

founded and developed in the days before the physician surplus, managed care, physician extenders, alternative forms of health care, educated and self-treating consumers (patients), the Internet (as a source of medical education for consumers), declining physician incomes, and the other myriad factors that have emerged since 1983, the year in which Bloomfield resigned his deanship. These factors have complicated and confused medical care and practice since the 13 years of Bloomfield's tenure.

The emphases of this well-written and engaging book are on direct state funding, research grants, faculty practice overages, royalties from inventions and devices, and other creative forms of current medical school pay-as-you-go funding. The book also focuses on academic politics and infighting.

My own experience with Northeastern medical schools and affiliated hospitals suggests that the administrative/managerial, financial, governance, and other nonclinical and nonresearch issues that characterize the day-to-day operations of contemporary medical schools are more multifaceted and complicated than they were during Bloomfield's tenure as dean at the School of Basic Medical Sciences at the University of Illinois at Urbana-Champaign. For those readers looking for a how-to manual of administration and management in the medical school environment of today, this book will be of only historical interest. For the many physicians and other readers who were involved in medical schools before 1990, however, this book will be interesting, informative, and a good read. It will be a reminiscence of their experiences in medical schools—especially those who have been involved with one of the University of Medicine and Dentistry of New Jersey medical schools—as they relive their participation in many of the nonclinical conversations of their attending physicians, mentors, professors, supervisors, and colleagues.

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Hunter's Diseases of Occupations

Peter J. Baxter, Peter H. Adams, Tar-Ching Aw, Anne Cockcroft, and J. Malcolm Harrington, editors
London, England: Arnold and New York: Oxford University Press, 2000

1,001 pages, \$225

ISBN: 0-340-67750-3

Selecting a textbook is tough,
And aren't there already enough?
With charm and sharp wits
Those jolly old Brits
Are trying to trump Yankee stuff.

In the summer of 1965, I spent a few weeks working as an orderly at Canterbury Hospital in Kent. I was learning medical English and began my notebook with the word "towel." (Had I continued, the most recent entry would probably have been "capitation.") I have considered myself an Anglophile ever since. I often see elegant clarity in British writing: it can capture complex matters in refreshingly plain words.

Hunter's Diseases of Occupations first appeared in 1955. Its latest edition is brand-new and incorporates the latest developments in Europe. It thoroughly discusses many problems encountered in the workplace, from bullying to poisoning. The strong overview of "work and mental health" is illustrated with fitting case histories. There is a unique chapter on the hazards of biotechnology and an interesting medicolegal chapter reflecting British tort reform that took effect in 1999. Obviously, one cannot expect a discussion in a British textbook of the Americans with Disabilities Act, the Family and Medical Leave Act, or OSHA-mandated surveillance exams.

On the downside, analysis of biological agents, particularly those important to health care workers, is splattered about rather than presented in digestible fashion. The chapter on reproductive

effects provides no more than an outline. The authors leave problems of the carpal tunnel or the lower back barely touched. In general, the book explores occupational issues in varying depths. The authors chose to ignore current controversies (e.g., multiple chemical sensitivities, phthalates, PCB exposure), which I consider to be a major shortcoming.

Looking at occupational problems from another perspective can be enlightening. Unfortunately, few of us can afford that luxury. If one can find the time, *Hunter's* is a delightful read. This book covers the span of occupational injuries and illnesses, from "arc-eye" to "weaver's bottom," and demonstrates that even grave problems can be addressed with some degree of humor.

This book is written for a British audience and mentions many British resources. Because it reflects recent developments within the European health care community, it should prove quite helpful to medical directors of multinational corporations. However, this British import should not be tossed overboard, as was the tea in Boston. American practitioners will enjoy its practical hints and elegant style. Several references in American literature already exist for both entrepreneurs and experts: three colossal reference books,²⁴ three competent softcover reviews,⁵⁷ and other comprehensive books on occupational injuries⁸ and illnesses.⁹⁻¹¹

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REFLECTIONS

WHY I ENVY ERIN BROCKOVICH

Peter Blumenthal, MD, MPH

One recent Sunday I treated myself to the movie "Erin Brockovich." The movie's story line is gripping: A \$38-billion utility company has contaminated the groundwater and adjacent well with hexavalent chromium. As part of an abatement plan, the company has started to buy up surrounding real estate at market value. A price dispute ensues.

