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It seems limiting to present a review of a book of this size and scope in so short a format. Foundations of Respiratory Care, a lengthy epistle, represents a Herculean effort on the part of the 3 primary authors and the 29 contributing authors. The preface describes this weighty volume—a hefty 5 pounds—as being “born of the need for a straightforward, well-organized text that could be easily read….” “…written by respiratory therapists for respiratory therapists.” Though the latter statement suggests the target audience is the respiratory therapist practitioner, I’m sure schools should consider this as an overall text for respiratory care programs and compare it to its market rivals, Egan’s Fundamentals of Respiratory Care7 and Respiratory Care: Principles and Practice.2 I think it will give them a run for their money. Some challengers have come and gone on the market, but I think Foundations of Respiratory Care is here to stay.

The book is divided into 6 main sections: scope of practice, applied sciences, essential diagnostics, essential therapeutics, levels of delivery, and assorted applications. The sections comprise 33 chapters. The authors have, in my opinion, achieved their goal of providing an easy-to-read, straightforward, very practical, and well-organized text.

In addition to the primary audience of respiratory therapists and students, some areas of this text would also be of value to anyone entering health care. In particular the chapters that address reimbursement issues and the changing health care scene are very informative. For example, the chapter on adult critical care includes clinical practice guidelines, therapist-driven protocols, critical care paths, and quality improvement activities. The chapter on subacute care addresses reimbursement, the prospective payment system, and the resource-utilization group case-mix classification system as important subjects. The management chapter covers similar topics. These are issues important to all health care workers. The authors of all these chapters did a nice job of defining complex issues in a very simple fashion.

The first 2 chapters set the tone for the rest of the book with enlightening and interesting reading. These chapters discuss the history and scope of respiratory care and legal and ethical practice. I especially enjoyed the comment in the first chapter about Huang Ti (2697 BC), who outlined the tenets of traditional Chinese medicine in his text, which directs “the physician to maintain the patient’s health rather than to cure disease, holding that to wait for an illness to occur would be like forging weapons after the battle has begun or digging the well after you are already thirsty.” This sounds like good advice for our current cost-containment-conscious medical reimbursement organizations.

The second chapter has some valuable information on legal concepts, which is presented in a very simple manner, considering the complexity of the legal system. My favorite scientific concept presented was that of “Occam’s razor,” which is the principle of scientific parsimony, based on the principle stated by William of Occam (14th century): “The assumptions introduced to explain a thing must not be multiplied beyond necessity.” Sounds like good advice for all of us.

The remaining chapters cover the expected areas of physics, chemistry, microbiology, cardiopulmonary anatomy and physiology, pathophysiology of the cardiopulmonary system, cardiopulmonary pharmacology, patient assessment and history-taking, radiography for respiratory care, basic modes of care and critical care application of mechanical ventilation and so on.

What distinguishes this text is its use of 3 tools, which the authors title “Age-Specific Competency,” “Best Practice,” and “Spotlight On…” features. I found these to be very practical tips with direct clinical application. An example was “Age-Specific Competency on Dry Powder Inhalers,” which is in the chapter on humidity and aerosol therapy. It explains that a dry powder inhaler cannot be used by a child under the age of 6, because correct use of the device requires an inspiratory flow > 50 L/m. An example of a “Best Practice – Safety Practices” in the chapter on radiology discusses the use of protective lead aprons and shields and radiation dose meters and when these are appropriate for respiratory therapists. A “Spotlight On New and Emerging Techniques” in the chapter on blood gases reviews the use of ultrasound devices for noninvasive measurement of blood sugar and the potential use of indwelling arterial blood gas sensors. The latter 3 samples are only intended to show the type of material that appears in these features, which I found very valuable, useful, and (almost without exception) informative and very interesting.

The text’s overall layout is well done, with a variety of educational approaches, which helps make the large double-column pages less daunting.

