

practices medicine. The text generally gives P_{aO_2} and P_{aCO_2} values in both kPa and mm Hg, although many of the figures show only kPa units.

Most of the authors cite guidelines of various international respiratory societies (eg, European Respiratory Society, American Thoracic Society, World Health Organization, British Thoracic Society) and discuss these recommendations in the text. A good example of a balanced discussion of a condition for which the recommendations from various societies differ is Chapter 38.3, "The Control of Tuberculosis." The differences in standard Mantoux tests in various countries is discussed and general recommendations for preventive therapy in the United Kingdom, Europe, and the United States are all reviewed equally well. However, some chapters, such as Chapter 38.2, "Clinical Features and Management of Tuberculosis," include references from the American Thoracic Society and the United States Centers for Disease Control and Prevention, but the discussion tends towards the British experience. Still others (eg, Chapter 39, "Opportunistic Mycobacterial Infections") focus almost exclusively on British epidemiologic data and British Thoracic Society guidelines.

Taken in total though, this third edition of **Respiratory Medicine** does measure up well against other textbooks of general pulmonary medicine, and its deficits are relatively minor. It is well written and organized in an easy-to-use format. It covers the latest basic science of respiratory medicine and provides very practical and comprehensive clinical information, thus making it an excellent reference for a diverse readership, from trainee to experienced specialist.

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Respiratory Medicine. (PDxMD series)
Philadelphia: Elsevier Science. 2003. Soft
cover, 707 pages, \$39.95.

Respiratory Medicine, a soft-bound volume, is a printed "selection" from an electronic database designed to allow comprehensive, easy-to-use, rapid access to a list of 450 medical conditions and 750 drugs and other therapies. It attempts the Herculean

task of providing primary care physicians a single source of differential diagnosis lists, therapeutic plans, patient education information, and reference centers. The product is a combination of electronic and print media, the former requiring a subscription for access. The text is one of a series by Elsevier, referred to as "PDxMD" and is intended for "use at the point and time of care." Weighing in at 850 g and measuring $2.5 \times 14 \times 22$ cm, it is a bit hefty for use as a portable pocket manual.

Physically attractive, this text is authored by primary care physicians, with specialist consultation. Ultimately written by "professional medical writers," the final editing was by a primary care editor, and it is intended as a tool to meet the needs of the primary care physician in practice. It is organized in a fairly rigid template/outline fashion; the table of contents refers to the sections as "MediFiles" rather than as "chapters." Subjects chosen as MediFiles are selected on the basis of illness category (eg, pharyngitis) rather than symptoms. This approach may generate problems when a patient presents with nonspecific symptoms such as breathlessness, chest pain, or cough. The categories generally occupy 20–30 pages, often resulting in excessive coverage of some subjects, such as pharyngitis and laryngitis. That said, the sections on chronic obstructive pulmonary disease and pulmonary thromboemboli are quite well done. Each MediFile includes 7 subsections, including differential diagnosis, treatment, outcomes, prevention, and resources. Although it lacks an index, there is a "MediFile Roadmap" designed to speed access to the desired specific subject.

This volume, an effort to straddle the space between a multi-volume office or library shelf compendium and the personal digital assistant at the bedside, attempts to join others as new ground is broken in the patient management arena. It incorporates an evidence-based approach and relies for the most part on recognized databases, such as the Cochrane Library, Clinical Evidence, and The National Guidelines Clearinghouse. Aside from the "clinical pearls" that sporadically appear, this volume and series largely abandon the classical "eminence-based" medicine that characterized most previous texts.

