sweeping, in the enclosed atmosphere of a hut and tent. These activities have been considered to be responsible for the fact that desert lung is predominantly a disease of women.^{2,3} It would be interesting to know whether the woman farmer with massive fibrosis in the paper by Dr Norboo and others had performed any of these traditional chores. Furthermore, being a farmer, had she engaged in ploughing, or earth or well digging, occupations which generate considerable dust exposure during the dry season? Are we truly dealing with progressive massive fibrosis of purely environmental origin?

FA AL KASSIMI
SA AL MAJED
MS AL HAJJAJ
Medical Department
NED HAWASS
Radiology Department

College of Medicine, King Saud University,
PO Box 2925, Riyadh 11461,
Saudi Arabia

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AUTHORS' REPLY Dr Al-Kassimi and his colleagues are, of course, right to believe that a woman farmer in Ladakh is exposed to dust while she works in the fields or sweeps the dusty floors in her house, and to that extent her condition could certainly be described as

occupational, though it is clearly not industrial. Because women do most of the work in the fields, including carrying baskets of earth, sowing, and weeding, they are more exposed to dust than are the men, which probably explains their higher prevalence of silicosis. As the spring dust storms affect the whole village all the inhabitants are exposed to this environmental hazard and not only those whose main work is in the fields.

The three individuals whose radiographs were shown in our paper have since died, but no details are available.

T NORBOO
Sonam Norboo Memorial Hospital,
Leh, Ladakh, India 194101
N BRUCE
Royal Free Hospital,
London NW3 2QG
KP BALL
The Studio, Mount Park Road,
London W5 2RP

BOOK NOTICE

Exercise, Pulmonary Physiology and Pathophysiology. Edited by B J Whipp and K Wasserman. (Pp 605; \$150 US and Canada, \$172 elsewhere.) New York: Dekker, 1991. ISBN 0-8247-8230-5.

Physical exercise in patients with lung disease

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