Erin Brockovich, newest file clerk at a small law firm, finds medical records of the occupants of the properties mixed in with their real estate files. She is puzzled by the variety and severity of the medical findings. In a moment of distraction, her boss gives her permission to investigate. After a great deal of personal persuasion, Erin convinces 614 parties to join in a class-action suit, alleging that their gamut of medical problems is due to hexavalent chromium-contaminated drinking water. When all is said and done, the plaintiffs collect \$330 million. We are assured that this really happened and amounted to the largest settlement of this kind in US history. The real Erin Brockovich, who made it happen, has earned more than a cameo appearance as a waitress in the film.

Despite the chilling subject, "Erin Brockovich" bubbles right along, carried by a vivacious Julia Roberts in the title role. If she does not keep the viewer engaged, additional interesting characters will: A lawyer who is a pussycat, not a tiger. A biker with a heart. A quiet whistleblower. The movie enjoys competent direction by Steven Soderbergh, a pleasant surprise in the performance of Aaron Eckhart as the loving biker, and an occasional nice shot of the high desert of California. Although the editing is unimaginative, the movie provides a couple of hours of splendid entertainment.

The unlikely heroine has serendipity, the ability to make a fortuitous discovery. She has the drive and determination of David defeating Goliath. She has the communicative skills to draw her clients in. She wins them over with a genuine display of empathy. It's because of these skills that I, the doctor, envy Erin Brockovich.

Earlier this year I had watched another movie, "A Civil Action," with John Travolta in the role of environmental lawyer Jan Schlichtman. This film traces the events in Woburn MA, a town 12 miles outside of Boston where there was a cluster of childhood leukemias (12 cases found versus 5 predicted between 1969 and 1979). The households of Woburn had contaminated drinking water, allegedly from industrial sites.

In Dover Township NJ, a cluster of childhood cancers (90 cases found versus 67 predicted between 1979 and 1995) is being studied. The townspeople think there may be an association with water contamination from a toxic industrial site and its wastewater pipeline. Contaminated wells have since been capped, the aquifer is undergoing cleanup, and the investigation is ongoing.

"Erin Brockovich" and "A Civil Action" remind me of the need to keep my eyes wide open. The stories enforce the need to look beyond the immediate patient, searching for patterns and explanations. We need to see both the forest and the trees. In the movie, as in real life, Erin is unexpectedly rewarded for her troubles. As she fights for her clients, she climbs from beagle to legal eagle, rising from an entry-level clerical job without benefits to a respected force receiving a \$2-million bonus. We should all be as successful in our role as social advocates. ■

3. D. R. Gastfriend, ed. *Addiction Treatment Matching* (New York: The Haworth Press, Inc, 2003).

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A Practical Approach to Occupational and Environmental Medicine

Edited by Robert J. McCunney

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952 pages, \$79.95

ISBN: 0-781-73674-9

REVIEWED BY PETER BLUMENTHAL, MD, MPH

Occupational medicine physicians play a key role in keeping workers healthy, workplaces safe, and companies productive. Occupation-related injuries can occur to candy strippers as well as to professional football players. Occupational illnesses range from asbestosis to zinc oxide-induced metal fume fever.

Problems caused by occupational exposures in the workplace can produce severe effects in the community. Nothing illustrates this more dramatically than the catastrophic event that occurred in Bhopal, India,¹ nearly twenty years ago.