The majority of illustrations and photographs are of excellent quality. Particularly noteworthy are those in the chapters on: cardiopulmonary anatomy and physiology; history, assessment, and documentation; radiology; pulmonary hygiene and chest physical therapy; and protecting the patient and health care provider. The other chapters, with the exception of the chapter on airways, were also well illustrated. One stellar example is the radiology chapter, which provides computed tomography scans side-by-side with chest radiographs. This feature helps illustrate the usefulness of computed tomography and makes it easy to understand. Though it is hard to produce good quality radiographic images on paper, the selection of radiographs that show fairly obvious abnormalities helped overcome this difficulty. I’m particularly curious to find out what caused the diffuse edema on chest radiograph in the attempted suicide by hanging (case study 10–1). The answer is not within the text; only in the instructor’s manual.

The airway management chapter fell short by not providing illustrations and photographs adequate enough to enable complete understanding of the content. For ex-
ample, illustrations of the upper airway and good-quality illustrations of airways are conspicuously missing. Some of the drawings need to be redone. For example, Figure 20–5 is intended to illustrate a double-lumen endotracheal tube, but the drawing does not label the parts, distinguish the 2 lumens, or illustrate its placement in the airway.

Some chapters were brief but adequate, for example, the chapter on invasive mechanical ventilation and the chapter on neonatal and pediatric applications. Each could be represented by independent textbooks of their own; but I found the coverage sufficient for an introduction to these topics.

It was nice to see a chapter on geriatric applications, a subject not commonly covered in respiratory care curricula, which is gaining more attention. The chapter begins with demographics related to age distribution of the population and makes a good point about the cost of health care: "... the burden of escalating health care costs can be especially devastating for [the elderly]." And regarding the Medicare program: "... withdrawal of managed care contractors leaves the future of Medicare Managed Care [for the elderly] an uncertainty."

It was also refreshing to discover chapters on noninvasive ventilation, subacute care, home care, rehabilitation, health promotion, patient education, and management. These sections not only focused on the types of care provided in certain areas but also on issues of reimbursement, patient charges, and billing practices, coding systems, and fiscal issues for department managers. In the management chapter, definitions are provided for terms such as managed care, gatekeeping, and capitation. The human resource management section discusses issues of recruitment, training, and performance appraisal, and includes a sample evaluation tool for competitions for respiratory therapists.

It became obvious as I progressed from one chapter to the next that the contributing authors, almost without exception, were well versed in their specialties and provide very practical information. In the chapter on arterial blood gases, for example, one "Best Practice" item advises that "milking" (squeezing) the capillary sample site can increase the venous component of the sample and should be avoided. This chapter also includes an arterial blood gas puncture procedure and contains advice on quality control and quality assurance when using blood gas machines, and the difference between the two. All these topics are important in clinical settings and represent the common-sense approach of the authors, which holds true throughout the text.

Ancillary materials for Foundations of Respiratory Care include an instructor’s manual and an electronic classroom manager. The instructor’s manual contains the answers for the questions that follow the case studies and the review questions at the ends of the chapters. The electronic classroom manager contains 2 components: a text bank, which contains at least 1,000 multiple-choice questions and an online testing tool, and an electronic image library that holds about 500 illustrations and photos from the text.

This book is readable, comprehensive, timely, and well organized. I'm in awe of the amount of work and time the authors spent in bringing it to market. Judging by those chapters about which I have some knowledge, I found few content or typographical errors. Practitioners, students, and educators should give this book a close look for selection either as a text or a reference. It will be time well spent.

