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1993, 6, 150

# BOOK REVIEW

**"Therapeutic Drugs"**
Supplement 1
Edited by Sir Colin Dollery
Churchill Livingstone, Edinburgh 1992
ISBN: 0-443-04676-X. £175.00.

The book consists of short monographs about the pharmacology of new drugs. The style is refreshing and informative. To have such information so succinctly presented about new drugs would otherwise require many hours of literature searching. The present edition is a supplement to the main book. It contains 46 new drugs, a number of which are of importance to respiratory medicine. These are almitrine (bismesylate), fluconazole, itraconazole, oxitropium bromide, perindopril, pulmonary surfactants and zidovudine. Each presentation gives the chemistry and simple basic properties of the molecule, followed by pharmacology, toxicology, clinical aspects, pharmacokinetics, metabolism and the pharmaceutics. In the latter section are found the principal indications of therapeutic use, the mode of use, the contra-indications, adverse reactions, drug interactions and special consideration of high risk groups. Major outcome trials are summarized, and the references are restricted to general review articles and important major works in relation to the drug.

The selection of drugs for monographs depends upon originality, therapeutic value, extent of use and in the WHO list of essential drugs. When there are many drugs in a class, then the lead compound is the one considered. The most widely used members of the class maybe included and this is true of some of the drugs in this issue. New drugs with unique actions like almitrine bismesylate, for which the therapeutic place is still not clear, are found a place. The drugs do not necessarily have to have registration in all countries. Important medical interest is paramount.

This series must surely become one of the standard reference books on therapeutics and pharmacology for the practising clinician. It is doubtful whether many individuals will wish to purchase a copy, but at £175 it should be a standard purchase for libraries, and major hospitals and universities.

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# CORRIGENDUM

M.G. Britton, J.S. Earnshaw, J.B.D. Palmer – A twelve month comparison of salmeterol with salbutamol in asthmatic patients. *Eur Respir J*, 1992; 5: 1062–1067.

The authors wish to insert a correction into the following figure legend. Salmeterol 200 μg *q.i.d.*, should read salbutamol 200 μg *q.i.d.*

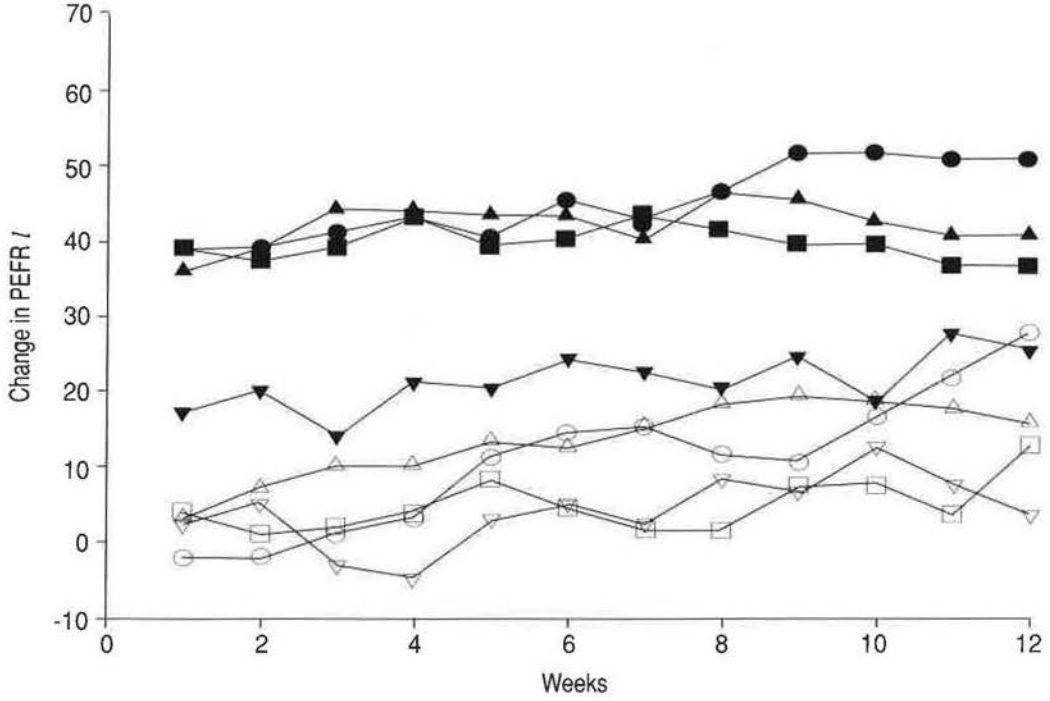


Fig. 2. – Changes in morning PEFR for salmeterol, 50 μg *b.i.d.*, (closed symbols) and salbutamol, 200 μg *q.i.d.*, (open symbols), for patients on no concomitant glucocorticosteroid (○●), <1 mg inhaled glucocorticosteroid (□■), >1 mg inhaled glucocorticosteroid (△▲) and oral glucocorticosteroid (▽▼). PEFR: peak expiratory flow rate.