

some useful shorter chapters on the general approach to diagnosis in given areas. Many of the sections and chapters are small monographs in their own right: 150 pages are devoted to respiratory physiology (and a further 70 to pulmonary function testing) and 50 page chapters to viral infections and mycobacterial disease, all backed by extensive bibliographies. The layout and illustrations are in general admirably clear, though some radiographs fail to make their point in reproduction. This impressive textbook sets out the enormous information base now available in respiratory medicine, which the patient hopes underpins our approach to practical diagnosis and management. If this increase in basic information is followed by a similar scale of advance in treatment, subspecialisation cannot be far over the horizon—NBP

Chest Medicine. TW Evans, M Crockford. (Pp 187; £6.50.) Churchill Livingstone, London: 1989. ISBN 0 443 03853 8.

This little book (about 5 × 7 inches) forms part of the "Colour Aids" series and aims to provide a basic text on one side of each page with, usually, three or four illustrations on every facing page. The book is intended to cover respiratory medicine at a level suitable for senior medical students, junior hospital doctors, and allied professionals. The text is well laid out with wide margins containing clear headings, but this does mean that most of the subjects need at least five pages and one tends to lose one's way a little when concentrating on one subject. This arrangement also means that the book has had to be liberally supplied with pictures of patients, radiographs, equipment, pathological specimens, and histological sections. The main weakness is the tremendous variability in both the quality and the suitability of the

pictures. Though many are excellent there are also some that are either of poor quality or totally inappropriate for the intended readership—for example, a radiograph from a patient with MacLeod's syndrome suddenly appearing in the section on chronic obstructive pulmonary disease, many unexplained photomicrographs, and some very strange examples of a normal chest radiograph, simple pneumothorax, and miliary mottling. The unenlightened student is likely to remain unenlightened after consulting the appendix on normal lung histology, which shows two pairs of unlabelled photomicrographs at different powers. Although there is much that one might quibble with, the basic idea seems a good one for student readers and many respiratory physicians will undoubtedly buy several copies for the junior members of their team. It would probably be advisable to flick through the book before placing a large order in case the format or some of the pictures proved too irritating. It is to be hoped that the book will be popular enough to demand a reprint and an opportunity to review some of its "colour aids."—JEH

Correction

Ventilation-perfusion mismatching in acute severe asthma: effects of salbutamol and 100% oxygen

In the paper by E Ballester *et al* (April 1989;44:258–67) in the legend to figure 2 on page 263, penultimate and last lines, the symbols are reversed: ● — — — — ● should be "perfusion" and ○ — — — — ○ should be "ventilation."