

Neonatal Respiratory Disorders, 2nd edition. Anne Greenough MD and Anthony D Milner MD, editors. London: Arnold/Oxford University Press, 2003. Hard cover, illustrated, 550 pages, \$149.50.

Every neonatal intensive care unit (NICU) has a collection of treasured reference materials that are constantly consulted for the details of neonatology practice, review of specific respiratory conditions, and for valuable “pictures” from other experiences. **Neonatal Respiratory Disorders** (second edition) is one such treasured text. I strongly recommend its inclusion in all neonatal intensive care unit libraries, and my copy will be kept in my cache in ours. Contributors to this reference are from both sides of the Atlantic and have made major contributions to our understanding of neonatal lung development and diagnosis and treatment of neonatal pulmonary disorders, including lung imaging, bronchoscopy, pulmonary function testing, clinical assessment, and contemporary clinical management of respiratory illness in preterm and term neonates.

Over half of the text is dedicated to 17 chapters on specific neonatal respiratory conditions, documenting the recent advances in treatment of respiratory distress syndrome and other causes of neonatal respiratory distress; management of bronchopulmonary dysplasia, apnea, pulmonary agenesis, and hypoplasia; other anomalies of lung development; disorders of the diaphragm and thorax; and pulmonary insufficiency resulting from neurologic disease. The text also provides normative data for lung function, blood gas values, and a useful pharmacopeia focused on neonatal pulmonary disorders.

The text, edited by Anne Greenough and Anthony D Milner, provides a scholarly, balanced, and only slightly duplicative presentation by various authors of the development and physiology of the immature and term respiratory system, richly illustrated (in black-and-white) and with numerous schematic illustrations.

The chapter on surfactant, by Robertson and Johansson, provides an updated discussion of surfactant-associated proteins and the results of various “knock out” models, demonstrating the various critical roles of 4

major proteins to surfactant function. However, the genetics of surfactant protein allelic variation is not discussed in any detail.

Lung liquid dynamics and the epithelial secretory and absorptive mechanisms in fetal and early neonatal life are cogently explained. Milner et al detail reflexes controlling respiratory drive and the mechanics of neonatal respiratory control, with a clinical emphasis, including the physiologic control of breathing at birth and the complex changes in cardiovascular adaptation to air breathing. Though the authors discuss the importance of balance between endogenous nitric oxide (NO) and endothelin-1 activity, there is a limited discussion of the ontogeny of NO synthases and their developmental role in the regulation and production of endogenous NO.

The text dedicates a large section to clinical assessment of the newborn with respiratory distress, lung microbiology, histopathology, and imaging (fetal and neonatal lung), with some discussion of the indications for neonatal bronchoscopy. Neonatal function measurements are illustrated with ample discussion of the limitations of each method. The interesting Appendix 1 lists normative values for term infants obtained by Milner using pneumotachography and the esophageal balloon for intrathoracic pressure measurements. I thought this appendix would have been better placed within the chapter on neonatal pulmonary function monitoring.

The chapter on resuscitation at birth—though comprehensive and nicely divided between preparation and equipment choices and techniques including pharmacologic interventions for complicated deliveries—does not present the algorithms recommended by the Neonatal Resuscitation Program and so effectively implemented internationally by the American Academy of Pediatrics. Milner discusses the efficacy of the T-piece device and face mask (such as found in the Neo-Puff). This device has gained widespread use because of its ease of use and capacity to control peak pressures, end-expiratory pressure, inspiratory time, and frequency. However, the more familiar bag-mask ventilation and use of laryngeal mask for difficult intubations are described in detail. Whether Milner’s advo-

cacy for an inspiratory time of 3–4 seconds controlled by the T-piece device will be accepted by all neonatologists resuscitating babies is doubtful, as this technique has not been tested clinically in randomized controlled trials. Because administration of surfactant to infants < 30 weeks in the delivery room has been shown to reduce air leaks and mortality, use of surfactant within the context of resuscitation or associated with administration of continuous positive airway pressure could be discussed in greater detail. (However, in Halliday’s chapter this application is discussed in the section on prophylactic surfactant therapy.) Table 14.3 is somewhat superficial in describing “high risk” deliveries among whom resuscitation might be more likely, and the discussion of medications useful in resuscitation is standard.

