

tive Lung Disease document in 2001,¹ which proposes a new system of severity classification of COPD and treatment guidelines emphasizing current knowledge in the field, and highlights subjects of knowledge deficit. It is therefore timely and quite appropriate that a major volume covering clinical treatment of COPD should be published. And a major volume it is. **Clinical Management of Chronic Obstructive Pulmonary Disease** is composed of 45 chapters by 93 authors and has 1,072 pages. The topics range from some rather basic science issues, such as the treatment implications of the genetics of COPD, to very practical chapters such as the one covering the general practitioner and COPD. Regardless of whether a chapter deals with research tools or practical medication suggestions, all of the contributions discuss issues related to COPD treatment.

The book opens with a foreword by Dr Gordon Snider, who is a pioneer and authority in this field. This is a well-written overview that sets the stage well for the rest of the authors. I appreciated this piece because it allows the reader to grasp the depth and breadth of the COPD disease process, which has been recognized but not well understood for several hundred years. The balance of the book is divided into 10 parts, which are logical and clearly related. Sections on diagnosis and follow-up are followed by sections on treatments, such as pharmacologic therapies, treatment and prevention of infections, and treatment of associated conditions. In addition there is a section covering approaches to treatment in a number of countries around the world.

One of the major positives of this book is the quality of the authors. Most of them are authorities in their fields, with international reputations. The authors come from 12 different nations. I believe this is a reflection of the international interest and expertise in this field, and the geographic diversity benefits this text. Overall the quality of the writing is very good. Explanation of the basic science and mechanisms is quite clear, and diagrams, data plots, and photographs are used appropriately. For example, the chapter on COPD imaging nicely demonstrates the wide variety of computed tomography scan findings that are seen with emphysema.

The physical layout of the text is well done. The typeface is easily readable and the size of the pages is pleasing. Although the volume is quite thick, I did not feel over-

whelmed by the quantity of text. Diagrams are easily readable and labeled appropriately. The chapters are of a length that can easily be read at one sitting. The index is complete, although not exhaustive for a text of this size.

References for the individual chapters are quite up-to-date. I believe they are also quite complete. The number of references ranges between 60, for the shorter chapters, and 200, for the longer ones. I carefully reviewed the references of the chapters on subjects with which I am most familiar, and found that the references chosen were important contributions to the field and appropriate.

I have one criticism of the book. With the large number of authors there is some overlap in the more closely related chapters. For example, Figure 1 in Chapter 1 appears again in Chapter 4. There is also some repetition in the text. For instance, in Chapter 10, "The General Practitioner and the COPD Patient," there is a segment on inhaled bronchodilators and steroids, and Chapter 15 provides a complete treatise on inhaled steroids, β agonists, and anticholinergic agents, with some similar data and treatment suggestions. If the book is used as a reference (not read through from cover to cover) this repetition should not present a problem. However, this begs the question of how the book will be used. Dr Lenfant (the editor of the series of which this book is a part and also the Director of the National Heart, Lung, and Blood Institute) states that the book should "attract the attention of practicing physicians." I think the book deserves that attention, but at 1,072 pages I cannot imagine a practicing physician will have the time to read it from beginning to end. It is no *handbook*, for residents, fellows, or even practicing pulmonologists. I do believe, however, that it is a reference that can be used to access the current state of knowledge and best practice in specific areas. For example, for data on oral and inhaled steroids for stable COPD the reader can go to Chapter 16, which gives a complete and accurate assessment of this aspect of COPD management, and which can be easily digested in half an hour. Used that way I see an important role for this book for practicing physicians, nurses, and therapists in the community. As an academic physician who sees numerous COPD patients and is involved in clinical investigation of COPD, I find that this work represents an important synthesis of the field. I

will certainly keep it close at hand in my office. I expect that others will also find it valuable.

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REFERENCE

1. Pauwels RA, Buist AS, Calverley PM, Jenkins CR, Hurd SS. Global strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease. NHLBI/WHO Global Initiative for Chronic Obstructive Lung Disease (GOLD) Workshop summary. *Am J Respir Crit Care Med* 2001;163(5):1256-1276. *Respir Care* 2001; 46(8):798-825.

Lung Disorders Sourcebook. Dawn D Matthews, editor. (Health Reference Series) Detroit: Omnigraphics. 2002. Hard cover, illustrated, 657 pages, \$78.

The **Lung Disorders Sourcebook** is part of the Omnigraphics Health Reference Series. This edition provides basic consumer health information about a variety of common pulmonary disorders, their diagnosis, common treatment modalities, and risk factors. Prevention strategies to avoid the acquisition of lung disorders from environmental exposures to radon, asbestos, formalin, and passive smoke are also highlighted. This book is divided onto 6 parts: Introduction; Types of Lung Disorders; Diagnosis; Treatment; Risks and Prevention; and Additional Help and Information. Each part is broken down into chapters devoted to specific disorders, diagnostic tests, therapies, or health risk/prevention. Also included is a comprehensive glossary and resource directories.

Part 1, "Introduction," is divided into 5 chapters. This section commences with a historical view of the lung and includes chapters on lung structure and function, the environment and lung disease, how lung diseases begin, and who can get respiratory failure. This section is very well written, presenting very complex material in a simple, easily digestible, and detailed manner. The author uses line drawings to illustrate respiration, pulmonary circulation, and in-

terstitial and airway disorders. Although the illustrations are used appropriately, they were of poor quality, generally appearing dark and blurred, which made it difficult to differentiate the characteristics the author was attempting to highlight. There is abundant use of definitions to briefly describe common lung disorders. The definitions are concise, very descriptive, and stated in terms a layman can easily understand.