Intended to "give you access to just a fraction of available on-line content," the book must perforce be selective. Choice of subjects for inclusion represent a polyglot

ranging from the common (pharyngitis) to the arcane (Wegener's granulomatosis). Since the intended audience is active primary care physicians, inclusion of material generally considered the province of the specialist (eg, acute respiratory distress syndrome, cystic fibrosis, Wegener's granulomatosis) seems of questionable value. On the other hand, infectious pneumonia is covered by 3 MediFiles (atypical pneumonia, bacterial pneumonia, and viral pneumonia) that suffer considerable overlap. Inclusion of antibiotic recommendations duplicates information already provided in other chapters, such as the use of amoxicillin and its companions for acute bronchitis, bronchiectasis, and pneumonia.

I found the "clinical pearls" unnecessary, at times superficial, and an unfortunate abandonment of scientific rigor. In the section on asthma the emphasis on the role of clinical allergy is not reflective of current thinking among pulmonologists who manage adult asthmatics. On the other hand, the "pearls" in the section on chronic obstructive pulmonary disease offer some good evidence-based advice on prescribing supplemental oxygen and advice for screening for nocturnal hypoxemia. Some of the book's advice is confusing, such as on page 184, where it says that oxygen saturation dropping by $> 5\%$ or a P_{O_2} of 10 mm Hg indicates that nocturnal oxygen treatment is warranted. The section on obstructive sleep apnea perpetuates some longstanding myths. For instance, on page 394 endoscopy/laryngoscopy is listed, but it is seldom needed as an investigative test. And on page 398 the therapeutic options list includes uvulopalatopharyngoplasty, which has nearly been abandoned, and protryptilene as drug therapy, which is no longer available. Hormone therapy for post-menopausal women is at best questionable, and L-tryptophan is seldom used, and not at all for sleep apnea.

The book's references are largely up to date, but electronic databases are, of course, more up to date. The *New England Journal of Medicine* recently published an article¹ on a synthetic antithrombotic agent, fondaparinux, that will probably soon replace heparin in the management of pulmonary thromboembolism. Electronic therapeutic databases are readily available, downloadable, and provide frequently updated information. As supplements to a diagnostic database, they are proving both popular and useful.

Overall, the physical quality of the publication is good. The binding and typography are fine, and the color-coding of subsections for quick access and the outline format are useful. The book's deficits include absence of a good index, absence of illustrations, and the book's large size and weight.

This book might best be considered positively as either part of a large, all-encompassing endeavor involving print and electronic media or negatively as an incomplete respiratory compendium doomed to limited use.

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REFERENCE

1. Buller HR, Davidson BL, Decousus H, Gallus A, Gent M, Piovella F, et al. Subcutaneous fondaparinux versus intravenous unfractionated heparin in the initial treatment of pulmonary embolism. *N Engl J Med* 2003;349(18):1695-1702.

Interstitial Lung Disease, 4th edition. Marvin I Schwarz MD and Talmadge E King Jr MD. Hamilton, Ontario, Canada: BC Decker. 2003. Hard cover (with CD-ROM), illustrated, 941 pages, \$175.

Drs Schwarz and King have long been recognized as experts in the field of interstitial lung disease (ILD), and thus it only natural that they should collaborate on a textbook on the subject. **Interstitial Lung Disease** is their fourth such effort and updates the third edition, published in 1998. The text is geared primarily for clinicians, but physiologists, radiologists, and pathologists with specific interest in ILD will also find it a valuable reference. In it, clinicians will find excellent reviews on the approach to a patient with ILD, the pathophysiology of ILD, and the specific clinical entities that constitute the ILDs. Physicians who are interested in the basic science of ILD will be very pleased with the detailed chapters on the mechanisms of ILD. Though some other members of the medical field may not need such a weighty book dedicated to ILD, selected chapters will appeal to certain groups of professionals. Respiratory therapists may find the chapters on the physiology and pulmonary function testing of ILD patients helpful. The chapters on the more common ILDs, such as sarcoidosis and idiopathic pulmonary fibrosis, would be worth reading by all professionals involved with patient care.

