent, to a large extent, on an assumption about renal function which cannot be extrapolated to patient subgroups other than those studied by the authors. The use of the low dose adrenocorticotropic test not only circumvents these difficulties, but also appears to be more sensitive than the conventional short synacthen test in revealing impaired adrenal function in adult subjects treated with inhaled corticosteroids. Of 46 subjects tested with 1–24 tetracosactrin in a dose of 0.5 μg/1.73 m², 16 failed to reach a peak plasma cortisol level of > 300 nmol/l following a course of inhaled beclomethasone dipropionate or budesonide. These 16 pa-tients also had a significantly lower (p < 0.001) mean 24 hour urinary free cortisol excretion than those who responded normally to this test dose. Nonetheless, 15 of these poor responders responded normally to the conventional 250 μg test dose utilised in the short synacthen test.

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1 Broide J, Soferman R, Kiviy S, et al. Low-dose adrenocorticotropic hormone impaired ad-


Nasal masks are spraying on faces over Brit-

ain and Europe faster than teenage acne. As the arguments for use of CPAP and NIPPV rage, there are few balanced reviews of the literature to educate those new to the field until now. This knowledgeable, thorough, well argued, and extremely well laid out paperback book on assisted ventilation is now available for both newcomers and “old hands”. From the first chapter, the potted history sets the scene for the newcomer. Concise, factual, and easy to read, this is not a book to be put down in a hurry. Chapters 1 and 2 cover the background methods and patho-

physiology concisely with clear tables and diagrams. Chapters 3 to 5 offer good advice on equipment and setting up patients on the different machines, but this is brief. An overview of assisted ventilation in respiratory failure (Chapter 4), followed by a series of chap-

ters (Chapters 6 to 10) on specific conditions including intensive care units, domiciliary care, neuromuscular disease, obstructive sleep apnoea, and pre-lung transplantation, give this book its real “value for money” feel. Chapter 9 argues the pros and cons of NIPPV in COPD very knowledgeably and fairly. Chapters 11 and 12 are very neatly with the high problem small number of patients seen by only a few specialist centres. Chapter 13 addresses obstructive sleep apnoea and CPAP treat-

ment adequately but is not extensive. The final three chapters are informative on physiotherapy, home care, and the broader picture in Europe, and underline the thoroughness of the book. The only dis-

appointing factor is that some of the figures and illustrations are poor (especially figures 3.5, 3.12, 3.13, and 10.1), and in fig 11.2 the top panel is mislabelled as PaCO2 when it should be PaO2. These are minor drawbacks and may represent cost cutting to keep the book deregiria. There is a completely new edition in Hong Kong, and this is widely available.

I suggest that anyone considering purchasing any form of non-invasive ventilation should consider buying this book before writing their business plan. For teaching material, this is a modern essential. I would recommend that all personnel involved with assisted ventilation (registrars and above, respira-

tory scientists and physiologists, nurses and technicians) should buy or read this book soon. – BGC