

number of other countries in the European region'.

Other chapters deal with trends for certain infectious diseases in Europe over the past 30 years, the challenge of tropical imported and new diseases, the epidemiology and control of food-borne diseases and the future of viral pathology. Finally there are interesting and useful appendices outlining amongst other matters, vaccination schedules in different European countries.

Although few departmental libraries will wish to buy this book, it is well worth seeking out in a larger hospital library. I will certainly keep an eye open for future editions which one hopes may deal with some respiratory problems.

J. E. Stark

*Pulmonary Rehabilitation: Guidelines to Success*

J. E. Hodgkin, E. G. Zorn & G. L. Connors  
Sevenoaks, Kent: Butterworths. 1984. 1st edition. Pp. 426. Price £50.00

The rehabilitation of the patient with chronic chest disease is a subject which has been sadly neglected in the United Kingdom. The reasons for this are a general lack of interest and financial limitations. This new book sets out to cover all aspects of the subject of pulmonary rehabilitation extensively. There are 24 chapters written by 54 contributors. Subjects covered include psychological, social and economic aspects, as well as basic assessment and treatment. The pages are packed with information—an abundance rather than a wealth.

The major disadvantage is that the book is written very much for a North American readership and much of the text is not applicable to the health care organization in the United Kingdom. For instance the second of the four 'major areas for concern for selection of the rehabilitation candidate' is whether he can pay for the treatment. More specifically in the chapter on drug therapy, the question of dosage of  $\beta_2$ -agonists is not tackled nor is the decision on which patient should receive oral

corticosteroids. The technique of huffing as described in this book differs from that taught by British physiotherapists. These shortcomings and the price of the book make it difficult for me to recommend it to health workers in the United Kingdom.

Clive McGavin

*Understanding Lung Sounds*

Stephen Lehrer

Philadelphia: W. B. Saunders. 1984. 1st edition. Pp. vi+136+cassette. Price £17.50

The stethoscope can be, for some, as much a badge of office as a delicate tool for the recognition of normality and abnormality in the lungs. Exquisitely sensitive as it is, it may fail if it is not used, if it is badly used and if the sounds generated are poorly interpreted. Poor use and interpretation can come from those who do not know what to listen for, or how to listen. It can come also, especially in students, from uncertainty of the understanding of the nature and naming of the sounds. So many of Laennec's patients must have suffered severe tuberculosis (as eventually did he himself), bronchitis or pneumonia. To interpret he set out to describe normal and abnormal lung *structure* from the results of inspection, percussion and auscultation. Little changed from 1818 until the middle of this century. Now, after work by a number of American physicians, but above all, by Dr Paul Forgacs (*Lung Sounds*, Baillière 1978) there has been clarification. Lung sounds can now be interpreted in terms of normal and abnormal lung function. A simpler description and better interpretation of lung sounds can, therefore, be given.

Stephen Lehrer has written descriptions of lung structure, of lung sounds, of hearing and the stethoscope and of the history and physical examination of the patient with chest disease. He gives a description of breath sounds, normal and abnormal: this with a short history of previous beliefs. This account of the nature and generation of normal and abnormal lung sounds is the best so far published. Recent investigations of lung sounds are summarized.

The description of the clinical examination

of the lungs is as good as any so far. The description of the nature of the lung sounds is better than any so far. The illustrations are many and informatively linked to the text. The sensibly simpler British system of naming the adventitious lung sounds is preferred to the slightly more complicated American ones. Usefully, a sound tape is included with the book. So long as the user of it knows that the tape can not identically match what he or she hears, and could not do so, the tape will help students using the stethoscope recognize the nature of order and disorder in the lung sounds made by their patients, and heard on auscultation.

Any criticism of minor features of this good book would be but minor quibbles. It is a superb introduction into the understanding of the lung and its sounds. All students should have it. All GPs and physicians, especially chest physicians, should find it greatly informative and should perhaps get it. A very old subject (in the past, sometimes a subject of passionate argument) beautifully made a new one, like so much that is better in medicine.

L. H. Capel

#### *Aspergillosis*

Y. Al-Doory & G. E. Wagner

Springfield, Ill.: Charles C. Thomas. 1985. 1st edition. Pp. 274. Price \$29.75

This is a multi-author American text, mainly from Washington and both Editors are from laboratory disciplines. They dedicate the book to the concept of communication, which is illustrated as the practice of repairing definitions and references so that the reader eventually imbibes the information. Thus there are no less than eight separate descriptions of allergic bronchopulmonary aspergillosis and some references are quoted in nearly half of the 13 chapters. Separate chapters on ocular aspergillosis and the very comprehensive one concerning aspergillosis in animals have little relevance to the UK respiratory physician and the chapter on mycotoxins adds little to that already described in relation to aflatoxins in

the epidemiology of aspergillosis. Due recognition is made of the pioneering descriptions of allergic bronchopulmonary aspergillosis in the UK and the text does not really advance our understanding of the mechanisms producing this condition. The American experience of aspergillus lung disease has centred around invasive aspergillosis during immunosuppression. The difficulty here is one of early diagnosis and the usefulness of detecting fungal antigen in plasma or bronchoalveolar fluid by radioimmunoassay is discussed critically in one chapter and uncritically in another by the originator of the method.

Editorial lapses however, dominated my appreciation of this authoritative work with extensive references. Some of the radiographs were mislabelled and failed to illustrate the point and whilst the electromicrophotographs were of high quality, the black and white photomicrographs were not compensated for by legends indicating the colour of the pathological tissue.

Finally, the editors should realize that the term aspergillus derives from the similar appearance of the fungus to the aspergillum used to sprinkle holy water rather than the ubiquitous scattering of the fungus throughout the atmosphere. Microbiologists and histopathologists may find this book more valuable than chest physicians, who are likely only to dip into it for references

C. C. Evans

#### *Cardiothoracic Surgery; Johnson's Surgery of the Chest*

John A. Waldhausen & William S. Pierce

Oxford: Blackwell Scientific/Chicago: Year Book Medical Publishers. 1985. 5th edition. Pp. 536. Price £62.00

This book aims to provide a practical guide to the whole field of thoracic and cardiovascular surgery. The book is written by two authors and reflects the current practice at the Hershey Medical Center, Pennsylvania. This serves to