Reviews of Books and Other Media. Note to publishers: Send review copies of books, software, and other media to RESPIRATORY CARE, 9425 North MacArthur Blvd, Suite 100, Irving, TX 75063-4706. Attn: Sara J Forgy.

David J Pierson MD FAARC, Section Editor

Books, Software, & Other Media

Natural Therapies for Emphysema and COPD: Relief and Healing for Chronic Pulmonary Disorders. Robert J Green Jr. Rochester, Vermont: Healing Arts Press. 2007. Soft cover, illustrated, 196 pages, $14.95.

This book is, in general, well written, informative, well presented, a convenient size, and easy to read. It has 9 well-organized chapters and 2 useful appendixes. The book starts with essential basics and conventional treatments and then proceeds to natural therapies. Its aim is to help both clinicians and patients who deal with emphysema and chronic obstructive pulmonary disease (COPD) to understand the available natural and alternative therapies.

The well set out introduction covers the impact of COPD, principles of natural health care, and how to use the book. Chapter 1, which deals with the anatomy and physiology, I think is a bit too detailed for the general public, but a good summary. Chapter 2 defines COPD and explains the symptoms and causes. Chapter 3, which focuses on diagnosis and conventional treatments, is well written, especially given how difficult it is to find the correct balance between thoroughness and brevity. I am concerned that after reading this chapter some patients (or a patient's relative) might demand tests that the physician does not deem necessary. About treatments I think the book is a bit too nihilistic, especially with regard to steroid treatment.

Chapter 4 is excellent and I think it will help people quit smoking. Chapter 5, which gives nutrition advice, is also very useful, though I was alarmed at what it said regarding fasting. Chapter 6 is a very thorough overview of dietary supplements in a "holistic" approach, but I am a bit worried that some patients might see taking dietary supplements as an easier approach than eating a well-balanced diet and pursuing a healthy life style.

Chapter 7 details an approach to herbal medicines. I would have liked to see pictures of the herbs. Chapter 8 describes exercises, breathing techniques, and other therapies that are also part of the conventional allopathic armamentarium and will benefit all patients with COPD. The final chapter is on other alternatives and considerations. Appendix 1 lists reliable alternative medicine practitioners.

In summary, this is a valuable book for both the general public and clinicians, and provides an in-depth approach to natural therapies for COPD and emphysema.

Thida Win MD MRCP
Respiratory Medicine
Lister Hospital
Stevenage, Hertfordshire
United Kingdom

The author reports no conflict of interest related to the content of this review.

Miners' Lung: A History of Dust Disease in British Coal Mining. Arthur McIvor and Ronald Johnston. *Studies in Labour History* series. Aldershot, Hampshire, United Kingdom: Ashgate. 2007. Hard cover, 355 pages, $114.95.

This work is part of a series edited by Malcolm Chase of the Society for the Study of Labour History at the University of Leeds, United Kingdom. The series addresses "broad themes in labour history," with a consideration of worker health in the context of society and family, and provides an "international and transnational perspective" to allow reinterpretation of known histories. Other books in this series would also be of interest to a reader investigating mine workers and mine culture (http://www.ashgate.com).

The authors are well established in this area. Johnston is a Reader in History at Glasgow Caledonian University, Scotland, and has published in occupational and labor history. McIvor, a Professor at University of Strathclyde, Glasgow, Scotland, has research interests in the history of work, occupational health, and oral history. His other books include *A History of Work in Britain, 1880-1950* (Palgrave/Macmillan, 2001), *Militant Workers: Labour and Class Conflict on the Clyde, 1900-1950* (John Donald, 1992), *Employers and Labour in the English Textile Industries, 1850-1939* (Routledge, 1988). These 2 authors also collaborated on *Lethal Work: A History of the Asbestos Tragedy in Scotland* (Tuckwell Press, 2000).