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REFERENCES


Respiratory Medicine: An Illustrated Colour Text is one in a series of “illustrated colour texts” by Churchill Livingstone publishers. Proclaimed on the back cover as an “innovative textbook” incorporating “concise yet comprehensive text, colour photographs and line diagrams, short case histories for self testing, and key point boxes for quick revision,” the book comes up a bit short. Written for undergraduate medical students, mid-level practitioners, and perhaps even primary care physicians, the book should appeal to respiratory therapists and technicians as well. Pulmonary fellows and experienced clinicians are not the intended audience, as manifest by the limited breadth and depth of the material, but may find it useful as a rough template for their own lectures and teaching rounds. The author sets forth in his preface a laudable goal: “I have intended that it illustrates some of the visual appeal, breadth, and challenges of respiratory medicine.” Here he succeeds in providing an engaging introduction to respiratory medicine, though at a mere 91 pages, I suspect most readers will find the overall experience somewhat unfulfilling. Students may chafe at the lack of physiologic detail, and practitioners will probably be frustrated by very general and often vague treatment of therapeutic options. The closing sentence of the introductory paragraph on the management of pneumothorax is illustrative: “Suspicious symptoms such as haemoptysis or preceding breathlessness, especially in women, should raise the possibility of rare but important lung diseases.” The text continues without elaboration to review therapeutic options, including radiographic observation, pleural aspiration, tube thoracostomy, and surgical interventions. To be fair, lymphangioleiomyomatosis and complicating pneumothorax are mentioned in a preceding chapter, but there is no mention of other considerations such as catamenial pneumothorax or Langerhans cell histiocytosis.

The text is logically organized into 5 sections containing 40 two-page units. An introduction, “The Challenges of Respiratory Medicine,” segues to 4 units covering “Structure and Function,” 5 units on “Clinical and Respiratory Practice,” and 28 units grouped under “Respiratory Disease.” A final section, “Special Topics,” includes 2 units that address radiologic techniques and respiratory disease and the elderly. The former nicely outlines the major pulmonary radiographic techniques, though mention of positron emission tomography (PET) scanning is conspicuously absent. The later unit provides little more than a graphic illustration of aging populations in the United King-
dom and a lag in this phenomenon in less developed countries. Units on “Surgical Techniques/Transplantation” and “The Lung in Adverse Environments” are curiously grouped with respiratory diseases rather than with these other “Special Topics.”

Three appendices are included but are of dubious value to readers outside of the United Kingdom. The appendix of “Respiratory Services” provides descriptive narratives of various respiratory care team members (eg, respiratory nurse practitioners and respiratory physiotherapists) encountered in Great Britain. “Sources of Support” is an annotated list of mostly United Kingdom–specific respiratory organizations (eg, British Thoracic Society) and Web sites. “Respiratory Tests and Tips” provides thumbnail sketches of a half-dozen techniques, including brachial arterial puncture, peak flow testing, and an antiquated saccharin taste test for bronchiectasis.

Thirty-four brief case histories are distributed throughout the clinically oriented units, and corresponding short discussions conclude the book. For the most part these nicely illustrate salient points or at least foster further thought, but they are too brief and too few to serve as anything more than a cursory study aide.

Well-produced photographs, radiographs, and illustrations are a highlight of the text, though most are a bit small and several bear only parenthetical relevance to the text. On occasion it seemed that the availability of particular choice illustrations, rather than clinical relevance, dictated the narrative content.

From the opening paragraph the experience of reading this book is akin to making teaching rounds with a very accomplished, though perhaps not the most academically rigorous, clinician. The author employs an easy conversational style and his enthusiasm for respiratory medicine is evident throughout. Case studies often pose open-ended questions evocative of the benign “pimping” experienced by generations of medical students and house officers. However, the text is not referenced, and the author’s bias is often presented as fact. Although most clinicians may share the author’s pessimistic view of mesothelioma, the statement, “Treatment other than symptom palliation has no proven benefit in mesothelioma,” is misleading and is, at the very least, contentious. In a similar vein the author’s assertion that “Currently available vasodilators are of little benefit” in the treatment of primary pulmonary hypertension ignores a large body of evidence demonstrating benefit from calcium channel blockade in selected patients, epoprostenol, and, more recently, bosentan. Though it is conceivable that this bias simply reflects a larger Anglo-American dichotomy regarding expensive therapies, this book is published worldwide and the appropriateness of costly therapies within the context of limited resources should be discussed in an open and forthright manner.

Clinical pearls are scattered throughout the text and should prove useful to the novice clinician, though at least one was so obscure (an association with inhaled “oil seed rape” [did the author mean “rapeseed oil?”] and Wegener’s granulomatosis) as to raise questions of adequate editorial review.

