

Respiratory Critical Care. Craig Davidson and David Treacher, editors. London: Arnold. 2002. Hard cover, illustrated, 307 pages, £65, \$98.50.

This book has 22 chapters and 39 contributors. The 2 editors, Davidson and Treacher, are British respiratory intensivists. The contributors represent Great Britain, Germany, Australia, Belgium, France, Italy, Australia, Canada, and Spain. There is only 1 American contributor, who is the last author of 1 chapter. Accordingly, the book has a markedly British and European flavor. Although this is not meant to be a value judgment, it appears unusual that such a book would be written without a greater American contribution given the worldwide impact of respiratory and critical care practice in the United States.

When I first received the book, I noted the picture of the mechanical in-exsufflator on the cover. Having some interest in the use of this device to facilitate airway clearance in patients with neuromuscular disease, I quickly tried to find the portion of the book that addressed the use of the device. Interestingly, I could find only one paragraph in the book on this topic, and no illustration. In fact, I searched through the book and could not locate any of the 3 illustrations on the cover. I guess there is no rule that says the illustrations on the cover must be included in the text of the book, but it is a little unsatisfying as a reader to expect that the topics suggested by the illustrations on the cover will be developed in the book and then to find that they are not.

Each chapter begins with a list of topics covered in that chapter. Overall, the chapters cover topics that one might expect in a textbook of respiratory critical care. However, there is one glaring omission: that is, there is no chapter devoted to management of asthma and chronic obstructive pulmonary disease exacerbation. Thus, important topics such as bronchodilators and their administration are omitted.

Chapter 1 covers the topics of respiratory muscles, pulmonary mechanics, and ventilatory control. Figure 2 illustrates the effect of the load-capacity relationship on the respiratory muscles. The listed causes of increased load in the illustration are in-

creased airways resistance and decreased chest wall compliance. However, other important causes of increased load, such as decreased lung compliance, are not included. The chapter includes a box that nicely describes techniques to measure the pressure-volume curve of the respiratory system. The section on electrophysiologic measurements is interesting but of limited clinical usefulness. There is an illustration intended to describe the measurement of dynamic intrinsic positive end-expiratory pressure (auto-PEEP). This illustration is confusing at the least, and I believe it is wrong. From what I can make of the illustration, it indicates that inspiratory flow precedes a decrease in esophageal pressure in a spontaneously breathing patient. In fact, in the presence of auto-PEEP the esophageal pressure decreases *before* the initiation of flow; the amount of esophageal pressure required to generate flow at the airway is an indication of the amount of auto-PEEP present.

Chapters 2–5 cover mechanical ventilation. Chapter 2, “Mechanical Ventilation: The Basics,” is not bad, albeit somewhat superficial. Chapter 3, “Mechanical Ventilation: Ventilatory Strategies,” leaves much to be desired. Much of the chapter is based on the bias of the author rather than the body of evidence that has evolved over the past 10 years. For example, after briefly mentioning the Acute Respiratory Distress Syndrome (ARDS) Network trial, the author provides a case study in which the reader is encouraged to use airway pressure-release ventilation in the care of patients with ARDS. This clearly conflicts with the recommendations of the ARDS Network’s report, in which volume-controlled ventilation was used.

Chapter 4 is entitled, “Ventilator-Patient Interaction.” Like many of the chapters in the book the material covered is reasonable but superficial. Again in this chapter there is a figure that is confusing or incorrect. The figure in question is intended to show how triggering can be improved if PEEP is used to counterbalance auto-PEEP. However, close examination of the figure shows that the PEEP is *lower* when triggering is best! I wonder whether the 2 panels in the figure actually came from the same patient.

Chapter 5, “Noninvasive Mechanical Ventilation in Acute Respiratory Failure,” provides much practical information, although there is little coverage of the evidence base for use of noninvasive ventilation.

Chapter 6, “Contemporary Issues in Critical Care Physiotherapy,” covers lots of topics, but none in much detail. Again there seems to be an aversion to reviewing the evidence. For example, there is a good discussion (with an excellent illustration) of the technical aspects of prone positioning, but there is no mention of the study by Gattinoni et al,¹ which reported no survival benefit from the use of prone positioning with ARDS patients.