Miners' Lung: A History of Dust Disease in British Coal Mining traces the story of the British coal mining industry and the effects on worker respiratory health from the late nineteenth century to the present in South Wales, Scotland, and Northeast England. The book includes oral histories and worker testimony and focuses on the body of the worker and the consequences of illness to his work and family life. The authors state that they wished to present a social history of mining from the point of view of the miner's body and explore the "devastation wreaked upon mining communities by inhaling dust at work." They have sought to address an "evident gap in the historiography of coal mining," namely a failure to integrate industry, trade union, and medical perspectives with the experience of the worker and his illness. The book has 4 parts:

Part 1 describes the authors' methodology, which includes extensive research and oral histories from workers and family members, an occupational hygienist, and litigators.

Part 2 covers medical knowledge about coal workers' pneumoconiosis, the contributions of epidemiology, including the National Coal Board's 25-pit study, and the development of the understanding that bronchitis and emphysema are caused by coal dust inhalation.

Part 3 covers the roles of the state, the National Coal Board, mine owners, and the trade unions in the recognition and prevention of the respiratory effects of working with coal. This section also addresses dust-control strategies and the forces that influenced the establishment and enforcement of standards.

Part 4 includes the perspectives of workers. The oral testimonies cover the nature of the work, the effectiveness of dust-control measures, and the mine culture and its place in the prevailing culture of the period. There is also a chapter on the worker's perspective on disability related to lung disease and coping strategies.

The book will appeal to those interested in the history of respiratory medicine, industrial relations, worker social history, and business history. Professionals involved in worker-protection and the promulgation of regulations and standards, both in develop-

ing and developed economies, at coal mines and in other hazardous industries, would do well to read this book and have it available for reference.

This erudite volume is well organized, clearly written, and is dense with facts, commentary, and interpretation. The writing style is engaging, and, although the chapters can stand on their own, the narrative and history build on preceding sections and are best read in order. The book has a lightweight hard cover, clear print, and clearly presented tables, but no illustrations or photographs except those on the cover. The footnotes are at the bottoms of the pages, which is best for a text that has extensive citations. I did not find any typographical errors.

The work is focused on British history and the regulatory and union climate in the British coal industry. The model of a nationalized industry under the National Coal Board is explored and will provide a contrast and insight for United States readers who are more familiar with an industry in private hands regulated by the Federal Mine Act. This book has a social-history focus, and its most engaging feature, the oral histories, make it a different kind of read than a textbook meant to summarize the evidence in this discipline.

The authors assert that, often, medical history, business history, and labor history have "blind spots," which they have tried to address with a synthesis of those perspectives and the addition of oral history to provide a more complex and multidimensional view. This allows a more balanced view of the role of the National Coal Board, the unions, and the workplace culture, which prioritized production over health. One concept that emerges is the high risk acceptance and machismo that governed the industry. The authors posit that those cultural mores allowed the mine-dust maximum exposure levels to be set to "ensure the continuation of the industry" rather than to prevent illness or achieve a "dust-free" work environment. Furthermore, the accepted dust standard was not focused on preventing the non-pneumoconiosis diseases.

Medical research into mine-dust disease and prevention was driven, even in a time of industry contraction, by the rise of social medicine, the development of the Pneumoconiosis Research Unit, and epidemiologic studies by Cochrane (later, of evidence-based-medicine fame) in the 1950s. For those with an interest in occupational and pneumoconiosis epidemiology, the sections on the development of coal disease studies and early dose-response modeling, case finding, and surveillance are fascinating. Other sections discuss how, even as the science developed, as is often the case in occupational illness, the recognition and acceptance of the occupational causation of pneumoconiosis, emphysema, and bronchitis from coal work underwent prolonged debate that reflected the social and economic pressures at play.

The strength of this book is the oral testimony and its placement into the context of the medical, social, economic climate of the time. For example, Chapter 9, "Breathless Men: Living and Dying With Dust Disease," is evocative and affecting. The personal testimony gives voice to the worker and his experience of being disabled with chronic respiratory illness. The authors give attention to the experience of the worker in his male role as a provider for his family and his loss of independence.

> Work in the British heavy industries under such conditions as prevailed through to the final quarter of the twentieth century was capable both of forging masculinity…and of corroding the very basis of manliness by consuming workers' bodies—their human capital—and removing their capacity to provide for dependants.

