Chapters 14 and 15 are less clearly appropriate, since they provide brief reviews of pulmonary and nasal function and airway challenge tests; thus, they seem to be tangential to the preceding chapters. The final chapter, 16, briefly reviews cardiac and circulatory management in critical care, but leaves out other agents such as sedatives and paralyzing drugs. Finally, five tablets are given in an appendix offering supplemental pharmacologic dosing details, with the emphasis on inhalational agents.

The book is well-produced, with a pleasing use of green colour to break up the black text. It has a good index, and can readily be used as a reference text. Enthusiastic students, whether physicians or others, will find Witek and Schachter to be excellent interpreters of the complex world of respiratory drugs. They have produced a unique book, and it can be highly recommended for those who wish to get a wide view as well as practical guidance as to how modern concepts of airway function and malfunction can be correlated with current drug therapy.

I. Ziment

Occupational lung disorders (third edition)

W. R. Parkes


Book reviewers for this journal receive a specific instruction not to comment on printing errors, but gems cannot go unrecorded; 'The abdominal contents are regarded as incomprehensible' (p. 21). Too true.

For this third edition of his classic book, W. R. Parkes has enlisted the help of other contributors. The result of their labours is a scholarly text which is lavishly illustrated and a rich source of references. All the contributors are of considerable distinction, but of those 16 with a U.K. medical qualification, only four graduated less than 25 years ago. Eight of the remaining 12 contributors graduated between 35 and 57 years ago. This imbalance is reflected in the apportionment of space in the book. Occupational asthma is covered in 19 pages whilst beryllium has a 23-page chapter to itself. Extrinsic allergic alveolitis fares better, but only by a scant few pages over talc and kaolin pneumoconiosis.

One must also question whether some of the chapters should be there at all. The first hundred pages of the book deal with the basic anatomy, physiology and immunology of the respiratory tract. Each chapter is first class - a model of clarity - but this is not a textbook of respiratory medicine, and anybody who needs to know about occupational lung disease in the level of detail offered here will have other books on the lungs; most potential readers will have dozens. Similarly, few would turn to a textbook of occupational lung disorders for a discussion of high altitude pathophysiology or diving medicine. Where the need for a chapter is obvious, the content can still be inappropriate. A case can perhaps just about be made for including the basic physics of chest radiology, but practical advice on how to prepare and position a patient 'Girdles, corsets and lumbar belts should be removed . . .'is harder to justify; anybody who needs to know it shouldn’t be learning it from this book. Time and space could have been more profitably spent on a more up-to-date discussion of CT, to which the latest reference is 1989.

In potentially contentious areas, the firmly held opinions of some contributors show through all too clearly. Papers which appear to show a risk from asbestos higher than that suggested by the previous literature are, quite rightly, critically analysed to show any methodological shortcomings; those which support the opposite view receive less scrutiny. A whole chapter is devoted to the differential diagnosis of asbestosis and other forms of diffuse fibrosis. Perhaps unintentionally, the author rather gives the impression that he would diagnose asbestosis only when it was beyond reasonable doubt, but would go for other forms of fibrosis just on balance of probabilities. Should – in the language of publishers – this volume be on every bookshelf? As a respiratory physician with a clinical interest in the subject, I probably would have bought it had I not received the review copy, and many others will too. All the academic heavyweights in the fields will buy and use it, even, I suspect, those who wrote ‘the opposition’. It is a valuable library resource. If there is to be a fourth edition, however, it had better be fairly fast in coming, for it will not be too long before much of the present text will be looking decidedly dated.

J. Moore-Gillon
Repeated and long-term exposure to certain irritants on the job can lead to an array of lung diseases that may have lasting effects, even after exposure ceases. Certain occupations, because of the nature of their location, work, and environment, are more at risk for occupational lung diseases than others. Contrary to a popular misconception, coal miners are not the only ones at risk for occupational lung diseases.

Building-related illnesses are disorders that affect the lungs as well as other parts of the body and are caused by exposure to substances within modern airtight buildings. Are caused by exposure to substances within airtight buildings that have poor ventilation. This authoritative text on occupational lung disorders builds upon the fundamentals, including clinical, epidemiological, and predictive approaches. It discusses interstitial and malignant diseases, airways diseases, and other respiratory issues, such as diving, working at high altitudes, and abnormal sleep conditions. It also covers related long-term conditions, such as asthma and COPD. This edition has been completely revised and brought up to date for all physicians dealing with pulmonary disorders caused by the environment or the workplace. Download from free file storage. Resolve the captcha.