Typographical errors are rare and the production quality of the text, photographs, and illustrations is high. The soft cover and binding proved hardy, withstanding repeated openings and about 2 weeks of neglect and high humidity on the front seat of my car during a damp Pacific Northwest winter.

In summary, Respiratory Medicine: An Illustrated Colour Text succeeds in a limited fashion. It provides a capable, brief introduction to respiratory medicine and conveys the enthusiasm that attracts practitioners to the field. It may spark the interest of an undecided student, but a morning or two of rounds with an experienced pulmonologist would probably serve the same function and be eminently more memorable. At $30 one probably wouldn’t regret purchase of this book, but after a quick read it would probably languish on the shelf. There are better choices for the undergraduate medical student, mid-level practitioner, respiratory therapist, or primary care physician looking to expand his or her knowledge of respiratory medicine. Readers may well have better books on their shelves or readily available on the wards or in the library. The standard general medicine texts provide greater detail of the pathophysiology and natural history of disease. Popular spiral-bound handbooks of internal medicine and pulmonary disease are often referenced and provide specific guidance for the evaluation and management of respiratory conditions.

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This book is divided into 9 chapters. Chapter 1, “Exercise Pulmonary Physiology In Health,” discusses lung mechanics, breathing patterns, and the interactions of the cardiopulmonary system in the healthy subject. Chapter 2, “Incidence of Asthma and Exercise-Induced Asthma (EIA)” covers the demographics of asthma in the general population, athletes, and elite athletes.

Chapter 3, “Pathophysiology of Exercise-Induced Asthma,” addresses the underlying mechanisms of EIA. Also discussed are the prevailing theories on EIA. Chapter 4, “Animal Models, Athletes, and the Development of Exercise-Induced Asthma,” speaks to the issue of using animal models and to the immediate and late-phase responses and the response to repetitive exposures. Chapter 5, “Role of Allergies in the Provocation of Exercise-Induced Asthma,” covers sinus disease and other allergic conditions. This chapter also covers a subject that is both interesting and often misunderstood by the general public: prohibited substances and drug control issues.

Chapter 6, “Asthma: Before, During, and After Exercise,” broaches the subject of measuring airway function and pulmonary limitations that occur before, during, and after exercise. Chapter 7, “Diagnosis of Exercise-Induced Asthma in the Athlete,” looks at symptom-based diagnosis versus pulmonary function testing and at determining the appropriate exercise challenge to perform.

Chapter 8, “Asthma Treatment and Guidelines,” takes a look at pharmacologic, nonpharmacologic, and unconventional therapies. It also deals with prevention and interventions.

Chapter 9, “Asthma Medications As Ergogenic Aids,” delves into the interesting area of doping control and ergogenic aids. This chapter also deals with the respiratory system as a limiting factor in exercise and with asthma medications.

The preface indicates the book’s intent and readership: “It is the editors’ intent that Exercise-Induced Asthma: Pathophysiology and Treatment provide the most current scientific information on the topic of EIA, and that it serve as a practical guide for professionals in the medical and health

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care communities (general practitioners, team physicians, respiratory therapists, exercise physiologists, and athletic trainers) who work on a daily basis with people who have EIA.

I believe this book would benefit all the professionals listed above, and any professional reading this book would be assured that people of any athletic ability, up to and including elite athletes, can compete at their maximum level with proper diagnosis and treatment. In this era of early-childhood organized sports, this can be a comfort to parents as well as to college-level athletes and those on the verge of becoming elite athletes. The key is proper diagnosis and treatment. In support of this, the editors offer the inspirational example of 1996 Olympic swimmer Amy van Dyken, who won 4 gold medals despite the fact that she has had EIA since childhood.

The editors and authors have provided a book with up-to-date information on EIA, along with comprehensive guidelines for the diagnosis of EIA. After reading this text, I have little doubt as to its usefulness as a practical guide for health care professionals.

The content is well selected, considering the intended readership. The authors assumed a basic understanding among the readership and provided brief overviews, which, combined with an ample and up-to-date list of references, allow sufficient opportunity for one to delve deeper into the subjects covered.