The authors present the politicization of workers who sought redress and made efforts to prevent further injury and illness in colleagues. In some people, this organizing and political activism mitigated the experience of social isolation and loss of power that is often associated with disability. Available on the Internet there are other oral histories, including extensive histories of workers in the United States, but this volume offers the commentary, interpretation, and synthesis that make it a valuable resource and addition to this field.

The extensive bibliography and appendix include the names, work titles, locations, interview dates, and year of birth of those who participated in the oral history project, which is archived, with others, in the Scottish Oral History Centre at the University of Strathclyde. Just this listing of names provides a meaningful witness to the lives and deaths of these mine workers and to the numerous workers who continue to be exposed to hazards in various work settings in developing and industrialized nations. Often worker health, especially that of politically disenfranchised workers such as undocumented immigrants, continues to be subordinated to economic expediency and growth.

Feroza Daroowalla MD MPH
Division of Pulmonary, Critical Care, and Sleep Medicine
Department of Medicine
Stony Brook University
Stony Brook, New York

The author reports no conflict of interest related to the content of this review.

Nosocomial Pneumonia: Strategies for Management. Jordi Rello, editor. West Sussex, United Kingdom: John Wiley & Sons. 2007. Hard cover, illustrated, 312 pages, $128.71.

Nosocomial or hospital-acquired pneumonia is a common, serious, and to some extent preventable complication of hospitalization for an initially unrelated problem. The importance of nosocomial pneumonia is reflected by the myriad publications that have described its epidemiology, microbiology, pathophysiology, prevention, treatment, and outcomes. Nosocomial pneumonia also has been the focus of clinical practice guidelines by expert societies, attempts to establish hospital quality benchmarking standards, and pharmaceutical development and marketing efforts. To prevent, recognize, and manage nosocomial pneumonia optimally the clinician must keep abreast of a large and rapidly evolving field of scientific inquiry. The main purpose of this book is to give physicians who care for patients at risk for nosocomial pneumonia a concise and up-to-date reference and management guide, and I would say the book succeeds in that task. It is a concise, well-referenced overview of nosocomial pneumonia, which focuses mainly on the important causative pathogens and clinical settings. The major weakness of the book is that much of the content will be outdated as the field rapidly evolves.

For the most part, the text presumes a fairly sophisticated background understanding of pulmonary medicine, infectious disease, critical care, microbiology and pharmacology. Accordingly, this book is more relevant to physicians and fellows in training and is less suited to other clinicians.

The book begins with a useful list of abbreviations. Next is an "obligatory" chap-

ter that describes healthcare-associated pneumonia. I use the term "obligatory" because of the recently formalized recognition of healthcare-associated pneumonia as distinct from community-acquired pneumonia, and the ongoing controversy about the optimal management of patients with healthcare-associated pneumonia. Unfortunately, there is no introductory chapter on nosocomial pneumonia per se—the focus of the entire book.

Subsequent chapters address prevention, microbiology, pathophysiology, an overall clinical approach, pneumonia due to key pathogens (*Pseudomonas*, *Staphylococcus*, *Acinetobacter*, and fungi), overall management strategies, minimally invasive diagnosis, pneumonia in special populations (trauma and acute respiratory distress syndrome), assessment when treatment response is poor, and recurrent pneumonia. The final chapter addresses costs. These chapters are mostly well executed and thoroughly referenced. Unfortunately, only half of the chapters have any figures or illustrations, some of which, such as an image of invasive aspergillosis, are too grainy to be useful. Others, such as the graphs of antibiotic pharmacokinetic and pharmacodynamic principles, are quite good.

For the most part the authors promote well-accepted and evidence-based concepts about nosocomial pneumonia. The chapter on healthcare-associated pneumonia is sound and draws important distinctions between pneumonia in that population and in other, community-dwelling people. The prevention and pathophysiology chapters are thorough and comprehensive. The chapter on the role of the microbiology laboratory, although focused almost exclusively on ventilator-associated pneumonia, provides a thorough overview of existing data. Including more specific recommendations would strengthen it. I disagree with the book's unsubstantiated claim that commensal organisms are generally of no pathological importance.

