author says "using fire safe cigarettes should prevent pediatric thermal injury." Is there really such a thing as a "fire-safe" cigarette? Should a respiratory care book be advocating the use of any kind of cigarette? Generally, though, this section of the book is excellent. I am pleased to see that one of the authors in this section was one of my students some 22 years ago! It is always gratifying when a teacher learns from a former student!

The last section of the book is titled "Neonatal and Pediatric Transient and Ambulatory Care." It contains 2 chapters: "Transport of Infants and Children" and "Home Care." Both chapters are state-of-the-art in describing strategies and equipment used in these environments.

In summary, I think this book is an excellent reference for all practitioners, and especially for those preparing for the National Board of Respiratory Care Perinatal-Pediatric specialty exam. However, the book is more like an encyclopedia than a textbook for respiratory care students. I prefer that a respiratory care textbook contain objectives at the beginning of each chapter, case scenarios or studies so that students can see the material applied to the clinical setting, and discussion questions at the end of each chapter. Indeed, many newer respiratory care textbooks also include interactive CD-ROMs just for this purpose. Again, this is an excellent book for the experienced practitioner but would not be the best one for a respiratory care student.

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Clinicians' Guide to Asthma. Kian Fan Chung MD DSc, with a contribution by Andrew Bush MB BS MA MD. London, United Kingdom: Arnold. 2002. Soft cover, illustrated, 165 pages, $45.

Clinician's Guide to Asthma is clearly meant to be a synopsis of a vast and oftimes overwhelming subject. The text is geared toward the practicing physician on one hand, but the novice researcher or fellow would also benefit from the book in that it would provide a springboard off which to jump into the sometimes murky waters dealing with the pathophysiology and management of asthma. I was impressed at the author's ability to incorporate such a large amount of material into such a compact package.

There are only 8 chapters and 156 pages in this book, with some chapters being easier to read than others. The book is arranged in a logical fashion, beginning with definitions and epidemiology, moving on to clinical diagnosis and assessment, laboratory evaluation, asthma mechanisms, treatment, and management (with a special chapter on infants and children), and ending with a discussion of current and future challenges of asthma.

Chapter 1 is really just a brief overview of the disease, including definitions, clinical presentation, measurement of lung function, and epidemiology, including mortality and economic costs. At the end of the chapter there is also a section dealing with the natural history of the disease, separating children and adults. This chapter and all the subsequent chapters are subdivided into subheadings, making it easy to locate various topics.

Chapter 2 deals with the clinical diagnosis and assessment of asthma, starting with the patient's history and important questions to ask and document. It then moves on to the physical examination and differential diagnosis, since not everything that wheezes is asthma. The differential diagnosis is relatively extensive, with a brief synopsis of each of the differential diagnoses, such as carcinoid or chronic obstructive pulmonary disease. There is a concise segment on when an asthmatic should be referred to a specialist, and a discussion of the various clinical presentations of asthma and classification according to severity.

Chapter 3 deals with the objective evaluation of asthma, such as pulmonary function studies. I found this chapter difficult to follow and somewhat disorganized. There is a reasonable discussion of spirometry and peak expiratory flow and meter readings, followed by a rather scattered discussion of bronchial hyperresponsiveness. The author also includes in this chapter a brief mention of quality-of-life measures available for asthma and an assessment of risk factors such as allergens, briefly covering the most common allergens, such as dust mites, cockroaches, pollen, and cat and dog dander. The end of the chapter has a discussion on airway inflammation and induced sputum, which would have been better placed in the next chapter, which covers the mechanisms of asthma.

Chapter 4, "Mechanisms of Asthma: Risk Factors and Pathophysiology," is one of the more involved chapters in the book, dealing with the research/pathophysiological aspects of asthma. For working on such a vast topic, the author did a good job of condensing the information. This chapter is subdivided into 3 sections, the first of which covers the risk factors for asthma, including atopy and genetic factors, allergen exposure, respiratory infections, respiratory irritants, pollutants, and chronic stress. The second subdivision covers the processes that lead to chronic airway inflammation and airway remodeling. This includes a succinct discussion of various cytokines, their expression in asthma, antigen presentation and release, the immunoglobin E response, and mast cells. Included is a section on the role of immunoglobin E and eosinophils and associated cytokines. For a subject that can be overwhelming and confusing to the novice or non-research-oriented individual, I particularly like that the author included some well done diagrams summarizing the text in an easy-to-follow manner. The third subsection of this chapter involves a dialogue about the underlying pathophysiology of airway wall narrowing and of bronchial hyperresponsiveness. This section also has some clear and informative diagrams discussing transcription factors and inflammatory mediators in asthma, as well as the link between inflammation and abnormal physiology.

Chapter 5 is one of the longest chapters, giving an extensive review of current asthma therapy, dividing the asthma drugs by class, then mechanism of action, pharmacokinetics, available preparations, and adverse effects. This chapter has a number of tables summarizing the text, and the author has included tables of the inhalable corticosteroids and β_2 agonists, with both generic and brand names and the available modes of delivery. The most extensive discussions cover corticosteroids and β_2 agonists, and there are discussions on anticholinergics, theophylline, cromolyn, and anti-leukotrienes. The author cites the potential benefits of these drugs and references some studies with these agents. There is a good discussion on inhaler devices and a brief but very interesting section on immunotherapy and alternative therapies.