Chapter 7 is entitled, “Diagnostic Methods in Respiratory Intensive Care Medicine.” The chapter primarily covers bronchoscopy, with very little coverage of chest radiography. I found it curious that there is not a single illustration in this chapter.

Chapter 8, “Monitoring,” covers both respiratory and hemodynamic monitoring. There is a discussion of indwelling arterial blood gas monitoring but no mention of point-of-care testing. It is curious that the Bohr equation for alveolar dead space is provided, but not the equation for the more commonly calculated physiologic dead space. There is an illustration of a normal capnogram but no illustration of an abnormal capnogram. As is often the case in textbooks, the ventilator waveforms are highly stylized rather than real waveforms from a ventilator. The section on hemodynamic monitoring is very superficial.

Chapter 9, “Respiratory Emergencies I: Medical,” includes a nice discussion of the management of hemoptysis. There are also some excellent color plates, although it is not clear why there are the redundancies of showing these as both color plates and black-and-white figures.

Chapter 10, “Respiratory Emergencies II: Chest Trauma, Air Leaks, and Tracheostomy,” includes a very good discussion of the management of traumatic pneumothorax.

Chapters 11 and 12 cover issues related to acute lung injury. Chapter 11, “Pathophysiology of Acute Lung Injury,” is a very good chapter with a nice discussion of pul-

monary and systemic markers of lung injury. Chapter 12, "Management of Acute Lung Injury," includes shaded boxes that emphasize certain information, which is a nice feature that I would have liked to see used throughout the book. It is stated that there are no phase II or phase III studies of the prone position, which clearly fails to acknowledge the work of Gattinoni et al.¹ It also seems that the authors' bias enters into the chapter. For example, there is a detailed description of setting PEEP by using a decremental PEEP approach; to my knowledge there is no evidence to support this, beyond the mathematical analysis previously published by the principal author of the chapter.

Chapter 19 is entitled, "Weaning From Mechanical Ventilation." More emphasis could have been placed on the role of spontaneous breathing trials. It also could have been pointed out that the poorest weaning outcomes have been associated with the use of synchronized intermittent mandatory ventilation. The discussion of extubation criteria does not mention the issues of airway protection and the ability to clear secretions. There could be more discussion of reasons for weaning failure. There is no mention of the weaning guidelines from the collective task force facilitated by the American College of Chest Physicians, the American Association for Respiratory Care, and the American College of Critical Care Medicine.² At the end of this chapter there is a section called "Volume-Reduction Surgery and Transplantation," which seems strangely placed in a chapter on weaning from mechanical ventilation.

Chapters 14–16 relate to respiratory infections. Chapter 14, "Community-Acquired Pneumonia," provides a reasonable overview of the topic. Chapter 15 is entitled, "Nosocomial Pneumonia," but is largely a discussion of ventilator-associated pneumonia. This chapter touches on most of the issues related to ventilator-associated pneumonia but does not discuss the role of in-line suction catheters. Chapter 16, "Infection in the Immunocompromised Patient," provides comprehensive coverage of this increasingly important topic.

Chapter 17, "Pleural Disease," provides a nice discussion of pleural effusions, emphysema, pneumothorax, and bronchopleural fistula. The tables and figures in this chapter are particularly well done and informative. Chapter 18, "Acute Interstitial Lung Disease," is a nice overview of this topic. Chapter 19, "Pulmonary Embolism

and Hypertension," deals almost exclusively with the topic of pulmonary embolism, with virtually no coverage of other causes of pulmonary hypertension.

Chapters 20–22 relate to management and operational topics in respiratory intensive care. Chapter 20, "Organizational Issues in Respiratory and Critical Care," is an editorial making the case for the role of respiratory physicians in the intensive care unit. This discussion is distinctly British, given the common role of pulmonary physicians in critical care units in the United States. Chapter 21, "Ethical Issues in the Intensive Care Unit," provides nice coverage of issues such as withdrawal of care, advance directives, and consent. The final chapter, Chapter 22, is entitled, "Respiratory Failure: New Horizons, New Challenges." In this chapter the book's editors editorialize on a variety of topics, including a lengthy discussion of issues related to management of refractory hypoxemia.