The chapter on clinical approach is an important one, but in my opinion it is too brief and does not adequately address the debate over when invasive or noninvasive diagnostic approaches are preferred. The fact that this topic is covered again in a later chapter is not at all presaged. The chapters on causative pathogens are helpful, although I am puzzled by the inclusion of rather extensive discussions of endemic mycoses (exceedingly rare causes of nosocomial pneumonia) in the fungal pneumonia chapter.

The chapters on strategies for optimal antibiotic therapy, minimally invasive diagnosis, and poorly resolving or recurrent pneumonia address important and practical clinical concerns. The chapter on the costs of nosocomial pneumonia contains a helpful introduction to cost analysis and uses real-world examples to examine costs and cost savings.

Overall the book holds together reasonably well. There is some unnecessary redundancy in the introductory paragraphs of several chapters, which may be due, in part, to the lack of a real introductory chapter. The chapters on microbial causes break up the logical connection between the chapters on clinical approach and antibiotic treatment. Similarly, the chapters on trauma and acute respiratory distress syndrome fall inexplicably between the chapters on diagnostic techniques and assessment of resolution. The chapters on special organisms and special settings might work best at the end of the book.

Physically, this first-edition text is an attractive, hard-bound, roughly 18 × 25 cm, 296-page book. The cover is glossy, durable, and appropriately dominated by an illustration of a care provider washing his hands. I'm not sure of the symbolism intended by the person in the background viewing the normal chest radiograph (handwashing prevents pneumonia?). The page stock is thick enough for easy flipping and handling. The font is easy to read and there is effective use of section headers and formatting for emphasis. I did not discover many typographical errors. The author information that should appear on the first page of Chapter 10 was deleted, and Figure 9.1a contains presumably unintended duplicate images of the same computed tomogram. The index is thorough and helpful.

The book has relatively few figures, and I would appreciate more algorithms and flow diagrams, such as in Figures 10.7, 11.2, and 12.1. On the other hand, the references are extensive and well selected.

In summary, this is a useful text that compiles a substantial body of information about nosocomial pneumonia in a convenient source. It should be very helpful to hospital-based physicians, pulmonologists, infectious disease specialists, and intensivists who routinely care for patients with nosocomial pneumonia. It would be useful reading for trainees in those subjects as well. The major strengths of the book are the authoritative international list of contributors and the clear focus on nosocomial pneumonia. Limitations include the lack of an introductory overview, some redundancy between chapters, the broken-up sequence of chapters, and the paucity of illustrations. I expect to refer to this text frequently over the next year or two, but scientific advances and evolving challenges will soon render much of the content outdated.

David R Park MD
Division of Pulmonary and
Critical Care Medicine
University of Washington
Harborview Medical Center
Seattle, Washington

The author reports no conflict of interest related to the content of this review.

Autofluorescence Bronchoscopy. Manfred Wagner and Joachim H Ficker. Bremen, Germany: Uni-Med Verlag. 2007. Hard cover, illustrated, 96 pages, €44.80.

Lung cancer continues to be an important health problem worldwide and has a poor prognosis, mainly because of its biologically aggressive nature and the frequently advanced stage at presentation. Consequently, early detection and treatment might improve prognosis, but diagnosing early-stage lung cancer can be very difficult. Conventional diagnostic methods such as chest radiograph and computed tomography are not effective, and conventional bronchoscopy is sometimes insufficient for the early detection of intraepithelial lesions. Indeed, tumor localization is the most important challenge in early detection of lung cancer in the central airways. Conventional bronchoscopy has only a 30% chance of detecting these cancers, because most of them show only subtle changes of the bronchial mucosa. It is therefore necessary to use more sensitive diagnostic methods for localizing such lesions. Autofluorescence bronchoscopy is an advanced bronchoscopic technique that addresses the limitation of conventional white-light bronchoscopy in detecting intraepithelial and microinvasive or pre-invasive lung cancer lesions of the central airways. Autofluorescence bronchoscopy is more sensitive in detecting both early lung cancer and precancerous lesions such as moderate and severe dysplasia.