Chapter 6 deals largely with the management of asthma. It covers the overall ap-

proach to care using the Global Initiative for Asthma Management and Prevention. It examines the overall plan and aims of asthma management, discussing in a stepwise fashion the important components, avoidance of triggers, and pharmacologic management, with several summarizing diagrams using the British Thoracic Society recommendations. It includes a brief discussion on patient education and self-management and a short comment on asthma during pregnancy and in the elderly. The last few pages of the chapter cover asthma exacerbations—a topic that I think deserves a separate chapter. There is some redundancy in the discussion of pathology, causes, and clinical presentation of patients with acute exacerbations. The treatment section is short, with most of it summarized in several tables drawn form the British Thoracic Society recommendations. The tables cover recognition of a severe exacerbation, management in the hospital, and management after hospital discharge.

Chapter 7 is written by Andrew Bush MBBS, a contributing author who is a pediatric pulmonologist. This is a superbly written chapter covering the differential diagnosis, which is quite different for children than for adults, and emphasizes several times that one must be careful in making this diagnosis in younger children, since there are so many disorders that can mimic asthma. He discusses issues involving airway development, the effect of atopy in infants, and associated pharmacologic therapies in children. There is also a discussion on environmental manipulation in children and special issues with older children, such as growth issues and exercise-induced asthma. Bush covers drug delivery devices for children and psychological issues, including adherence, vocal cord dysfunction, and hyperventilation syndromes. There is a brief mention of severe unresponsive asthma, with a take-home message that children are not "miniature adults" when it comes to asthma, and they should be treated differently.

The final chapter in this book covers the current and future challenges of this disease. It is a brief chapter, commenting on severe therapy-resistant asthma and new approaches to the treatment of asthma, such as interleukin 5 monoclonal antibody, promoting of T helper cell type 1 (Th1) cytokine such as interferon (IFNγ), or interleukin 2, and inhibition of immunoglobin E by using a monoclonal antibody to immunoglobin E, in sum treatment at the molecular level.

In summary, this is a well written text for the most part, and the author has indeed accomplished what he set out to do, which was to provide a thumbprint of asthma for those who do not have the time to read 2-volume texts on the disease. For those getting into research, this is a nice summary of the disease; although it is by no means comprehensive, the important points are covered. There are several caveats, however. This book was written with a British bent, with most of the references being to United Kingdom studies and recommendations from the British Thoracic Society. The commercial names mentioned are European, so an American audience must take that into consideration, although the important features are the same regardless of on what continent one resides. In addition, Chapter 3 is rather confusing and includes some subjects, such as induced sputum, that are not very practical to the clinician in the day-to-day practice of medicine. The third thing I found somewhat annoying was the lack of citations in the text, though there is a bibliography in the back of the book, divided by chapter. It would be more useful to include numbered citations in the text so one could more easily reference information discussed in the chapters.

On the other hand, the book cover is attractive, the illustrations are well done and very informative, the style is concise and clear and quite readable for the most part. The information is accurate considering the book's publication date; however one must remember that there are constant revisions to asthma management, such as the recent revision by the National Asthma Education and Prevention Program stating that there is not enough evidence to support adding a leukotriene modifier or theophylline to inhaled corticosteriods in preference to a long-acting β_2 agonist.

Asthma diagnosis, management, and treatment continue to evolve, but this book would be of value to the clinician who needs a quick but thorough reference to asthma's pathophysiology and management.

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Integrated Cardiopulmonary Pharmacology. Bruce J Colbert MSc RRT and Barb J Mason Pharm D. Upper Saddle River, New Jersey: Prentice Hall. 2002. Soft cover, illustrated, 342 pages, $46.67.

I looked forward to reviewing **Integrated Cardiopulmonary Pharmacology**. Its bright glossy cover and manageable size make for an inviting appearance. Unfortunately, the book's content did not measure up to my expectations.

The authors state in the preface that they aimed to present an integrated approach to cardiopulmonary pharmacology, in part by linking physiologic and pathophysiologic concepts. The authors accomplished this goal through the use of clear, succinct reviews of basic physiology and supporting diagrams. The authors also integrate a fair amount of therapeutics and disease state management. Although most chapters of the book are organized by drug class, the last 3 chapters focus on drug treatment of chronic obstructive pulmonary disease, respiratory infectious diseases, and cardiac arrest.

In the preface, the authors imply that they tried to avoid "dry and highly technical" discussion of pharmacology, in favor of utilizing humor and an informal style that does not "distance the student from the material." I agree that most pharmacology texts are "dry" and sometimes difficult to read, and that many students would appreciate an approachable textbook with improved readability. Still, I found Colbert's and Mason's extremely informal style distracting; the text includes colloquialisms such as, "The long and short of it is . . ." and "You will see some pretty dramatic differences." Chapter 8, "Anti-Infective Agents," contains this clinical pearl: "Unlike Superman, these super-bacteria are not weakened by kryptonite." In addition, the authors sometimes refer to drugs by brand name, but with no capital letter or identification of the generic drug name (eg, "amiodarone can interact significantly with other cardiac drugs, especially the blood thinner coumadin." Chapter 9).

The preface outlines special textbook features, including learning hints, clinical pearls, and, most notably, the supporting Web site, which includes several exciting and innovative features, such as an audio glossary to facilitate correct pronunciations, animations to aid in understanding difficult concepts, and practice quizzes.

There are numerous references to the Web site throughout each chapter, such as in