Beginning with the underlying anatomy and physiology and concluding with treatments and medications, this work is well organized. The chapters flow together nicely.

As with asthma in general, optimal treatment of EIA is elusive. Proper diagnosis is environmentally dependent and of the utmost importance. With proper diagnosis optimal treatment is possible, and the authors are most convincing in leading us to this conclusion.

The writing style is clear and concise. I did not feel burdened with unnecessary terminology or background material. The references allow follow-up of any topic of interest or subject in which more in-depth knowledge is desired.

I found this text extremely readable. Though I gained much useful information, I did not feel as though I was wading through a standard medical text. I actually found myself looking forward to picking it up and continuing my reading.

Overall, the appearance of the text is pleasing. Each chapter has a photograph that is appropriate for the material covered. The book has a hard cover and the good-quality binding assures a long life as a reference book. I only spotted one misspelled word, on page 17: “lactic acidosis” appears as “lactacidosis.” More disruptive, however, were the numerous occurrences of spacing errors between the letters of individual words. For example, on page 43, paragraph 3, sentence 3, the word “results” appears as “r results.”

The illustrations, tables, and graphs are all in black-and-white, but clear and easily interpreted. In a text such as this, black-and-white is adequate, and color would not have substantially enhanced the book, but rather only added to its cost.

The references are accurate and timely. References from all the appropriate topics in sports medicine research and medicine in general are included. The index is useful and adequate.

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One of the widely used authoritative texts on the subject of cerebral blood flow is Cerebral Blood Flow: Physiologic and Clinical Aspects1 (1987, now out of print), edited by James H Wood, who is an eminent neurosurgeon and authority on the topic. Since reading that book, I have been searching for a portable, more concise and updated text on the subject of cerebral blood flow, and I found what I was looking for in Cerebral Blood Flow: Mechanisms of Ischemia, Diagnosis and Therapy, edited by Michael Pinsky. For a topic as complicated as ischemic brain injury, Dr Pinsky has gathered world-renowned authorities, including Drs Obrist, Faraci, Iadecola, Marion, Babikian, Bouma, Pennings, Safar, and others, to present complex clinical and basic science information to clinicians in an easy-to-understand manner.

I found the book to contain both breadth and depth of information, and, overall, the book impressed me. I suspect it will have broad appeal to health care providers with various scopes of practice, including physicians, nurses, and respiratory therapists. Among physicians, this book will be of greatest interest to intensivists, anesthesiologists, neurologists, and neurosurgeons who care for patients suffering from neurologic processes or those who study cerebral blood flow and ischemic brain injury. This book is versatile enough that it can be used to review neurophysiologic concepts, as an update in recent advances in cerebral blood flow, or as a guide to organizing a research project. If the book has a weakness, it is that it might be too advanced for readers who are relatively new to the study of cerebral physiology. Overall, this book is definitely a valuable addition to my bookshelf.

The book is divided into 4 sections: “Physiology and Pathophysiology” (Chapters 1–4), “Ischemic Brain Injury” (Chapters 5–10), “Assessment of Cerebral Blood Flow” (Chapters 11–16), and “Current Status of Clinical Trials in Acute Stroke” (Chapters 17–21). Major topics covered in Section 1 include the history of cerebral blood flow assessment, neural and endothelial regulation of the cerebral circulation, and the molecular pathogenesis of cerebral aneurysms. Section 2 covers triggering events, mechanisms and coupling of cerebral blood flow and metabolism in ischemic brain injury; genetic control of ischemic neuronal cell death, cerebral resuscitation, and the ischemic penumbra. Section 3 discusses the modalities of measuring cerebral blood flow, in which individual chapters are devoted to major diagnostic modalities, including computed tomography, angiography, perfusion imaging, xenon computed tomography, transcranial Doppler ultrasonography, and positron emission tomography. Also discussed are the applicability of monitors of the cerebral microcirculation, including jugular bulb oximetry, near-infrared spectroscopy, reflectance spectrophotometry, intracerebral microsensors, oxygenation, and microcirculation. The chapters in section 4 discuss the management of acute stroke pertaining to thrombolysis, neuroprotection, the role of interventional neuroradiology, angioplasty and stenting, temperature regulation, and cerebral revascularization.

