

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.<sup>2,3</sup> 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?

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- 1 Al-Kassimi FA, Hawass NED, Mahmoud K, Al-Majed SA, Al-Hajjaj MS. Silicosis of the lung in Saudi Arabia—role of traditional occupations and environmental factors. *Saudi Medical J* 1991;12:384–8.
- 2 Hirsch M, Bar-Ziv J, Lehmann E, Goldberg GM. Simple siliceous pneumoconiosis of bedouin females in the Negev Desert. *Clin Radiol* 1974;25:507–10.
- 3 Hawass N. An association between “desert lung” and cataract—a new syndrome. *Br J Ophthalmol* 1987;71:694–7.

**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.

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## 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

is important for two reasons. It provides a cardiopulmonary stress that can be used to identify abnormality and define disability. It can also be used through a training programme to improve physical performance. The inclusion of a volume on exercise physiology in this famous series is a welcome but tardy addition. The format is familiar, with editors of international standing and individual chapters written by acknowledged experts on the subject. The text is not, by the editors' admission, comprehensive and does exclude detailed discussion of some subjects, particularly methodology, training, and nutrition. Lung mechanics, gas exchange, and the control of breathing among others are, however, thoroughly explored. All the chapters are written with authority and some with great clarity, but a few chapters suffer from mathematical inaccessibility. There is excellent mutuality of subjects and little repetition, which is a tribute to the editors' skill. Although there is some discussion of pathophysiology, the emphasis of the book lies in the exploration of the exercise phenomenon. Consequently, only those respiratory physicians with a serious interest in exercise physiology will benefit from the book. Nevertheless, it is an outstanding compilation of reviews, which the enthusiast will strive to afford.—MDL

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