So what is my overall impression of this book? As indicated throughout this review, some parts of the book are good, whereas other parts are lacking. Most topics are not developed in great detail. Moreover, the presentation is often colloquial and anecdotal in nature, as opposed to evidence-based. This certainly cannot be considered a reference text. I suspect that intensivists in the United States will find that the text adds little over available textbooks of respiratory medicine and critical care. Respiratory therapists will find little that is not already found in standard respiratory care textbooks. I think that intensivists and respiratory therapists will be frustrated by the superficial coverage of respiratory-care-related topics in this book.

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Fast Facts—Respiratory Tract Infection, 2nd edition. Robert C Read MD and Donald E Craven MD. (Fast Facts series.) Oxford, United Kingdom: Health Press. 2003. Soft cover, illustrated, 125 pages. £12. \$18.94.

This is a handy little monograph that provides a lot of information in a concise and easily accessible format, for a modest price. The book is intended for physicians, nurses, and medical students, and is indeed suitable for all of those groups. Respiratory therapists would also find this text informative.

The book is organized into 10 chapters, which cover: community-acquired pneumonia; hospital-acquired pneumonia; infective exacerbations of chronic obstructive pulmonary disease; pulmonary tuberculosis; bronchiectasis and cystic fibrosis; pneumonia in immunocompromised patients; human immunodeficiency virus and pulmonary disease; viral pneumonia; biological weapons that cause pulmonary disease; and future trends. Each chapter includes a list of key points and a short list of references at the end. The book includes a glossary of abbreviations, a list of useful addresses and Web sites, a table of generic and brand names of drugs, and an index.

The topics are well chosen and succinctly reviewed. In general the writing style is clear and concise. The text is liberally sprinkled with tables, bullet lists, illustrations, and photographs that enhance readability and strengthen emphasis. The chest radiographs and computed tomograms are reproduced with adequate quality. Each chapter concludes with a list of key points and a short list of key references. The focus is on practical aspects of clinical features, diagnosis, and management, but relevant aspects of epidemiology, pathogenesis, and prevention also are discussed. For the most part the material is accurate and up-to-date. Each chapter can be read in a few minutes and effectively distills the clinically important information on the topic.

Both the authors are specialists in infectious diseases: Dr Read is a professor of infectious diseases at Royal Hallamshire Hospital in Sheffield, England. Dr Craven is chair of the Department of Infectious Diseases at the Lahey Clinic in Burlington, Mas-

sachusetts, and they bring both British and American perspectives to the covered topics. For example, in the chapter on community-acquired pneumonia, reference is made to the treatment recommendations of the British Thoracic Society, the American Thoracic Society, and the Infectious Diseases Society of America. One limitation with this approach is that confusion can arise with regard to drugs and practices that are used in one country but not the other. The authors duly note that rimantidine, used for the prevention and treatment of influenza in the United States, is not available in the United Kingdom. However, they fail to mention that viomycin, an aminoglycoside with second-line activity against mycobacteria, is not available in the United States. Similarly, there is a very nice series of photographs illustrating the grades of cutaneous response to the Heaf test, a multipuncture technique for tuberculin testing that is widely used in the United Kingdom but is not recommended in the United States, because of the unpredictable quantity of tuberculin delivered. A visual aid to the interpretation of the Mantoux test would be of greater value on this side of the "pond."

Physically, the book is sturdy and attractive. The paper is of high quality, the text is legible, and the illustrations are clear. The book has colored margin tabs and text boxes for each chapter, which facilitates navigation through the text. The index is complete and accurate.

