

BOOK REVIEWS

Clinical Tuberculosis 3rd Edition

Edited by Peter D.O. Davies

Published by Arnold

Pages: 476. Price £110, €163. ISBN 0-340809167

Infection of one-third of the world's population, an interrelationship with HIV infection, new developments in molecular diagnostics and the development of resistance to the usually prescribed therapies are all pertinent reasons why a book like this might be important at this time. Peter Davies' book is now into its third edition after being published for the first time only 10 yrs ago and rightly seeks to remain up to date.

Its aim is to provide essential information to all individuals involved in the management and control of tuberculosis worldwide. The breadth of the condition is well covered throughout its nine sections, covering pathology, clinical aspects, treatment, special situations, prevention, control and other aspects. Each Section contains up to five chapters, each written by an acknowledged world expert in that field, the writers share their expertise in an easy-to-read style throughout the book. It is generally well illustrated both by figures and case histories and the learning points at the end of each chapter are a bonus.

This new edition is slimmer than the last and is indeed up-to-date. Recent advances in molecular diagnostics have been captured together with the more recent tests for latent tuberculosis. There is appropriate emphasis on drug resistance, and the immunology section has been extended. There remains a good balance between the amount of text devoted to the disease and its management in both developed and developing countries.

Nothing is perfect, but it is hard to pick faults in this excellent book. Nosocomial outbreaks of multi-drug resistant tuberculosis perhaps indicate that techniques such as transtracheal saline injection (p119) should no longer be recommended. Drug doses in chapters nine and ten are sometimes at variance, which may confuse the casual reader. Radiographs of right-hilar adenopathy might have illuminated the text of chapters eight and nine and there is some unnecessary repetition in chapter 14.

These are but small points in what is otherwise an extremely well written and informative work. I can unreservedly recommend that this work should be on the shelf of all those regularly, or even irregularly, involved in the management of tuberculosis. However, books are expensive, and Clinical Tuberculosis is no exception. In the UK it has a recommended retail price of 110 GBP (€163) and even though, in India for example, it sells at a special price of 4995 Indian Rupees (€89), it will be affordable by few of those working where tuberculosis is most prevalent, in the developing world.

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Lung Volume Reduction Surgery for Emphysema

Lung Biology in Health and Disease Volume 184

Edited by H.E. Fessler, J.J. Reilly Jr, D.J. Sugarbaker

Published by Marcel Dekker Inc

Pages: 507. Price: £105.50, €156. ISBN 0-8247-0897-0

Lung volume reduction surgery (LVRS), reintroduced by Joel Cooper in 1995, has become an important therapeutic option for patients suffering from severe pulmonary emphysema, particularly in an age group where lung transplantation is no longer an alternative.

In this 184th volume of the well known Dekker series, established a quarter of a century ago, experts in the field of chronic obstructive pulmonary disease (COPD) and thoracic surgery present an update overview on end-stage COPD, particularly on LVRS and the interface of LVRS and lung transplantation.

Roughly one-quarter of the book's content is dedicated to non-surgical aspects of emphysema, *i.e.* its pathology, the physiology of airflow limitation, the epidemiology of COPD and the medical treatment of this devastating condition, namely pharmacotherapy and pulmonary rehabilitation. This introductory part is followed by a chapter on patients' evaluation and selection, including the role of computed tomography and perfusion scintigraphy.

Aspects, such as bilateral *versus* unilateral LVRS, median sternotomy *versus* video-assisted thoracoscopy, anaesthetic considerations, perioperative complications and their management, are soundly described and provide an equilibrate overview on the pertinent literature. A particularly interesting chapter deals with

the potential mechanisms explaining the striking functional results, which may be observed after LVRS in appropriately selected patients. A decent summary is presented on the short- and long-term results of LVRS. The book ends with a chapter presenting the results of the first large controlled prospective study on LVRS, the National Emphysema Treatment Trial (NETT). The results of this trial have a major impact on the practice of LVRS in the USA and other parts of the world.

However, I miss in this volume a good overview on past attempts to improve the function of patients with emphysema by mechanical means, particularly a history of LVRS. As usual, such a book is not addressing readers who are personally active in research in this interesting field. They are likely to find their own contributions cited in the adequate context. However, this book is a worthy purchase for any pulmonary physician who cares for patients with severe COPD. It is also recommended as an add-on to the library of a hospital's pulmonary department, who, are not by now, regular subscribers of the Dekker's pulmonary monographs.

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