Each chapter contains a select and limited number of relevant references. Overall, the concepts in each chapter are well delin-
eared and the breaks in topics/chapters are logical. Each chapter is approximately 10 pages, and there is sufficient detail; the book’s brevity does not compromise the content, detail, or quality. In fact, each author does a really good job of presenting research information in the context of the background problem and clinical dilemma, all in a relatively concise manner. Most importantly, the authors’ own research contributions to the field are conveyed. For example, Dr Safar’s chapter on cerebral resuscitation begins with an introduction to the epidemiology of cardiac arrest and reversible cardiopulmonary cerebral resuscitation, followed by definitions used in resuscitation research for the past 40 years and an historical account of the development of cerebral resuscitation research. Dr Safar’s involvement in these early efforts makes reading this chapter particularly interesting. He writes, “Around 1950, when I was an anesthesiology resident at the University of Pennsylvania, Seymour Kety pioneered measurements of cerebral blood flow, cerebral oxygen uptake, and cerebral glucose consumption. . . . Since the 1960s our goal has been to maximize the brain’s tolerance of normothermic cardiac arrest.” The reader knows that the word “our” in the previous sentence is not used in the general sense but rather with the author as a central contributing authority on the subject.

The book’s physical appearance, including size, is attractive. It has a soft cover with blue and white print. I would have preferred to have this book published in hard cover, however, because there is already wear and tear on the cover of my copy. The book’s print and paper are of good quality and there are few typographical errors. The subject index is user-friendly and logical. Figures, drawings, and graphs are well represented and appropriately used to highlight important concepts. For example, in Chapter 2, the potential mechanisms involved in neural regulation of the cerebral circulation are illustrated using simple black-and-white drawings to demonstrate the complex interactions between vasoactive agents (adenosine and nitric oxide), neurotransmitters (acetylcholine, vasoactive intestinal peptide), and astrocyte foot processes. Similarly, Figure 4 of Chapter 6 (by Kochanek et al), “Ischemic Mechanisms of Traumatic Brain Injury,” describes the putative mechanisms (eg, adenosine, nitric oxide, alcohol) of post-traumatic hyperperfusion, which are currently being investigated in clinical and experimental traumatic brain injury. Not every chapter has a concluding paragraph or text devoted to discussion of needed future research, but when included, the perspectives presented are interesting and add to the information already presented. Finally, the information given is well referenced, with little unsubstantiated expert opinion, and is highly credible. In my opinion, this book is, at $50, a good buy.

For those of you who are not yet sold on the book, let me entice you by saying that I tried to make a list of chapters I found particularly interesting, but in fact I learned from every chapter and ended up listing almost all of them. So pick up a copy and take a month to leisurely read Pinsky’s Cerebral Blood Flow: Mechanisms of Ischemia, Diagnosis and Therapy.

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REFERENCE


Respiratory & Pulmonary Medicine: An Internet Resource Guide provides an inventory of reference information on pulmonary disease, clinical studies and trials, statistics, journals, articles, and abstracts in pulmonary medicine. It is an excellent reference guide for physicians, health care providers, medical students, and educators.

The book is organized in an outline format and incorporates a reference key, which classifies resources on a scale of 1 to 3. A rating of 3 indicates the site provides more in-depth information. For instance, the American College of Allergy, Asthma & Immunology’s glossary Web site (http://allergy.mcg.edu/glossary/) provides an overview of terms related to allergy and immunity, including common therapeutic drugs, whereas the Glossary of Respiratory Disorder Terms is very simplistic in format and more suited for the layperson. The outline consists of a summarized table of contents that provides a snapshot of the textbook, followed by the standard table of contents and subcategories.