The book contains a few errors. Figure 1.1 is labeled as showing right-lower-lobe consolidation, but it actually demonstrates opacification of the right middle lobe. It is incorrectly stated on page 105 that intravenous ribavirin has been successfully used for the treatment of Hantavirus pulmonary syndrome. In fact, ribavirin showed no efficacy for the treatment of Hantavirus pulmonary syndrome in 2 unpublished clinical trials. Mention is made in the final chapter of the *Legionella pneumophila* outbreak in "1966" but the sentinel, namesake epidemic occurred in 1976, during the bicentennial celebration of the American Legion at a Philadelphia hotel.

One can quibble with the authors over a number of issues. Dosages of antibiotics are given for antiviral, antituberculous, and antipneumocystis agents but not for antibacterial drugs. Providing recommendations for antibiotic dosage and treatment duration in a consistent format would be helpful. Some of the references listed are out of date. For

example, the only reference listed at the end of the chapter on pneumonia in immunocompromised patients is Pennington's *Respiratory Infections: Diagnosis and Management*, the 3rd edition of which was published in 1994.

The chapter on community-acquired pneumonia is generally solid but has several minor limitations. The authors recommend a long list of initial studies for patients requiring hospital admission, including cold agglutinins, and acute and convalescent serologies for viruses, *Chlamydia*, *Legionella*, and *Coxiella*. These tests are of practical value in a small minority of cases. Vancomycin is listed as the treatment of choice for pneumococcal pneumonia caused by streptococci exhibiting high-level penicillin resistance, but the available evidence indicates that third-generation cephalosporins such as ceftriaxone and high-dose penicillin are effective against these infections. The treatment of choice in this setting is unknown. This book recommends intravenous erythromycin for confirmed *L. pneumophila* infection, whereas most experts would favor a fluoroquinolone for this indication. The brief discussion of empyema does not mention thoracoscopic drainage as an option. The chapter on viral pneumonias does not include cidofovir or foscarnet as secondary treatment options for cytomegalovirus pneumonia. The discussion of Hantavirus pulmonary syndrome does not mention the characteristic and diagnostically useful hematologic profile of this illness.

Although the book addresses most of the common issues in lower respiratory tract infections, a few important topics are missing. Most notably there is no chapter on fungal infections. Fungi are mentioned briefly in the chapters on human immunodeficiency virus and immunocompromised patients, but they warrant a separate discussion. Chronic and recurrent pneumonias also received little attention. Upper respiratory tract infections are not discussed.

Despite these limitations **Respiratory Tract Infection** succeeds as a user-friendly source of concise information and a practical guide to managing most lower respiratory tract infections.

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Ferri's Clinical Advisor 2003: Instant Diagnosis and Treatment. Fred F Ferri MD. St Louis: Mosby. 2003. Hard cover, illustrated, 1,713 pages, includes CD-ROM, \$99.95.

This book is a quick reference on a wide variety of topics encountered in the care of patients. The text is divided into 5 sections, plus an appendix. Section I briefly describes 615 medical conditions, in alphabetical order, and gives the International Classification of Diseases, Ninth Revision (ICD-9) codes and basics of diagnosis and treatment. Section II outlines the differential diagnosis of 472 common signs and symptoms. Section III contains algorithms for 179 clinical topics, ranging from laboratory-measurement abnormalities to physical examination findings. Section IV discusses laboratory tests and includes normal values, current procedural terminology codes, and interpretation of abnormal results. Section V emphasizes preventive services. Patient teaching guides on a variety of topics are available on the accompanying CD-ROM.

Although the target audience is primary care physicians, Section I will be as useful for respiratory therapists, nurses, medical assistants, or specialists who are looking for a brief description of a disease, symptom, or examination finding with which they are unfamiliar. A respiratory therapist caring for a patient with Bell's palsy will find a concise description of the disease as well as an excellent drawing of the anatomy. The later sections on differential diagnosis and algorithms are better suited to physicians, nurse practitioners, students, and other clinicians.

The book itself is quite large, weighing 8.5 pounds, and is thus not the ideal portable reference. It will be best suited for a primary care practitioner's desk, nurse's station, or respiratory therapist's or respiratory technician's office. Because of the overall organization of the book, initially I had difficulty finding what I was looking for. The guide inside the front and back covers and the detailed table of contents are burdensome. The index, however, is very detailed and can be used exclusively to find needed information. The book contains many excellent, useful anatomical drawings and black-and-white photographs.

