

ical presentation, laboratory/radiographic findings, and diagnosis are presented more thoroughly. The chapters would be strengthened by including some visual aids, such as a typical chest radiograph of community-acquired pneumonia.

The other sections adhere to the same template: an initial overview followed by detailed individual chapters. All the sections suffer similarly from the dearth of pictures, graphs, and tables.

Section IV discusses airways disease, with a justifiably heavy emphasis on asthma and chronic obstructive pulmonary disease. Chapters are devoted to clinical presentation, diagnosis, management, and pharmacotherapy of asthma. The emphasis on patient education in the management chapter is especially worthwhile. There are also 3 chapters on chronic obstructive pulmonary disease, including a discussion of the differences between emphysema and chronic bronchitis, as well as pathophysiology and management. Other chapters discuss pulmonary rehabilitation and the sometimes overlooked bronchiectasis.

Section V is the only portion of the book devoted to critical care; it briefly reviews acute respiratory failure. Acute hypercapnic respiratory failure is discussed primarily from a pathophysiologic perspective, rather than as a specific disease entity. This complex topic is skillfully handled; the section includes a review of the physiology of alveolar ventilation and the alveolar-arterial oxygen difference. Also covered are the importance of relative hypercapnia and the issue of supplemental oxygen contributing to hypercapnic respiratory failure. The next chapter discusses the acute respiratory distress syndrome. The pathophysiology is discussed in detail, and appropriate space is devoted to management. The rationale for positive end-expiratory pressure and low tidal volume is emphasized. Brief chapters on airway management and mechanical ventilation are included, with a discussion of liberation from mechanical ventilation. Finally, oxygen therapy/toxicity and the use of respiratory-therapy protocols are reviewed.

Section VI reviews cardiovascular and thromboembolic disease. The first 3 chapters address venous thromboembolic disease, including epidemiology, diagnosis, natural history, prophylaxis, and treatment. Chronic thromboembolic disease and associated pulmonary hypertension receive a full chapter, as do unusual causes

of embolisms, such as air, fat, and septic emboli. The chapter on pulmonary hypertension (both primary and secondary) includes a discussion of the newest available therapies, such as bosentan, sildenafil, and iloprost. This section concludes with a chapter on heart and lung transplantation, which includes an especially useful table that gives the referral guidelines for selected pulmonary diseases.

Sections VII and VIII are brief and cover congenital, chest wall, and neuromuscular problems. Sick cell disease and cystic fibrosis are the only heritable diseases addressed. Chest wall, diaphragmatic, and neuromuscular disease are briefly discussed. Sleep apnea is reviewed in section VIII. This disorder should receive more thorough coverage, since it is probably underdiagnosed.

Sections IX and X cover environmental/occupational lung disease and immunologic/granulomatous disease, respectively. The importance of exposure history is nicely emphasized with regards to occupational lung disease. A useful table provides specific questions to address with patients when occupational lung disease is under consideration. Another useful chapter in this section discusses the medico-legal aspects of disability evaluation. The chapter on occupational asthma would benefit from discussion of specific causes, such as latex. The section on immunologic/granulomatous diseases is extensive and includes a review of sarcoid, idiopathic interstitial pneumonia, and lupus, among others. The amount of detail is somewhat excessive, particularly given the rarity of several of the conditions, such as pulmonary alveolar proteinosis.

The text concludes with a section on neoplastic disease. This section includes the expected chapters on epidemiology, staging, treatment, and prognosis. It also includes a good discussion of more controversial topics, such as lung-cancer screening. Also provided is a chapter on the vexing solitary pulmonary nodule. Finally, there is a section on less common malignancies of the chest, such as carcinoids, mediastinal malignancies, and pleural tumors.

In summary, this book provides a comprehensive reference guide for the practicing clinician. It is up to date and easy to read. It gives ample detail on virtually every topic in pulmonary medicine, yet does not overwhelm the reader. It would be a wel-

come addition to most personal medical libraries.

**Dee W Ford MD**

Division of Pulmonary and Critical Care  
Department of Medicine  
Medical University of South Carolina  
Charleston, South Carolina

**Q&A Color Review of Respiratory Medicine**, 2nd edition. Stephen G Sapiro MD FRCP, Richard K Albert MD, David Fielding FRACP, Angshu Bhowmik MBBS MRCP. *Q&A Color Review* series. New York: Thieme. 2004. Soft cover, illustrated, 192 pages, \$39.95.

**Q&A Color Review of Respiratory Medicine** is a collection of 211 questions and answers that cover a broad range of topics in pulmonary medicine. The book is designed to cover many of the different clinical problems faced by pulmonologists, with emphasis on common conditions such as chronic obstructive pulmonary disease and lung cancer. The contributing authors cover a wide range of expertise, practice settings, and experience.

The book is written in a question-and-answer format, and each question is independent of the next. Accompanying the questions are color illustrations that provide important clinical information. The illustrations include radiographs, pictures of physical findings, results of diagnostic tests, and images of gross and microscopic pathology. These illustrations are, as the title suggests, the highlight of the book. The care that the authors took in selecting radiographs and images is evident. The graphs and diagrams are simple and easy to understand. The answers to each of the questions are provided on the back side of each page.

The questions are diverse, both in topic and in style. Some questions require simple recognition of a physical-examination finding and a one-word answer. Others are open-ended and require thought and organization prior to answering. This diversity is both interesting and realistic, given that in clinical medicine one is often faced with a similar potpourri of problems when managing a patient. The answers are concisely stated and easy to follow.

