
This is a small, compact paperback which, although primarily about aerosols and delivery systems, covers many aspects of drug therapy in the treatment of diseases of airflow obstruction. The book is unusual in that it has no foreword by the author, and thus leaves the reviewer undecided on the audience the author intended to reach—a problem exacerbated when he is reviewing North American publications for British readers and not entirely resolved after it has been read in its entirety. The history of inhalation therapy is reviewed, and followed by an excellent chapter on aerosols, their deposition and generation. This is followed by a discourse on the pharmacokinetics of inhaled substances, which does highlight the present paucity of data on bronchodilators. Patients' and doctors' errors in the use of hand held aerosols and means of overcoming such problems are well described. Metabolism, structure, and function followed by pharmacology make up the major portion of the book, but the inherent safety of selective β stimulants is also covered. Drug dose differences between the various delivery systems are highlighted. The vexed problem of bronchial tachyphylaxis to selective β stimulants is reviewed, and sensibly dismissed as of little clinical relevance in asthmatics. The remainder of the book deals with drug interactions and specific problems such as aerosol use in pregnancy and exercise induced asthma. The book is clearly written, remarkably readable, and illustrated clearly and mainly appropriately. The bibliography is up to date and extensive, suggesting that the author is aware of the limited readership. I believe that the book should be read by all medical students and general practitioners, but it is probably of less interest to the specialist thoracic physician. The bibliography, however, extends the readership to all trainee thoracic physicians. I am pleased to have the book for the undergraduate and postgraduate library, but at £25 it is an expensive book for the solitary purchaser.—GMC

Correction

Surgical pathology of the thymus: 20 years' experience

We have learned of the following errors in the references to the paper by Mr S Large and colleagues (January 1986; 41:51–4). Reference 5 should read: Wychulis AR, Payne WS, Clagett OT, Woolner LB. Surgical treatment of mediastinal tumours. A forty year experience. J Thorac Cardiovasc Surg 1971;62:379–92. It is stated in error in the text that this work was published in 1964. In reference 6 “Claget” should read “Clagett.”

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Book notices


This report is the latest of a series of publications produced by groups of experts for the World Health Organisation. Its object is to make recommendations for exposure limits to fibrogenic mineral dusts, including coal and silica. The group initially defines pneumoconiosis and details the factors that influence the retention and elimination of airborne particles in the respiratory tract and their eventual fate. The methods of measuring airborne particulates are clearly described. Subsequent sections describe the pathology, pathogenesis, clinical manifestations, and complications of silicosis and coalworkers' pneumoconiosis. The published evidence relating exposure to dust and the development of pneumoconiosis is comprehensively reported. The group finally makes recommendations of exposure limits for free crystalline silica and coakmine dust and regarding the surveillance of the workers and their environment. This publication is short and easy to read. It provides comprehensive current information on two of the pneumoconioses with appropriate references. It is recommended for those practitioners directly concerned with this industry.—CACP
Recommended Health Based Limits in Occupational Exposure to Selected Mineral Dusts (Silica, Coal)

CACP

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Updated information and services can be found at:
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