Dr Soutar replies:

Certainly the influence of the composition of coalmine dust on risk of airflow obstruction is a relatively unexplored field. Acute pulmonary oedema and bronchiolitis after nitrous fume poisoning are well recognised, but two recent careful studies of coal miners exposed to low concentrations of oxides of nitrogen from diesel fumes and shot firing underground have failed to show any influence of these levels on chronic symptoms or lung function.1,2 Kennedy underestimates the importance of the studies by Ruckley and co-workers, which showed for the first time a quantitative relation between coalmine dust exposure and the risk of centriacinar emphysema.

References


Book review

Mesothelioma. Diagnosis and management. Edited by Frederick Kettle. (Pp 106; £34.00.) Chicago: Year Book Medical Publishers Inc. 1987.

This small book is produced by a group from the Rush Medical College of Rush University, Chicago, and edited by Professor C Frederick Kettle, the professor of surgery at the college. For such a rare condition their experience is quite extensive. Between 1958 and 1985, 56 patients were operated on although other patients were deemed inoperable. The book opens with a short account of the epidemiology and pathogenesis. The pathology is well described and illustrated by black and white photographs. Benign mesothelioma is given some emphasis. These tumours are important to recognise, as surgical treatment is possible and successful. The chapter on imaging of mesothelioma is also beautifully illustrated, with excellent reproductions of CT scans. The chapters on treatment make sad reading. The authors recognise that all treatment is palliative and survival is unlikely to be more than 12–14 months. Surgical treatment is either by pleurectomy or extra pleural pneumonectomy either with or without the diaphragm. Pleurectomy is recommended for palliation. Chemotherapy so far has not improved either the quality or quantity of life, possibly the intracavitary administration of cytolytic drugs may be worth pursuing. Radiation used in combination with systemic chemotherapy may improve survival times, and when used in moderate doses of 4000–5000 rads is often effective in palliating many symptoms, particularly those due to recurrent massive pleural effusions. The book is well indexed and lavishly referenced. It is useful for any physician who may be concerned with the management of patients suffering from malignant mesothelioma as it set out fairly the treatment available and likely to be offered, and will help in advising and counselling the patient and relatives.

M L Newhouse

Notices

VIIth International Pneumoconioses Conference, Pittsburgh, Pennsylvania, 23–26 August 1988

Themes: Evaluation of dust hazards in the working environment through environmental, epidemiological, and medical surveys; progress in prevention, early diagnosis, and medical control of occupational lung disease; ILO International Classification of Radiographs of Pneumoconioses, 1980; silica as a carcinogen/co-carcinogen; progress in oetithiopathogenesis of respiratory disorders due to occupational exposure to mineral and organic dust; progress in dust control, and dust suppression technologies for mining and industry; pathology standards for the pneumoconioses; and lung diseases, asbestos; asbestos substitutes; man made fibres. Teaching demonstration: use of ILO classification system of radiographs. For further information: Robert E Glenn, conference chairman, National Institute for Occupational Safety and Health, 944 Chestnut Ridge Road, Morgantown, West Virginia, USA 26505-28888.


In conjunction with the Ministries for Environment and Health of Luxembourg and on the occasion of the European Year of Environment the International Society for Research on Civilization Diseases and Environment (SIRMCE) organises an International Symposium on the topic: man-health-environment. The following points will be considered: (1) laws of man and nature (humanity in crisis); (2) impact of