Greenough et al describe the specifications of various forms of mechanical ventilation with up-to-date explanations of proportional-assist ventilation, volume guarantee, various forms of patient-triggered ventilation, oscillation, high-frequency jet ventilation, extracorporeal membrane oxygenation, and NO use in the critically ill newborn. The book’s emphasis is on evidence-based comparisons of the various forms of ventilation rather than on biases. Overall, this discussion is among the most concise I have seen. Separate discussions of respiratory function monitoring, blood gas interpretation, and other aspects of intensive care add to the completeness of the text. Somewhat out of place is the chapter on feeding, which is superficial and not of the extraordinary quality of the other chapters. Parker and Greenough present a balanced discussion of chest physiotherapy; however, one neglected subject is the management of neonatal pain or suctioning when applying these modalities. Recent randomized trials using closed suctioning devices—devices that permit maintenance of mean airway pressure during suctioning—are not discussed.

The wealth of this text is in Part 4, which provides the most comprehensive discussion available on neonatal pulmonary disorders. Halliday’s presentation regarding management of respiratory distress syndrome is an excellent review of clinical ev-

idence of the efficacy of various surfactants used for prophylaxis and treatment of surfactant-deficiency states; however, there is no mention of the equivalency of the leucine/lysine-peptide-containing surfactant (Lucinactant) and poractant alfa reported in recent European trials. The chapters on transient tachypnea of the newborn, pneumonia, and air leaks (this chapter is richly illustrated) are excellent resources that should be read by all neonatologists in training and, in some cases, by their mentors. Meconium aspiration and other aspiration syndromes are cogently presented with careful discussion of the newest therapies. The chapters on pleural effluxion, pulmonary hemorrhage, and pulmonary hypertension provide a comprehensive resource for diagnosis and treatment of those conditions. Sosenko, Bancalari, and Greenough summarize the most current thinking regarding the pathogenesis of bronchopulmonary dysplasia and offer rational guidelines for treatment. The discussion of controversies regarding causes and associations of chronic lung disease is quite balanced, and the proposed monitoring and follow-up of infants with this chronic pulmonary disease provide a standard of care for neonatologists, pediatricians, and respiratory therapists. Albert's discussion of neonatal upper airway obstruction and management of laryngeal airway obstructions is a useful reminder that rare conditions still occur and require quick thinking and expert intervention.

Greenough's chapter on pulmonary agenesis and hypoplasia, and additional discussion of abnormalities of lung development such as cystic adenomatoid malformations, lung cysts, lobar emphysema, lymphangiectasis, and pulmonary alveolar proteinosis—all rare conditions—are scholarly presentations that blend histopathology, imaging studies, and differential diagnosis. These chapters, including the discussion of abnormalities of the diaphragm, will be useful resources even for the experienced neonatologist who encounters these disorders infrequently. These chapters have numerous chest radiographs (of varied reproduction quality). Even pediatric radiologists will find these chapters enlightening because of their completeness and extensive review of the imaging literature. The text is rounded out by a discussion of abnormalities of the thoracic skeleton, including osteochondrodysplasias, and a separate discussion of neurologic disorders affecting the cortical,

brainstem, and cranial nerve control of ventilation and the disorders of muscle and the neuromuscular junction that affect respiration.

The second edition of **Neonatal Respiratory Disorders** favorably compares to any recent text focused on neonatal lung disorders. This logical book is a comprehensive review of fetal development, lung diseases in the preterm and term infant, and anomalies of pulmonary development, and it gives a richly illustrated presentation of nearly every condition from Greenough and Milner's vast academic and clinical experience. The book is well worth its relatively high price because of its usefulness in daily practice. The text should become a new standard reference in the library of every neonatal intensive care unit. Though there are a few minor deficiencies, Greenough and Milner have made a tremendous contribution to the field.

Neonatology fellows, respiratory therapists, and even consultant-level neonatologists will find this book a welcome addition. The book offers a comprehensive review of fetal and neonatal pulmonary pathology that is well organized, provides a logical direction for diagnostic evaluation and treatment, and is generally written in a balanced and concise fashion. It is well illustrated, although some of the radiographic images did not reproduce well. Each chapter's reference list is comprehensive and up to date. The inclusion of a drug list was probably redundant, given the many available manuals and Web-based neonatal pharmaceutical references. In the words of Wall Street, this reviewer recommends a "strong buy" for this wonderful text.

