

Weichel, Flückiger, Glaser, and Rhyner). These will all appeal to the clinician, nurse, and technician. They are well written and timely chapters that will help in the clinical management of patients. In the chapter on the hygiene hypothesis, the sections on environmental factors and the role of infections driving the atopic phenotype will be of special interest to those in the clinic. Also, the chapters on allergic conjunctivitis, atopic dermatitis, and the often-forgotten fungal allergies will be of interest.

However, the majority of chapters focus on research and basic science, including "Molecules Involved in the Regulation of Eosinophil Apoptosis," "Skin-Homing T Cells in Cutaneous Allergic Inflammation," "Structural Features of Allergenic Molecules," "Regulation of Human T Helper Cell Differentiation by Antigen-Presenting Cells: The Bee Venom Phospholipase A₂ Model," and "Regulation of the IgE Response at the Molecular Level: Impact on the Development of Systemic Anti IgE Therapeutic Strategies." Although these chapters on immunologic mechanisms are necessary for a more profound understanding of the underlying pathophysiology of allergic diseases, there is little in the book that will help the patient today or the clinician seeking clinically useful information. Therefore, most nurses and technicians will not find much of this book helpful in their current clinical care responsibilities. Only a few chapters have sections on treatment, and much of this is at a basic level—offering very little that is new that can be applied to patient care today. Nevertheless, this book covers many current topics well and will appeal to physicians and researchers who have only a very fundamental knowledge of the topic. For more depth the reader will need to find other resources, which, fortunately, is made easier by this book's very adequate reference lists at the chapter ends.

I am disturbed by the cost of medical texts, which in almost all cases seems to me expensive and perhaps excessive. For example, this book, which has 224 pages, sells for \$167.25, which, even if justifiable based on the expense of publication, might keep important information out of the hands of those who do not have easy access to medical libraries or who are interested in only a few chapters of the volume. Authors expend much effort in researching, writing, and editing their chapters, often with little or no compensation. It must be disappointing to find that their efforts have reached a

very small readership because of the price of books in our field.

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Asthma in the Workplace, 3rd edition. I Leonard Bernstein, Moira Chan-Yeung, Jean-Luc Malo, and David I Bernstein, editors. Boca Raton, Florida: Informa/Taylor & Francis. 2006. Hard cover, illustrated, 875 pages, \$249.95.

This is the third edition of **Asthma in the Workplace**, which remains an exhaustive reference textbook on all aspects of this topic. The title page also includes the phrase "and related conditions," since chapters on the upper airways, urticaria, and other non-asthma conditions are included.

Part 1 covers "general considerations" and includes most of the basic science topics, such as epidemiology, genetics, pathophysiology, and animal models. The sections on genetics have been expanded to include new research on association studies with asthma. The chapter on animal models is expanded and updated as well.

Part 2, "Assessment and Management," includes chapters on clinical evaluation. Practical features of the clinical assessment chapters include typical patient case presentations at the beginning and discussions at the end of the chapters. The medico-legal aspects of workplace asthma are dealt with in this part.

Part 3, "Specific Agents Causing Occupational Asthma With a Latency Period," discuss agents such as enzymes, wood dusts, metals, and baking industry substances. The title of the section differentiates these agents from "nonallergic" agents, which are discussed in the next section.

Part 4, "Specific Disease Entities and Variants," tackles a number of asthma variants and respiratory conditions that do not fall into the strict definition of occupational asthma, including reactive airways dysfunction syndrome and hypersensitivity pneumonitis. There are useful chapters on building-related illnesses, upper-airway conditions, and occupational urticaria. A new addition in this edition is the chapter on work-exacerbated asthma.

The editors state that most of this book is aimed toward primary care physicians, occupational health specialists, allergists, and

pulmonologists, while specific chapters will also be useful to workers' compensation administrators, insurers, and lawyers. As a reference text, most of the chapters offer in-depth, comprehensive, and extensive reviews. However, respiratory therapists and technicians will find the clinical discussions very useful and the basic science sections interesting and an excellent resource.

The editors are leading, internationally recognized authorities on occupational asthma, and they co-authored many of the chapters with other experts. Previous editions of this book were considered a definitive resource on workplace asthma. Overall, the chapters are well written and readable. However, this book is not for the casual reader looking for quick, short overviews. The chapters are extensive, comprehensive, and well-referenced with recent literature. As in previous editions, the chapters on specific agents probably provide the most current research updates to be found in textbooks. The paragraphs on future research directions, at the end of the chapters, are helpful.

Primary care physicians and specialists will find the case presentations and discussions in the clinical chapters helpful in patient care. Especially welcome is the new chapter on work-exacerbated asthma, which reviews the literature on pre-existing asthma worsened at work, and will help practitioners recognize and differentiate this condition from "true" occupational asthma.

The chapter on medico-legal aspects provides a detailed survey of the legal climate of and compensation system for occupational asthma in the United States and around the world. There is even a table of the systems and compensations in 17 countries around the world. This is an invaluable resource for physicians who deal with occupational asthma in today's litigious world.

The book contains only a few paragraphs on molds, in the chapters on high-molecular-weight protein agents and building-related illnesses. An expanded section or chapter on the respiratory and other effects of mold exposure would have been timely, in light of the sensational and often misleading reports that have proliferated in the media and Internet in recent years. The primary care physician would probably expect a text entitled **Asthma in the Workplace** to deal with the mold issue more extensively, since respiratory symptoms are among the most common complaints with molds. A comprehensive review of the scientific data

would assist practitioners and patients, who have been deluged with usually pseudoscientific information on alleged effects of mold exposure at home and in the workplace.