Part 2, "Types of Lung Disorders," contains 35 chapters, each describing a different pulmonary disease. These chapters lack format consistency and provide information in various degrees of detail. Many chapters are reprinted fact sheets, or contain text from standardized educational materials developed by the American Association of Family Practitioners, the National Heart, Lung, and Blood Institute, the National Jewish Medical and Research Center, and the Centers for Disease Control and Prevention. All referenced or reprinted materials cited are dated, and Web addresses are provided. The chapter on histoplasmosis is the most detailed in this section. The format used in this chapter is similar to those found in medical textbooks, complete with peer-reviewed citations. The frequent use of technical terminology may reduce the readability of this chapter for patients and caregivers. There are chapters pertaining to anthrax, asthma, asthma in older adults, bronchopulmonary dysplasia, chronic obstructive pulmonary disease, cystic fibrosis, histoplasmosis, lymphangioleiomyomatosis, primary pulmonary hypertension, respiratory sleep disorders, sudden infant death syndrome, sleep apnea, and sarcoidosis, and the chapters provide detailed information on diagnosis, exposure risks, diagnostic testing, and treatments. Also included are discussions of prevention, protocols for reporting and investigating exposures, a glossary of terms specific to the disease process, morbidity and mortality data, and sources for additional information. Only limited information is provided in the chapters on α -1 antitrypsin deficiency, beryllium disease, bronchiectasis, bronchitis, colds, emphysema, inherited emphysema, influenza, idiopathic pulmonary fibrosis, Legionnaire's disease, lung cancer, pneumonia, psittacosis, pulmonary embolism, respiratory distress syndrome, respiratory syncytial virus, silicosis, tuberculosis (TB), drug-resistant TB, pediatric TB, and upper respiratory infections. An overview is provided of the disease process, associated signs and symp-

toms, diagnostic testing, and a few treatment options, with limited or no additional resource information.

The final chapter in Part 2 is a synopsis of lung disorders not covered by the other chapters in this part. The author presents, in a uniform format, general descriptions, signs and symptoms, treatment options, and complications of actinomycosis, atelectasis, black lung/pneumoconiosis, bronchopneumonia, pleurisy, empyema, pneumothorax, and embolism.

Part 3, "Diagnosis," describes invasive and noninvasive tests commonly used to diagnose pulmonary-related disorders. Eighteen chapters compose this part, each dedicated to an individual test or procedure. Seventeen of these chapters are reprinted from the Yale University School of Medicine's *Patient's Guide to Medical Tests*. Seven invasive tests (arterial blood gas, bronchoscopy, mediastinoscopy, needle biopsy, open lung biopsy, thoracentesis, and thoroscopy) and 11 noninvasive tests (bronchial challenge, body plethysmography, chest radiography, chest tonography, lung scan, mouth pressure test, magnetic resonance imaging, oxygen saturation, peak flow measurement, pulmonary exercise test, pulmonary function test) are described in a consistent format. A simplified description (1–2 sentences) of each test's purpose, preparation, and procedure are provided. Information specific to where the test can be performed (physician office, outpatient clinic, hospital), who performs the test, procedure length, pain and discomfort, special equipment, risks and complications are also included.

The final chapter in this section is dedicated to the meaning of a positive TB test. The author wanders beyond the intended scope of this section (description of diagnostic testing) and comments on treatment options and consequences of poor adherence.

Part 4, "Treatment," is an eclectic collection of chapters that cover a broad spectrum of material, ranging from use and care of a nebulizer to the management of the heart-lung transplant recipient. The chapters contained within this part follow no particular format. The author often combines complex medical terminology and oversimplified information within the same chapter. Many of the chapters provide resource citations for additional information.

Part 5, "Risks and Prevention," provides consumer information for many environmental health hazards. The author thoroughly presents information, in a digestible

manner. Citations for additional resources are especially helpful in this section.

Part 6, "Additional Help and Information," provides an extensive list of national organizations that offer assistance to those afflicted with lung disorders. A glossary of related medical terms is also included in this section.

In summary, the **Lung Disorders Sourcebook** provides concise, easy-to-read medical information for the lay health care consumer. Medical professionals may find the contents helpful to complement treatment or procedure-specific patient information.

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Working in Health Care: What You Need to Know to Succeed. Michael W Drafke EdD. Philadelphia: FA Davis. 2002. Soft cover, illustrated, 210 pages, \$25.95.

Working in Health Care: What You Need to Know to Succeed is a curiously unique book. Though most management texts are directed at individuals seeking to gain management skills or become managers, author Michael Drafke aims his text directly at the converse audience: front-line health care providers who report to managers. Drafke accurately identifies a curricular void in most allied health profession programs—to educate individuals on how to become effective *employees* as well as health care providers. In addressing this void he sets out to accomplish 2 main goals. First, "to produce a book for health care professionals that explains the nontechnical aspects of working," and have "health care workers understand how to work with others and with management." Second, "to get people to read the book," the author chose to write "directly to the reader in a simple, even casual, style." What follows are 13 chapters that address a diverse assortment of topics that emphasize educating health care providers about how the real working world operates, how to get along with co-workers and managers, and identifying and achieving success as an employee.

Because of the diversity of topics addressed in this book the chapters appeared to be randomly organized at first glance, but upon further scrutiny it became apparent that the author intended to progress from gen-