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. 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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BOOK NOTICE


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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