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Fundamentals of Airway Management Techniques: A Color Atlas. Vijayalakshmi U Patil MD. Skaneateles, New York: Lotus Publishing (printed by India Printing House, Mumbai, India). 2003. Hard cover, illustrated. 2 Volumes, 575 pages, \$190.

This atlas, which comprises 22 chapters, was completed entirely by the author. At least half of the pages consist of line draw-

ings, photographs (external and endoscopic, patients, and dissections [ie, a cadaver dissection performed to illustrate anatomy or, in this case, a technique]), radiographs, and models done by the author. It begins at the beginning, with chapters covering airway anatomy, airway assessment, preparation of the patient and the equipment for various procedures, and oxygenation and ventilation. Not until Chapter 5 does the author begin to address the actual techniques. She begins with direct laryngoscopy and tracheal intubation, then nasal intubation, and then an entire chapter on confirmation of tracheal intubation. Volume 1 finishes with less typical—but by no means unusual—methods of securing the airway (including the laryngeal mask airway and the esophageal-tracheal Combitube), the use of the rigid bronchoscope (not typical respiratory therapist territory), and transtracheal jet ventilation.

Volume 2 addresses strategies for dealing with more difficult airways. Included here are flexible fiberoptic scopes (both bronchoscopes and laryngoscopes), lighted stylette, use of the Bullard laryngoscope, retrograde intubation, digital intubation, magnetic orotracheal intubation (an innovative technique developed by the author), and indirect laryngoscopy with a dental mirror.

Next is a chapter that is probably unique in texts on airway management, "Extubation Strategies and Tube Replacement." Of course, anyone who extubates should be prepared for the possibility that the extubation may be inappropriate and immediate reintubation will be necessary.

Next comes a strictly anesthesia-directed chapter, on placement of double-lumen tubes, bronchial blockers (new to me), and single-lumen tubes for selective lung ventilation. She closes with a synopsis of complications in airway management, which includes techniques to minimize the occurrence of complications and to deal with them if they occur despite appropriate patient assessment and preparation of both the patient and equipment. She concludes with suggestions on gaining experience with airway management techniques, including the use of manikins, laboratory animals, and actual patients. She gives appropriate consideration to treatment of the animals, as well as to clearance of procedures through the institution's committee on humane care and use of animals.

The text is peppered with aphorisms related to airway management. Among them

are: "Fundamentals never change," "When in doubt, check it out," "Airway management in difficult situations can be a humbling experience," "Light travels in a straight line," "To master a technique, perform the same technique in different patients, not different techniques in different patients," "The patient's well-being should always come before the desire to practice a technique," and, finally, in the chapter on extubation and tube replacement "Any tube is better than no tube."

In a tome of this size it would be astonishing if there were no missteps. In the chapter on transtracheal jet ventilation, the author avers that insufflating high oxygen flow "will provide oxygen but no ventilation and will prevent the buildup of carbon dioxide." There are a couple of typographical errors too, such as "humbling" and "Inadition." And in the chapter on flexible fiberoptic scopes, the author proposes that the endotracheal tube used for flexible fiberoptic endoscopy should be "not larger than a 7-mm tube for adult patients."

When one looks at the entire work, the previous paragraph just picks some very insignificant nits. This book should be in the library of every respiratory therapy education program and of every respiratory therapy service department. The neophyte could use it as an introductory text; the more experienced practitioner could use it to review a seldom-used technique. Although at first the atlas's 575 pages present a formidable mountain to climb, once the therapist begins, he or she will make rapid progress. And the price is more than reasonable for such a complete reference on airway management.

The author of this text clearly knows whereof she speaks from much experience. In addition, she is a professor emeritus of anesthesia, and, even in this enlightened age, women at the full professor level are still few in number. And the title "emeritus" is awarded only to those who are truly deserving; it is not automatic upon retirement from university service. So run, don't walk, to your purchasing office and place your order for this most useful book.

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Pleural Disease. Demosthenes Bouros, editor. (Lung Biology in Health and Disease series, volume 186, Claude Lenfant, executive editor.) New York: Marcel Dekker. 2004. Hard cover, illustrated, 1,044 pages, \$250.

This 1,044-page book, which includes 51 chapters and an index, is one of the most comprehensive texts on pleural disease. Various medical specialists, including pulmonologists, general internists, cardiologists, oncologists, radiologists, thoracic surgeons, and pediatricians are faced with the diagnosis and management of pleural disease.