The book **Autofluorescence Bronchoscopy** is a well written and authoritative guide

on this topic. Although pocket-sized and just 96 pages, it is comprehensive and provides information about pathological, technical, and clinical aspects of autofluorescence bronchoscopy. The authors are world experts working in important centers in Europe and Japan.

The book has 6 chapters. The first chapter, "Principles of Autofluorescence Bronchoscopy," describes the general features of central type early-stage lung cancer and dysplasia; the need for autofluorescence diagnosis; the development of fluorescence imaging; and the sensitivity, specificity, positive and negative predictive values, and limits of autofluorescence bronchoscopy.

Chapters 2 through 5 describe various autofluorescence systems: Pentax SAFE-3000 (System for Autofluorescence Endoscopy), Olympus Autofluorescence VideoChip Bronchoscope, Storz D-Light, and the Hemer optical catheter and Wolf DAFE (Diagnostic AutoFluorescence Endoscopy) system. The most complete and longest chapter is Chapter 2, on the evolution of the Pentax system, which describes the equipment and gives practical notes, including on the course of examination, tips, and pitfalls. The main results that have been obtained with these systems are also reported.

Chapters 3 through 5 are devoted to the Olympus, Storz, and Wolf DAFE systems, respectively, and include technical notes, results of clinical trials, and discussion.

Chapter 6, which is a very short review about trends in and the outlook for autofluorescence bronchoscopy, comments on several very common views against autofluorescence bronchoscopy.

This book is addressed to bronchoscopists and interventional pulmonologists, but pulmonologists in general and many physicians of other specialties, such as oncologists and thoracic surgeons, will also be interested in earlier diagnosis and visualization of the extent of lung cancer. The clarity of the text and illustrations will also provide generalists and medical students with the necessary background to understand the difficulty of early diagnosis of lung cancer and the help that new bronchoscopic technologies could offer.

The writing is concise and easily readable. The book's many high-quality images accurately illustrate precancerous lesions and early-stage cancer identified via autofluorescence bronchoscopy. Images from both white-light and autofluorescence bronchoscopy of a given bronchial area allow comparison of the 2 modalities, and the images immediately show the advantages of autofluorescence. Several clear tables and figures in each chapter will help readers to comprehend the text's arguments. The tables summarize both technical characteristics of the autofluorescence bronchoscopy systems and the clinical study results. The figures explain general principles of tissue fluorescence and illustrate the several components of the different autofluorescence bronchoscopy systems.

The authors demonstrate that the most recent and sophisticated autofluorescence bronchoscopy systems have had the largest impact on diagnostic bronchoscopy in the last several decades.

I have a few minor criticisms. Some sections of the book are repeated. For example, the principles of autofluorescence is the main subject of the first chapter, but with few differences those principles are also reported at the beginning of some other chapters. Analogously, some clinical trials are cited more times in the volume. This problem is probably related to a poor coordination among the various chapter authors. In general, there are more technical data than clinical data in most of the chapters. Although the technical data are essential for comprehending the subject, and relatively few trials have been published, the clinical implications and the practical usefulness of this technology don't seem extensively elucidated. For example, the potential contribution of autofluorescence bronchoscopy to a complex field such as lung-cancer screening could have been discussed. Lung-cancer screening is a controversial topic, and cost-effectiveness is the main guide for the use of each diagnostic tool. In several studies, sputum cytology and low-dose spiral computed tomography have been found useful, but no screening strategy has been unequivocally demonstrated to reduce lung-cancer mortality. Autofluorescence bronchoscopy could play a role in selected high-risk patients. Similarly, the usefulness of autofluorescence bronchoscopy in the preoperative evaluation and follow-up of patients with resectable lung cancer to eventually identify synchronous and metachronous cancer could be better described.

Despite those minor limitations, this book is useful, well written, and very helpful in comprehending autofluorescence bronchoscopy, which provides new opportunities for early diagnosis of the world's most common cancer.

Leonello Fuso MD
Respiratory Disease Unit
Catholic University
Rome, Italy

The author reports no conflict of interest related to the content of this review.