The layout of topics in Section I is very user-friendly. Each chapter contains a definition, synonyms, epidemiology, etiology, clinical presentation, differential diagnosis, work-up, treatment, and clinical "pearls" and

considerations. The subsections are bulleted and easy to find. This format works well for brief topics such as epiglottitis or impetigo, and this text can serve as "one-stop shopping" for those types of clinical problems. Broad topics such as diabetes are not as amenable to this condensed, outline format and further reading would be required for appropriate patient care.

Section II contains the differential diagnoses for various symptoms, many of which (eg, pruritis) are in list form. Personally, I don't find a list of 48 things that can cause itching all that helpful. Other topics, however, are written in a format that is very useful for the busy practitioner. The section on acute, painless vision loss, for example, outlines the key examination findings for each of the items in the differential diagnosis. The table on erythematous oral mucosal lesions discusses the location, characteristics, diagnosis, and treatment of each item in the differential diagnosis.

Section III is an interesting collection of algorithms. There are classic algorithms for laboratory-measurement abnormalities (eg, hyponatremia) and symptoms (eg, chronic diarrhea) as well as flow charts for domestic violence, code status determination, and the patient with ill-defined physical complaints. I am not sure that I would have thought to look in a book for guidance on any of the latter topics, but those who do will be rewarded with helpful information.

Common laboratory tests are outlined in Section IV. For each test the chapter provides the normal range, cost, and conditions in which the test result is above or below normal. As opposed to standard laboratory texts that simply list conditions associated with a single laboratory test, this section contains tables that put single test results into the perspective of the "big picture." For example, a table on findings in thyroid function tests in various clinical conditions lists 7 different thyroid tests and the typical patterns of findings in 9 different thyroid disorders.

Section V lists clinical preventive services. Components of the age-specific periodic health examination and standard immunizations are outlined. There are special sections on travel immunizations, endocarditis prophylaxis, and occupational exposures.

One of the best features of this book is the collection of patient teaching guides on the accompanying CD-ROM. Patient handouts are available in English and Spanish,

on a wide array of topics, from abscess to Zollinger-Ellison syndrome. Patient education materials can be hard to find, and this is the most comprehensive list of topics I have seen. They are generally well written and contain good patient education, with sections on Dos-and-Don'ts and When to Call Your Doctor. The handout on the common cold, for example, explains the role of viruses and the lack of efficacy of antibiotics. Providers should review individual topics before distributing them to patients. Some are written at a level that patients may find difficult to understand without additional explanation.

In general the information provided is accurate and up-to-date, but I did find several examples of recommendations that are not in keeping with standard practice. For example, the section on ankle sprains contains many very useful drawings but states that "plain radiographs are always needed." However, the listed reference suggests the use of the Ottawa ankle rules, a commonly used clinical tool to reduce unnecessary radiography. The hepatitis C patient teaching guide recommends separate or disposable eating utensils for individuals with hepatitis C. The Centers for Disease Control acknowledges the need for separate personal-care items such as toothbrushes and razors but not the need for separate eating utensils. Such recommendations may unnecessarily heighten a patient's anxiety regarding his or her condition.

I have been a primary care provider for over 10 years, but I still sometimes need a succinct reference to guide my work-up or treatment of unfamiliar problems, and I will use this book in clinic as a quick review of topics, including medical orthopedics, ophthalmology, and dermatology, because of the book's breadth, brief and varied format, and the good quality of the drawings and pictures. Beginning practitioners will find much of the information helpful in day-to-day practice. The book does not pretend to be and should not be used as a comprehensive text of all medical topics. A wide variety of general and specialty texts, reports, and review articles must be used in the care of patients.

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Thoracic Trauma and Critical Care. Riyad Karmy-Jones MD, Avery Nathens MD, and Eric J Stern MD, editors. Boston: Kluwer Academic Publishers. 2002. Hard cover, illustrated, 556 pages, \$138.