Each chapter provides a comprehensive, state-of-the-art presentation of various pleural diseases, written by the world's leading authorities. The authors are from renowned medical institutions and from many countries, which gives the book an international perspective. Contributors include Steven Sahn, Veena Antony, John Heffner, Andreas Diacon, Philippe Camus, Paul Van Schil, and Richard Light, to name a few.

The chapters follow a nice, logical scheme; chapter foci include pleural disease, pleural anatomy, pleural space physiology, respiratory function in pleural effusion, imaging of the pleura, utility of ultrasonography, medical thoracoscopy, video-assisted thoracoscopic surgery, transudative and exudative pleural effusions, limitations of pleural fluid tests, and clinical evaluation of patients with pleural effusions. The remainder of the book discusses transudate pleural effusions, empyema/parapneumonic effusions, drug-induced pleural disease, malignant pleural effusions, benign and malignant tumors of the pleura, immunological diseases of the pleura, benign asbestos-related pleural disease, pleural effusions in hematologic disorders, pleural effusions related to human immunodeficiency virus (HIV), pneumothorax, tuberculous pleuritis, pleural effusions encountered in the pediatric population, pleural effusions in pregnancy and gynecologic diseases, pleural disease in the critically-ill patient, and pleural effusions in the setting of pulmonary embolism. Two chapters are devoted to pleural effusions secondary to fungal, nocardial, and actinomycotic infection as well as pleural effusions associated with parasitic infections. Also discussed are rare and iatrogenic pleural effusions such as amyloidosis, uremia, yellow nail syndrome, trapped lung, mediastinal cysts, and radiation injury, and there are chapters devoted to pleural effusions following organ transplantation, chylothorax,

pseudochylothorax, hemothorax, and the management of the undiagnosed and persistent pleural effusion. The concluding chapter is on animal models for ongoing pleural investigation.

Overall, the chapters are concise, well organized, and well written. Each chapter has an up-to-date and extensive reference list at the end. The chapters are well illustrated with appropriate tables that are easily referenced. Several chapters are devoted to the role of imaging techniques, both radiologic and ultrasound, in the diagnosis and management of various pleural diseases. The authors of these chapters wrote a nice review of the subject and provided numerous excellent illustrations, including radiographs, tomograms, ultrasound images, and magnetic resonance images, which have appropriate arrows pointing to the abnormalities.

Diagnosis and management of pleural diseases are well elucidated. There are chapters on thoracentesis, closed pleural biopsy, chest tube thoracostomy, pleural lavage, medical thoracoscopy, and video-assisted thoracoscopic surgery. The chapters follow a logical order, beginning with an introduction, indications, equipment, technique, contraindications, complications, clinical applications, and the limitations of the various procedures.

A substantial portion of the book is dedicated to pleural-space infections. There is a fairly comprehensive review of tuberculosis pleuritis, HIV-related pleural complications, empyema/parapneumonic effusions, and fungal infections. Chapters on those subjects are seldom found in other pleural-disease textbooks and they are an excellent addition to this one.

Malignant pleural effusions (primary or metastatic) are a major cause of morbidity and mortality. Sahn, Froudarakis, and Fournel provide 2 well-written chapters on malignant pleural effusions and pleural effusions associated with lung carcinoma. Benign pleural tumors and mesothelioma are addressed in Chapters 25 and 28. In Chapter 29, Sugarbaker, a pioneer in the development of extrapleural pneumonectomy, discusses that procedure's role in treating diffuse malignant mesothelioma. In that chapter the mortality rates from all the reported series are shown in tables, which can be quickly referenced.

Pleural diseases are frequently encountered in everyday clinical practice in various fields of medicine, so it is important for

most, if not all, clinicians to possess a basic understanding of pleural disease, at least as it applies to their patient population.

Few textbooks can rival the comprehensiveness of **Pleural Disease**. Although the book has some overlap in some subjects, it does improve the overall readability of the book. For practicing pulmonologists about 25% of their consultative work centers on the diagnosis and management of pleural diseases, and most general pulmonary textbooks lack adequate detail in this subject, so practitioners usually rely on time-consuming searches of the medical literature to answer questions about pleural disease. This text provides an excellent reference for the diagnosis and management of common and rare pleural diseases. The chapters are state-of-the-art, comprehensive, and a "must have" for any clinician who is asked to evaluate and manage complex and often difficult-to-diagnose pleural disease cases. The book's intended readership is fairly focused on pulmonary medicine; however, medical oncologists, thoracic surgeons, and general internists would have interest in this book. In summary, I commend Demosthenes Bouros, editor of **Pleural Disease** for his ability to present one of the most comprehensive texts regarding the pleura.