The Indian subsidiary of an American company was producing fertilizer from highly toxic chemical intermediaries, phosgene and methyl isocyanate. Operations at the plant had diminished in intensity, and it is claimed that safety features had been scaled back, in order to improve productivity. Once, a single worker suffered a phosgene inhalation injury, succumbing to delayed onset pulmonary edema. Later, an accidental methyl isocyanate release occurred, although it did not result in fatalities, probably due to fortunate wind direction. Despite these events, proper safety measures were not augmented. Finally, in the ultimate industrial accident, the plant released a heavy cloud of toxic gas, resulting in the deaths of thousands in the surrounding community. Although the official count was 1,754, many more deaths were said to have occurred in surrounding slum districts. Consequently, the exact number likely will never be known and may exceed 8,000. The Indian Medi-

cal Research Council counted 521,262 casualties affected by this release. These numbers, by far, exceed the total number of victims at Chernobyl.

Obviously, then, events in the workplace can affect the safety and health not only of the workers, but of their families, and of our environment as a whole. While these kinds of events demand our attention and our acknowledgment, common, everyday events that occur in the workplace require our attention as well. Between the ages of 20 and 65, workers spend at least a quarter of their time at work. Hence, any medical condition has one chance in four to be first noted while a patient is in the workplace. Distinguishing between work-related and work-unrelated problems is challenging. Should a degenerative condition be aggravated at work, the line cannot easily be drawn. Think of the shoulder impingement in the carpenter with acromio-clavicular arthritis, reaching and hammering overhead.

Many disciplines address the specific problems of workers. The majority of work-related examinations may be carried out by family practitioners who provide both injury care and mandated examinations, as exemplified by fitness examinations for commercial drivers. Thus, many physicians, from dermatologists to orthopedic surgeons, may feel the need to familiarize themselves with the principles and practices of occupational health. Is the latest edition of the *Practical Approach to Occupational and Environmental Medicine* the answer? Perhaps not, but it provides ample direction.

McCunney's book features eighty-seven authors, most of them well known in the occupational community. The initial portion of the text covers the principles of occupational medical services, defining various niches within the discipline, such as health care administration, health promotion, travel medicine, drug testing, and independent medical examinations.

Mark Leone's comments on the physician working with the business community invoke a challenging partnership. He describes a changing occupational practice setting that includes free-standing clinics, hospital-based programs, and re-

gional or national clinic networks. However, when challenged, Leone admits that clinic networks do not "provide the physician with greater autonomy. There will always be a need for a highly specialized consultant."²

The chapter on health and productivity addresses absenteeism, pointing out that it may be iatrogenic. It also introduces the term "presenteeism," defined as the presence of an unproductive employee in the workplace. Overly enthusiastic occupational practitioners may inadvertently create presenteeism by sending workers back before they are ready. As an occupational physician, I believe that the art of disability management is to create neither absenteeism nor presenteeism and to strive to reduce both. Practical tools to accomplish this are available.³

In the occupational disease section, material related to asbestosis covers only half a page. There is no chapter on occupational renal disease. These omissions may be regarded as deficiencies.

There is a strong section devoted to hazards and work environment, dealing solidly with toxicology, epidemiology, and medical surveillance. A chapter on medical center occupational health is practical and comprehensive. The review of the culture and hazards of the construction industry provides valuable insights and makes great reading.

The section on environmental medicine is strong, covering indoor air quality, environmental

events, including terrorism, and an overview of risk assessment. Missing, but what would have been useful, is a practical chapter on communication and credibility.

As represented here, a philosophical approach to occupational and environmental medicine leaves a lot to be desired. This, unlike other valuable sources, was not designed to be a reference book,⁴ to be pulled off the shelf to refresh one's memory of a specific topic. It is certainly not as clinical or as practical as it could be. Nevertheless, it contains some worthwhile, if not inspiring, reading. It contains a strong section on environmental medicine, as well as an appendix of references to the literature and a CD ROM version of the *NIOSH Pocket Guide to Chemical Hazards*. These references and documents make up for some of the book's shortcomings. *NJM*

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