Though there is a chapter on occupational urticaria, there is no section on contact dermatitis in the workplace, which is probably at least as commonly encountered in practice.

The section and chapter headings, though all technically accurate, could be made more consistent and user-friendly in format. For example, the section title “Specific Agents Causing Occupational Asthma With a Latency Period” is unnecessarily long and implies that there should also be a section on agents that do not have a latency period. Instead, discussion of the nonallergic (no latency period) agents and conditions is in

the section “Specific Disease Entities and Variants.”

As the authors indicate, the definition of asthma in the workplace setting is very important for both medical and legal reasons. Therefore, it is a surprise that the terms “work-aggravated asthma” and “work-exacerbated asthma” are used interchangeably and randomly without comment. The “Definitions” chapter discusses “work-exacerbated asthma,” whereas a heading in Table 1 reads “work-aggravated asthma.” A comment regarding this would have been useful.

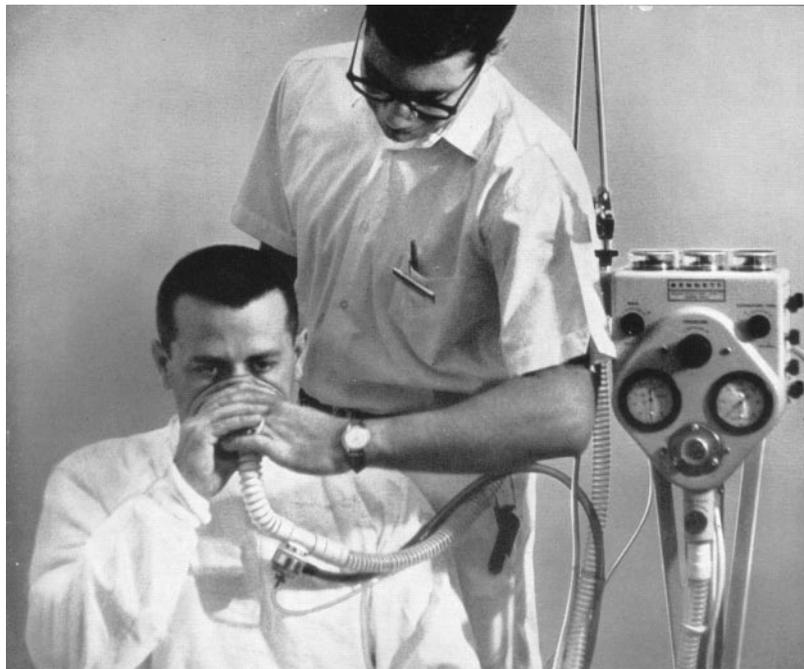
Overall, *Asthma in the Workplace*, in its third edition, continues to be the definitive resource on this topic for the medical and legal community. The chapters are comprehensive, extensively referenced, and

readable. This book can provide everyone—from the basic science researcher to the clinical practitioner to the respiratory therapist and technician—with a wealth of information.

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Aerosol therapy, 1964. From an advertisement for pancreatic dornase (Dornavac, Merck Sharp & Dohme)
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Work-exacerbated asthma " those who have a worsening of their asthma symptoms while at work (e.g., factors at work may trigger, aggravate, or exacerbate existing asthma). Not all workers will react with an asthmatic response when exposed to substances. Some workplace conditions seem to increase the likelihood that workers will develop asthma, but their importance is not fully known. Factors such as the properties of the chemicals, and the amount and duration of exposure are important. Some of the occupations where asthma has been seen are listed in the following tables. It should be noted that the lists of occupational substances and microbes which can cause asthma are not complete. New causes continue to be added. Occupational asthma is caused by exposure to particular inhaled chemicals in the workplace that cause the airways to become excessively reactive. There are many agents that can cause occupational asthma. Inhalations of isocyanates, cereal dust, or flour are currently the most common causes of occupational asthma. Agents that cause occupational asthma are usually divided into two different groups: smaller molecules (low molecular weight chemicals), such as isocyanates used in rubber manufacturing, and larger molecules, typically organic substances such as flour. You can find lists of known agent Workplace substances may cause occupational asthma in one of three ways: an allergic reaction, an irritant reaction, or a reaction in which chemicals that occur naturally in the body build up in the lung, resulting in asthma. Appointments 216.444.6503. Appointments & Locations. What is occupational asthma (or work-related asthma)? Occupational asthma is asthma caused by or worsened by exposure to substances in the workplace. These substances may cause asthma in one of three ways: An allergic reaction. An irritant reaction. A reaction in which chemicals that occur naturally in the body build up in the lung, resulting in asthma. For example, healthcare workers can develop an allergy to latex gloves by breathing in the powdered proteins from the inner lining of the gloves. Work-related asthma is now the most common occupational respiratory ailment, with the number of cases outnumbering those of pneumoconiosis. The past 10 yrs have seen a shift in the number of cases of each condition, with the number of cases of pneumoconiosis decreasing and those of occupational asthma increasing. Books focusing specifically on occupational asthma have recently been published (1, 2), demonstrating the increasing medical concern and interest in the field. Inhalation of agents in the workplace can induce asthma in a relatively small proportion of exposed workers. Like nonoccupational asthma, occupational asthma is probably the result of multiple genetic, environmental, and behavioral influences.