

References

- 1 **Edwards A**, Stevens M, Holgate S, *et al*. Inhaled sodium cromoglycate in children with asthma (letter). *Thorax* 2002;**57**:282.
- 2 **Tasche MJA**, Uijen JHJM, Bernsen RMD, *et al*. Inhaled disodium cromoglycate (DSCG) as maintenance therapy in children with asthma: a systematic review. *Thorax* 2000;**55**:913–20.

Body mass index and asthma

We read with interest the report by von Mutius *et al* on the association between body mass index (BMI) and asthma in children.¹ The finding that the association between asthma and obesity may be mediated by mechanical factors or by an alternative inflammatory mechanism rather than eosinophilic inflammation is important and contributes to our understanding of the causal pathway.

With regard to breastfeeding, the authors state: "Breast feeding was no longer a significant predictor of asthma once BMI was introduced into the model. However, this may be because the intermediate variable (BMI) was introduced in the model." The authors then surmise that BMI is an independent variable, and the results of their multivariate analyses—including breastfeeding—do not support the notion that "BMI might be an intermediate step". However, if the former is correct, then lack of breastfeeding is the problem and a reduction of BMI may not reduce asthma, as claimed by the authors. The conclusions drawn appear to be contradictory and also do not reflect the limitations of cross sectional analyses.

The question is whether: (1) lack of breastfeeding results in increased BMI and increased BMI is an intermediate step in the aetiology of asthma; or (2) the association between BMI and asthma is a spurious correlation and both are caused by lack of breastfeeding; or (3) both increased BMI and shortened breastfeeding are independent risk factors.

Acknowledging the restriction of cross sectional analyses, the authors need to clarify their conclusions and provide the respective models and path (or partial) coefficients that support one or other of the models suggested above.

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Reference

- 1 **von Mutius E**, Schwartz J, Neas LM, *et al*. Relation of body mass index to asthma and atopy in children: the National Health and Nutrition Examination Study III. *Thorax* 2001;**56**:835–8.

BOOK REVIEW

Pulmonary Physiology and Pathophysiology

J B West. Lippincott Williams & Wilkins, 2000. \$31.95. ISBN 0 7817 2910 6

John West's classic texts *Respiratory Physiology: The Essentials* and *Pulmonary Pathophysiology: The Essentials* are read by almost all respiratory medicine specialists at some stage of their training. This new book is aimed at medical students. It condenses both into one volume and adopts a case based approach. Each chapter opens with a clinical vignette to introduce a physiological topic. While this might appear attractive in placing the physiology in a clinical context, abandoning the clear and logical route taken by the previous volumes does make the new book very hard work to read. In the first chapter we meet a competitive cyclist and, before the end of the first page, we are on to her exercise test results and discussing

anaerobic thresholds. After the inevitable mountaineering trip in chapter 2, subsequent chapters start with the stories of patients with COPD, asthma, pulmonary fibrosis, pulmonary embolism, pulmonary oedema, pneumoconiosis, and ARDS. Some of the chapters work well; others feel as if several different sections of the previous books have been pasted together, between a case history to start and an extract from a textbook of clinical respiratory medicine to end. Nevertheless, this book contains a wealth of material and will repay careful study by those adopting a case based approach to medicine. For my money, I would start with *Respiratory Physiology: The Essentials*, even though it costs about the same as the new two-in-one integrated version.

W Kinnear

NOTICE

6th International Mesothelioma Conference

The 6th Conference of the International Mesothelioma Interest Group will be held at the Queen Elizabeth II Medical Centre, Perth, Western Australia on 1–3 December 2002. For further information contact Mrs Maree Branigan, University Department of Medicine, 4th Floor, G Block, QEII Medical Centre, Verdun Street, Nedlands, Perth, Western Australia 6009; telephone +61 (0)8 9346 2005, fax +61 (0) 8 9346 2816, e-mail: branigan@cylle.uwa.edu.au

CORRECTION

In the paper entitled "Effects of daily variation in outdoor particulates and ambient acid species in normal and asthmatic children" by D J Ward *et al* which appeared in the June issue of *Thorax* (2002;**57**:489–502), the first sentence in the Conclusion of the abstract should have read: "These data do not suggest that adverse health outcomes are associated with daily variations in **pollutants**". We apologise for this error.