

to compression, are influenced by different techniques, or different lung volumes, then the measured flows are not limited only by the intrinsic properties of the airways, as our study suggests. These might be the reasons for different normal standards obtained in different laboratories, and to the wide variability of normal values obtained in each laboratory.

We agree with the issue of where to anchor the curves, and lack of volume standards, and we discussed this in the manuscript in detail. Compression of the chest at stacked volumes, as has been suggested in our manuscript,

in addition to increased respiratory muscles relaxation, may standardize for lung volume (TLC). We hope that this manuscript will stimulate more studies in this area which will improve the current unsatisfactory technique.

E. Kerem, J. Reisman, H. Levison, A.C. Bryan
Dept of Pediatrics, Pulmonary and Cystic Fibrosis Clinic, Shaare Zedek Medical Center, Jerusalem, Israel, and Division of Respiratory Medicine and Dept of Respiratory Physiology, The Hospital for Sick Children, Toronto, Canada.

BOOK REVIEWS

Textbook of Pulmonary Disease (5th Edition)

By G.L. Baum and E. Wolinsky
Published by Churchill Livingstone, 1994
Pages: 2012. Price: £185.00. ISBN: 316084107

This is the fifth edition of a well established text book of pulmonary disease, although I confess this is the first time this reviewer has read it. The contents span the whole spectrum of pulmonary disease which are contained within nearly 2000 pages and 2 volumes. Contributing authors come predominantly from North America and Israel and the textbook appears to be aimed primarily at the American market. After an innovative opening chapter on the history of pulmonary medicine from the renaissance period to the end of the 19th century, the textbook then adopts a more traditional format with sections covering the anatomy and physiology of the normal lung, diagnostic methods and then sections on infection and environmental lung diseases, inflammatory diseases including asthma, COPD and respiratory failure, vascular and neoplastic diseases, finishing with genetic and pleural diseases. Many of the multi-author contributors are well known in their fields and the majority of the chapters are well written, authoritative and up to date. Unfortunately, this is not uniform and there are several weak chapters. I found the chapters on COPD, sleep dis-

ordered breathing and cystic fibrosis very disappointing. This was, however, counterbalanced by excellent sections on exercise and pulmonary function testing, critical care and pulmonary manifestations of systemic disease.

The book was well referenced although many of the references were old. I would have preferred more illustrations and I am still not clear as to why a large proportion of the limited colour plates were devoted to various sound spectrograms which I did not feel were particularly relevant.

My overall impressions of the textbook were favourable although if asked whether I would part with any of my hard earned money for it, I would have to say probably not, as, in my opinion, there are several better and more comprehensive textbooks available on the market.

P.A. Bardsley
Rotherham, UK.

CORRIGENDUM

"Do turbines with servo-controlled speed improve continuous positive airway pressure generation?"
C-H. Marquette, B. Stach, F. Cardot, J.F. Berver, P. Saulnier, J.J. Lafitte, P. Goldstein, B. Wallaert, A-B. Tonnel. *Eur Respir J* 1995; 7: 2077-2081.

The authors wish to point out that the definition of lines in figure 4 are unfortunately incorrect. The correct legend should read : :IPNOS; -----: MORPHEE

This is a reversal of the published version.

ERRATUM

Standardized lung function testing. *Eur Respir J* 1993; 6, Suppl. 16.

The authors wish to point out an error in the equation for IVC for women in Table 6 p26 of the supplement. The correct equation should be:

$$\text{Women IVC l } 4.66\text{H} - 0.024\text{A} - 3.28$$

Thus 0.024 replaces 0.026 as the age coefficient.