The book attempts to cover a broad range of pulmonary topics. Questions range from the management of critical-care issues, such as acute respiratory distress syndrome, to

dental devices used in obstructive sleep apnea. The content is also consistent with the authors' stated goal of emphasizing common clinical problems, given that there are a noticeable number of questions on chronic obstructive pulmonary disease, infectious pneumonias, and pulmonary malignancies. One of the major challenges in organizing a book like this is to strike an appropriate balance between the common problems that all pulmonologists must master and the "fascinomas" and clinical rarities that make medicine so unpredictable and stimulating. **Q&A Color Review of Respiratory Medicine** does a nice job of achieving that balance. The backbone of "bread and butter" cases is complemented by questions and illustrations of rare cases that recapture the reader's interest just when the questions seem to get commonplace.

Despite having a broad range of questions and concise, well-written answers, this book has limitations. The biggest is that it is not comprehensive enough. The topics that are addressed are described to an appropriate level of detail, but this level is far less than one would need to understand a particular disease or problem well, so this book can only be used as a supplement to other more comprehensive texts. To be fair, I think the authors never intended this book to be a comprehensive review. From a practical perspective, however, most health-care professionals are very busy and overwhelmed with the growing list of textbooks, journal articles, and online resources that they do not have time to read. Where, then, does **Q&A Color Review of Respiratory Medicine** fit into all of this? Is it yet another textbook one should add to the pile of things to read if one had the time? I think one of the advantages of this book is that it can be fit into the small openings of a busy professional's schedule. The book is compact and light. Each question is independent of the next. The answers do not take long to read. The illustrations are fun and interesting. Thus, I found it a nice book to have on the bus, while waiting for a colleague, or during a lunch break. Would I use this book to engage in a detailed review of pulmonary medicine? Probably not. Do I find it useful as a fun, educational text I can use during the small breaks that thankfully present themselves during the day? Absolutely.

#### Dong Chang MD

Division of Pulmonary and  
Critical Care Medicine  
Veterans Affairs Puget  
Health Care System  
University of Washington  
Seattle, Washington

**Infection Control in the Intensive Care Unit**, 2nd edition. HKF van Saene, L Silvestri, MA de la Cal, editors. *Topics in Anaesthesia and Critical Care*, Antonino Gullo, series editor. Milan, Italy: Springer-Verlag. 2005. Soft cover, illustrated, 639 pages, \$199.

Infection control and prevention of antibiotic resistance are important issues in the intensive care unit (ICU). Among the various health-care settings, ICU organisms are on top of the resistance pyramid. Considering the exodus of patients from the ICU to other health-care settings, including nursing homes, chronic-care facilities, and the community, the ramifications of spread of antibiotic resistance are tremendous. The spread of antibiotic resistance is like a tidal wave that has its center in the ICU, and the waves are spreading toward the locales to which patients are transferred. The effect of antibiotic resistance is at several tiers, such as the individual, ICU, hospital, other health-care settings, and the community. Everyone who steps into the ICU should be aware of day-to-day measures needed to prevent spread of infection, especially with resistant organisms.

This book is a comprehensive update on infection control and antibiotic resistance in the ICU setting, to help answer some of the outstanding questions and to propose guidelines. Briefly, it defines the extent of the problem of infection control and antibiotic resistance. It establishes clear definitions of the various terms used (eg, carriage and colonization) and describes the antimicrobial agents available. It goes on to discuss infection control, specific infections in ICU subpopulations, and unique considerations in ICU patients.

Section 1 defines the basics of infection control. The first chapter is a good introduction, clarifying commonly used words. It clearly delineates the difference between terms such as carriage, colonization, and overgrowth, some of which can be confused with each other and are used interchangeably. The next chapter focuses on carriage, reviews normal defense mechanisms, and

distinguishes between normal and abnormal flora. The third chapter further expands on these concepts and clarifies the distinction between colonization and infection, specifically in the internal organs, such as the bladder and the respiratory tract, with examples and detailed mechanisms. Normal defense mechanisms and control measures are also reviewed. The fourth chapter discusses (and provides detailed tables on) normal and abnormal hospital flora and the impact of antibiotic resistance.

The chapter on classification of ICU infections provides a different way of looking at this issue. The chapter focuses on the sources of the micro-organisms. This approach deviates from the conventional way of defining infections—community-acquired versus ICU-acquired. The authors of this chapter preferred to classify them as either primary endogenous infections (from flora imported into the ICU by the patient on admission [early infection]), secondary endogenous infections (from flora acquired in the ICU [later infection]), or exogenous infections (abnormal flora, such as *Acinetobacter*, that cause direct infection without prior colonization). This is the proposed explanation for the limitation of existing measures, such as hand-washing and isolation, as they do not control primary endogenous and secondary endogenous infection (85% of the infections in the ICU). This approach to classifying infections necessitates addressing the carrier state by using a program consisting of surveillance cultures and selective digestive decontamination (SDD). This approach is different from conventional wisdom, is not widely practiced in the United States, and is not part of the common guidelines, such as the American Thoracic Society/Infectious Disease Society of America (ATS/IDSA) guidelines for nosocomial pneumonia. The final chapter in this section, on gut microbiology and surveillance samples, defines techniques and qualitative and quantitative details to distinguish the carrier state, overgrowth, and their clinical importance. The authors make an argument for surveillance cultures in addition to infection-related cultures, and they suggest control measures based on a surveillance culture strategy.

Section 2 is a detailed review of existing antibiotics and antifungal agents, including subclasses. This section comprehensively covers available oral and parenteral antibiotics, with details of their antimicrobial spectrum. This is well categorized and subclassified.