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Bove and Davis' Diving Medicine, 4th edition. Alfred A Bove MD PhD. Philadelphia: Elsevier Science/Saunders. 2004. Hard cover, illustrated, 623 pages, \$84.95.

Now in its fourth edition, **Bove and Davis' Diving Medicine** is a well-respected resource in the field of diving medicine. It is a comprehensive text of diving medicine and physiology starting at first principles with diving physics and building to specialized chapters such as an entire chapter on aseptic necrosis of bone. Eric Kindwall's chapter on the history of diving medicine is a fascinating read from one of the key contributors to the field. **Bove and Davis' Diving Medicine** was first published in 1976, with more of a physiology focus. Over the subsequent editions, more and more clinical information has been included. This newest edition has several important improvements

over the previous versions. Most chapters have been revised and re-organized and new contributing authors have been brought on board. Most notably, there is a new chapter on diabetes and diving by Duke Scott and Allan Marks. Those authors have also included a very useful appendix with a recommended protocol for diabetes management during recreational scuba diving. There is also a separate chapter on medical evaluation for sport diving, the information in which was previously in the chapter on commercial and military diving. Other new additions include new chapters on the kinetics of inert gas and marine poisoning and intoxication. As has always been the aim of the book's editor, each chapter is written by a renowned author or authors in the subject. Each chapter includes a detailed, accurate reference list with recent references.

The stated readership of the book is "physicians who provide care for divers," but the book has a far broader appeal. A wide variety of health care professionals would find this book useful. In fact, there is so much background (eg, on diving equipment, physics, and physiology), a reader with little or no background in diving medicine could still appreciate this book. Correspondingly, in a book of this size (623 pages) some more experienced readers might be disappointed that some of the chapters are not as in-depth as in other larger diving medicine texts.

The fourth edition includes an excellent chapter on "Women in Diving," by Maida Beth Taylor. This fascinating chapter starts by discussing physiologic differences between male and female divers and fetal diving physiology. Taylor then tackles many female-specific clinical concerns, such as endometriosis, contraception, and menstruation, as they relate to diving. Taylor even includes such details as the diving medicine ramifications and relative buoyancy of saline versus silicone breast implants. This chapter also covers the recent Women's Health Initiative study on hormone replacement therapy in post-menopausal women and how it relates to divers.

RESPIRATORY CARE readers may be disappointed by the shortness of the chapter on pulmonary disorders. At 10 pages, it is one of the shortest chapters in the book. The author, Tom Neuman, treats the controversial area of asthma and diving in a debate format. He presents the cases both *for* and *against* asthmatics diving. This debate format is particularly apt for such a contentious area. Neuman addresses the physio-

logic and epidemiologic arguments for both sides very well. This debate is followed up by some general recommendations that are similar to the current recommendations by the British Thoracic Society, with one notable exception: those guidelines recommend against diving with exercise-induced or cold-induced asthma. Neuman's recommendations are more permissive, in that he suggests that divers who pass an appropriate challenge test of cold-induced or exercise-induced asthma should be permitted to dive. The chapter also includes helpful discussions on chronic obstructive pulmonary disease in diving and special tests of the respiratory system.

The editor's aim was to provide comprehensive coverage of the salient areas of diving medicine and physiology. The level of discussion provides a broad appeal, and the topics covered are relevant to many health care professionals. Specifically, I was pleased to see chapters on both free-diving and mixed-gas diving, both of which are rapidly becoming more popular and therefore need separate treatment in a diving medicine text. Moreover, the editor chose to include other topics outside the standard decompression illness realm, such as drowning, hypothermia, and marine animal injuries. The writing style is generally very readable, although the section on bubble physics is relatively technical and I thought probably necessary.

Bove and Davis' Diving Medicine is presented in an attractive, compact format. The price is very reasonable, especially for a text of this quality. The illustrations and figures, presented in black-and-white, are helpful additions to the material presented in the text. Color illustrations would certainly be welcome in certain subjects, especially marine poisoning, which has many pictures of dangerous sea creatures and their consequences such as rashes and envenomations. Black-and-white photographs unfortunately do not adequately illustrate these topics. Naturally, adding color plates would increase the cost of the book, but it would be worthwhile for that chapter at least. From an editorial point of view, there were a few entries in the index that did not correspond to the text. This oversight makes the index somewhat less useful. Overall, the rest of the editing appeared very professional.