Thoracic Trauma and Critical Care, edited by Drs Karmy-Jones, Nathens, and Stern (who are all from Harborview Medical Center in Seattle, Washington), provides a succinct and well-organized guide to the management of thoracic trauma and thoracic surgery. The text supplies a large body of information in the format of brief, well-organized chapters. Each chapter gives a general overview on the chapter topic, followed by commentary and a discussion of current controversies. For example, Chapter 3.2 presents an explanation of blunt and penetrating injuries of the tracheobronchial tree, followed by comments on the difficulties of managing such injuries. The commentary sections provide important clinical "pearls."

The text gives an excellent review of the critically ill patient, whether in the intensive care unit or the emergency department. The book's focus is care of the chest, chest wall, lungs, and mediastinum. The book begins with a brief overview of resuscitation of the trauma patient and the assessments used to identify patients with severe injury. The early chapters identify the markers of adequacy of perfusion associated with resuscitation of the multiply-injured patient who presents with thoracic trauma. The book then reviews basic concepts and conditions (eg, tube thoracostomy and chest wall burns) and some of the most complex management problems (eg, acute respiratory distress syndrome, tracheobronchial injuries, and tracheoinnominate-artery fistulas). The chapters describe important diagnostic and treatment adjuncts that guide surgical and nonsurgical treatments of the injuries and diseases.

The information is concise and evidence-based. Information supplied in each chapter is presented in a manner that can serve as a guide for all, from the most junior resident to an attending surgeon looking for a quick review. The book, which is very readable, focuses on the thorax, which is unusual in comparison with traditional trauma textbooks, in which multiple organ systems are reviewed. This book's aim was to review critical care, surgical practices, and treatment modalities of the multiply-injured patient who presents with concomitant thoracic injury, and that aim is definitely accom-

plished. Despite focusing solely on the thorax, the authors do an admirable job of providing a complete overview of all topics one may encounter in the intensive care unit regarding surgical care of thoracic trauma.

Each chapter contains black-and-white photographs that are clinically relevant and that clearly identify the illness or injury in question. The photographs are presented and described so that they avoid reader confusion. For example, the photograph on sonographic detection of pneumothoraces clearly identifies the findings of a pneumothorax on the still image, but the description also notes the limitations of the photograph and provides an Internet address at which the reader can see an in-motion sonogram of a pneumothorax. In the book the numerous photographs enhance the explanation of difficult concepts. The chapters also review anatomy and surgical technique, which is important for the practitioner who does not regularly evaluate critically ill or traumatically injured patients but who needs to review the techniques.

The material is presented so that an intensive-care nurse or respiratory therapist could understand the concepts and utilize the themes to assist in improving patient care. The book's charts and tables assist in identifying key concepts. For example, in Chapter 2.2, "Incisions and Approaches," the chart on page 51 is a quick guide to surgical approaches based on the site of the injury. Another example of the book's good use of charts is in Chapter 1.1, in which the authors clearly present the various trauma scoring systems and allow the reader to identify which system best suits his or her practice.

The book is bound in hard cover and is visually appealing. Key concepts are highlighted throughout the text with bold and italic lettering, allowing for easy identification. The photographs are clearly marked with descriptions. The book is offered at a reasonable price.

My only complaint about this overall good text regards the preponderance of typographical errors, starting in the first chapter (eg, on page 3, "filed" should be "field"). However, aside from such minor editing errors, I found no major errors; the algorithms, protocols, and procedural information are precise and accurate throughout the text. Good examples include the discussion of approaches to treating penetrating cardiac injury and the algorithms for ventilator management and weaning.

In summary, **Thoracic Trauma and Critical Care** is an excellent overview of thoracic trauma in the multiply-injured patient. Its concise format and writing allow for quick reference by practitioners and non-practitioners alike. In achieving its overall goal of covering the critically ill patient with thoracic injury, the text neglects extrathoracic organ systems, which precludes this book from being the sole source of information for students interested in learning about trauma as a whole. Aside from that, though, this text is a good addition to one's library.