The book is divided into 2 parts: Respiratory and Pulmonary Medicine Resources, and General Medical Web Resources. It is further subdivided into 14 chapters: Introduction; Quick Reference; Journals, Articles, and Latest Books; Continuing Medical Education; Respiratory and Pulmonary Medicine Overview Sites; Biological, Diagnostic, and Therapeutic Aspects; Other Topical Resources; Organizations and Institutions; Diseases and Disorders; Reference Information and News Sources; Professional Topics and Clinical Practice; Medical Student Resources; Patient Education and Planning; and Web Site and Topical Index.

The introduction provides an overview of how to use the book, including steps on how to access the Internet and most effectively use eMedguides.com, along with an “e-Link” number assigned to each Web site in the text. What makes this resource guide exceptional is the Web-linked title page. The title page duplicates the table of contents, although it is slightly out-of-sequence with the textbook. For example, Chapters 6, 7, 8, 10, 11, 12, and 13 represent different chapters in the book. Also, Chapter 9, “Diseases and Disorders,” and Chapter 14, “Web Site and Topical Index,” are excluded from the Web-link title page. The e-Link feature allows quick navigation through various Web sites, eliminating the need to type complete Web addresses for various sites on a given topic. It also provides updated Web address information for sites that may have undergone reconstruction. Although the e-Link number simplifies access to various sites, it complicates the process by requiring the reader to select a Specialty Guide topic prior to entering the e-Link number. The Specialty Guide section offers other resources for various health care disciplines, including emergency medicine, general surgery, radiology, and many others. Two methods are incorporated into the system for Web site access: e-Link and the table of contents. The e-Link method provides access to a selected site (eg, R-0007 supplies a link to the American Lung Association Web site (http://www.lungusa.org/pub/), whereas the table of contents method provides a com-
and the American Thoracic Society (http://www.thoracic.org) are cited. Governmental resources include the Centers for Disease Control (http://www.cdc.gov/nchhlt/default.htm) and the Occupational Safety and Health Administration (http://www.osha.gov). The Centers for Disease Control is an excellent resource for current research and statistical data relating to various health care topics, particularly in the areas of prevention. The Occupational Safety and Health Administration provides information regarding conferences, publications, and current newsworthy events.

The National Institutes of Health (http://www.nih.gov) provides resources for research opportunities and grant support. The site lists separate categories for research training opportunities and both intramural and extramural research.

Part Two of the book focuses on reference information, federal health agencies, and professional, student, and patient health information resources.

The Health and Medical Hotline (http://nhic-natl.health.org/Scripts/Tollfree.cfm) provides toll-free health information on acquired immune deficiency syndrome, heart disease, diabetes, and many other health-related topics. The organizations linked to this hotline include the American Institute for Preventative Medicine and the American Parkinson Disease Association. Several federal health agency Web sites are listed: Federal Web Locator (http://www.infoctr.edu/fw1); Department of Health and Human Services (http://www.os.dhhs.gov); Administration for Children and Families (http://www.acf.dhhs.gov); Agency for Healthcare Research and Quality (http://www.ahrq.gov/); and the U.S. Food and Drug Administration (http://fda.gov). These sites provide information for consumers and health care providers.

Professional resources provide information on clinical practice management, clinical trials, dissertation abstract databases, grant and funding resources, preventive medicine, and public health.

The student reference category incorporates general resources, such as the American Medical Association (http://www.ama-assn.org), a section on fellowship and residency opportunities (eg, the Accreditation Council for Graduate Medical Education (http://www.acgme.org/About/about.asp) and the Electronic Residency Application Service (http://www.aamc.org/students/eras/) and other resources related to medical schools.

The patient section includes topics and associated links on food and nutrition (eg, American Diabetes Association (http://www.diabetes.org/), U.S. Food and Drug Administration (http://www.fda.gov/), grief and bereavement (eg, MEDLINEplus Health Information (http://medlineplus.gov/), online drug stores (eg, CVS Pharmacy, Eckerd.com), patient education, and support groups. Respiratory & Pulmonary Medicine: An Internet Resource Guide is an excellent supplemental resource to any health-related program of study.

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