The organization of the book follows a logical and easily understood format, and the chapters are appropriately titled for easy reference. Part 1, "Clinical Approaches," provides an overview of clinical, pathologic, physiologic, and radiologic manifestations of ILD. These chapters provide an excellent framework for evaluating a patient presenting with an undiagnosed ILD. One should not be too intimidated by the first chapter on the approach to the evaluation and diagnosis of ILD, which presents 9 lengthy classification tables in the first 4 pages. One of those tables, titled "Clinical Classification of ILD: Occupational and Environmental Exposure Related," contains 40 subheadings under the category of "Hypersensitivity Pneumonitis" alone. However, it is worth reading through these tables; the diligent reader will be rewarded by learning that coptic disease is caused by exposure to mummy wrappings and suberosis is caused by inhalation of mold spores from cork. Readers familiar with the topic will recognize that ILD is a "splitters" disease, and as such, these tables of classification schemas are expected in the first chapter of any book on ILD. Subsequent chapters present a systematic review of various aspects of ILD, such as anatomic distribution and histopathologic patterns of ILD, radiological imaging, pulmonary function tests, and bronchoalveolar lavage fluid findings. Chapter 4, which covers the radiological imaging of diffuse parenchymal lung diseases, contains many excellent chest radiographs and high-resolution chest tomograms that illustrate various findings. However, one of my few criticisms of the text is that the quality of the reproductions is inconsistent, and throughout the book many of the photographs appear "washed out." In addition, readers will wish for color micrographs to better illustrate pertinent histopathology findings. Regardless, as the authors state in their preface, the purpose of Part 1 is to "provide the basis for recognizing the key features that allow a specific diagnosis to be achieved," and that aim is certainly met.

The clinician will probably find Part 2, "Basic Mechanisms," more difficult to read and less relevant to clinical practice. These 6 chapters review such topics as the role of inflammation, alveolar epithelium, cytokines, extracellular matrix, and immunologic events in the pathogenesis of ILD. These chapters are very well written and emphasize advances in understanding of the cellular and molecular biology involved in

the pathogenesis of ILD. The illustrations and figures are very helpful and add to the readability of these chapters. Readers with an interest in the basic science will find these chapters engrossing. Clinicians will definitely want to read the final 2 chapters of this section, which both summarize Part 2 and circle back to clinical relevance. Chapter 12 begins with a very interesting history of the past 20 years of basic science research into ILD and then uses sarcoidosis to describe the current understanding of immunologic events in the development of ILD. The final chapter of this section, "The Future of Medical Therapy for Lung Fibrosis," describes how the improved understanding of fibrogenic mechanisms has suggested potential targets for new therapies. This chapter engenders a sense of optimism that Drs Schwarz and King will be able to report stunning breakthroughs in the treatment of pulmonary fibrosis in their next edition.

Part 3, "Clinical Entities," composes the majority of the book. This is likely to be the most useful section for clinicians. Each of the 18 chapters provides a detailed review of a specific disease entity, including clinical manifestations, radiographic patterns, histopathologic features, and treatment options. The figures, micrographs, and radiographs follow the text well and make the intended points, but again, the reader will wish for color micrographs. Fortunately, in this section the quality of the radiographs is more consistent, and it is very nice to see serial radiographs from the same patient used to illustrate radiographic progression of disease. The chapters on the common ILDs such as sarcoidosis and hypersensitivity pneumonitis are thorough and well written. The chapter titled "Miscellaneous Interstitial Lung Diseases" contains the expected hodge-podge collection of very rare diseases, such as Erdheim-Chester disease. Is the reader familiar with this disease? The chapter also presents a nice discussion of clinical entities more likely to be encountered in clinical practice, such as lymphangitic carcinomatosis and interstitial pneumonitis after bone marrow transplantation. Dr King has contributed an excellent treatise on the idiopathic interstitial pneumonias. Clinicians caring for patients with idiopathic pulmonary fibrosis will be especially interested to read Dr King's discussion of the preliminary data from the much anticipated multicenter randomized, double-blind, placebo-controlled trial of subcutane-