In conclusion, the fourth edition of **Bove and Davis' Diving Medicine** builds on a great diving medicine text. It is suitable for a broad range of readers, and is a worthy

addition to the library of any clinician who has an interest in diving medicine and diving-related disorders.

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AccessMedicine.com (<http://books.mcgraw-hill.com/accessmedicine>)

AccessMedicine.com (<http://books.mcgraw-hill.com/accessmedicine>) is a Web site that, for a price, provides a great deal of reference material and other useful services. It was developed by publisher McGraw-Hill and seeks to be a nearly comprehensive reference of textbook-like information.

The site's greatest focus is on internal medicine. Subscribers have access to (1) *Harrison's Online*, a version of the venerated *Harrison's Principles of Internal Medicine*, a general medicine text, (2) *Hurst's The Heart*, one of several respected cardiovascular medicine texts, (3) *The Metabolic and Molecular Bases of Inherited Disease*, (4) *AccessLANGE*, the online version of a collection of Lange handbooks of medical basic science (eg, biochemistry, physiology) and clinical (eg, pediatrics, urology) topics taught to physicians in training, (4) *Current Medical Diagnosis and Treatment*, a topic-arranged collection of chapters that cut across all medical disciplines (eg, breast, ear-nose-throat, poisoning, medical genetics), (5) *Harrison's On Hand*, an internal medicine text formatted for download to a handheld computer such as a Palm, and (6)

Clinical Pharmacology, a drug reference similar to Micromedex.

There are 2 search engines on **AccessMedicine.com**. The search engine for *Clinical Pharmacology* allows you to type the name of a drug (generic or proprietary), but you have to spell it correctly and completely or it will yield no result. The drug search function is useful; it provides a comprehensive list of dosages, forms, and photographs of the drug's appearance. For a drug that I checked there were recently updated entries for adjustment for renal insufficiency. In addition to how to dose for FDA-approved and unapproved indications and clinical pharmacology information, there is also approximate price information. These entries are written and revised by pharmacists, they seem accurate and up to date, and they are very easy to access.

The second search engine allows the user to search the entire site ("Search AccessMedicine") or to search individually any of the first 4 reference works listed above. The search is prompt and gives direct links to the topic. Searching topics this way provides a wide choice of answers—the more detailed physiologic explanations of *Harrison's* and the practical, abbreviated information of the Lange series handbooks. However, if you seek detailed explanations and "how to" advice rather than short summaries, I've found *UpToDate* (another online, subscription-based, clinical information resource) to be more easily understood than the latter material.

AccessMedicine.com is not cheap. The price for 1 year of *Harrison's Online* for an individual user is \$125. The annual price for the Lange *Current Medical Diagnosis and Treatment* clinical handbook series is \$150. A comprehensive subscription to the entire **AccessMedicine.com** package is

\$19,000 for up to 5 users and available to institutions only. In comparison, the cost for a year of *UpToDate* for a single subscriber is \$495, with a renewal cost of \$395. A stand-alone workstation annual subscription for *UpToDate* costs \$1,495 (plus shipping!). A license for a site is not quoted online—you must call, probably best done sitting down.

As one who finds reading extensive material easier in print rather than in online form, I found **AccessMedicine.com** to be easy to navigate and prompt to provide answers. If you misspell a complicated drug name, you're in trouble: typing two-thirds of it won't get you anywhere. The presentation is easy to figure out and read, although some "chapters" (they are quite abbreviated) are truncated mid-page and require you to page down, which entails delay while a new page is loaded. I will not subscribe, because I can find the information for the features most valuable to me (*Harrison's Online* and *Clinical Pharmacology*) in other ways. *Harrison's Principles of Internal Medicine* or the *Cecil-Loeb Textbook of Medicine* can be found in most medical libraries, even small ones, and this basic material doesn't change very often. I can find information on any drug product (albeit not the cost) by trying to spell it at Google.com or on my hospital's paid-for Micromedex site. However, organizations seeking a good general on-line reference who don't want to purchase the book could consider *Harrison's Online* (<http://harrison-s.accessmedicine.com>).

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