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Aeromedical Evacuation: Management of Acute and Stabilized Patients. William W Hurd MD MS and John G Jernigan MD, editors. New York: Springer-Verlag, 2003. Hard cover, illustrated, 373 pages, \$95.

Aeromedical Evacuation: Management of Acute and Stabilized Patients is a comprehensive text for medical transport. It covers many of the complexities involved in transporting patients by air and addresses both common and specialized aspects of aeromedical evacuation.

The text relies heavily on the military's experience with medical evacuation and transportation, which has long been a military priority. Many medical evacuation and transport techniques and logistics were pioneered during wartime. The majority of this book's contributors are members of the military, and many of the topics focus on military applications, situations, and perspectives. However, the information readily translates to non-military medical transports. The origin and evolution of civilian aeromedical transport are directly linked to military medical transport.

Although the text conceptually centers on aeromedical transport, many of the techniques may be applied to other forms of medical transport.

The book is organized into 3 main parts. Part 1 is entitled "The Need" and describes the history of and need for aeromedical transport. Part 2 is "The Means," chapters that are dedicated to the logistics of transport, such as flight physiology, nursing care, transporting contagious patients, and in-flight emergencies. Part 3 is "The Patients," which

covers patient- and disease-specific considerations during transport.

The individual chapters are generally clear, concise, and provide essential information required for effective evacuation and transportation. In summary, this is a comprehensive review that displays the collective experience gained through a long history of aeromedical transportation. The target audience would include anyone with an interest in the subject.

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Lung Cancer. Frank V Fossella MD, Ritsuko Komaki MD, and Joe B Putnam Jr MD, editors. (MD Anderson Cancer Care Series, Aman U Buzdar MD and Ralph S Freedman MD PhD, series editors.) New York: Springer-Verlag, 2003. Soft cover, illustrated, 316 pages, \$59.95.

The latest release in the MD Anderson Cancer Care series, entitled **Lung Cancer**, edited by Drs Fossella, Komaki, and Putnam, reviews the diagnosis, staging, treatment, and recent advances in prevention and early detection of lung cancer. It is a great read, particularly for the respiratory therapist who has an interest in furthering his or her knowledge of lung cancer.

What I enjoyed most about this book is that it provides a multidisciplinary approach to lung cancer, from the perspectives of pulmonary medicine, thoracic surgery, radiation therapy, and medical oncology. MD Anderson Cancer Center is one of the leading cancer centers in the United States, so it is a treat to read the opinions of this group of experts on how they manage this disease. One of the most appealing aspects of the book is that each chapter ends with a table of key practice points that highlight, in one-sentence bullet-items, the salient points made in the chapter.

As a medical director of respiratory care, I was particularly drawn to the chapter on the role of clinical practice guidelines and clinical pathways for the hospital management of lung cancer patients. I believe this chapter would be particularly useful for respiratory therapists who care for lung cancer patients in hospital wards and intensive care units. The chapter in-

cludes preprinted order sheets and a very interesting “pathway to recovery,” which is a patient and family guide on what to expect during each day of the hospitalization for lung cancer surgery. As the profession of respiratory care has been at the forefront of respiratory-therapist-driven protocols, this fits nicely into the current state of our art.

My one criticism of this text is that some of its lung cancer treatment recommendations are not evidence-based but instead are the expert opinions of the staff

of MD Anderson Cancer Center, and some of their recommendations differ from those in evidence-based guidelines on lung cancer. For example, the MD Anderson Cancer Center experts recommend that patients with locally advanced lung cancer undergo surgery in addition to chemoradiotherapy. Unfortunately, there is not yet sufficient data from a large, multicenter, randomized trial to support that recommendation. Overall, however, such differences in recommendations are infrequent in the text and do little to detract from the main message.

In summary, **Lung Cancer** is an easily readable, practical, relatively comprehensive guide for the diagnosis, staging, and management of lung cancer. It has important information for respiratory therapists and is worthy of a place on your bookshelf.

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Fränkel's Pneumatic Apparatus from
The American Armamentarium Chirurgicum.
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