cellent skills in airway management, and management of the airway still carries the excitement of performing a life-saving procedure.

The authors of this volume share my passion that no patient should suffer harm because of the lack of an airway to conduct oxygen to the alveoli. Although Brendan Finucane and Albert Santora are anesthesiologists, their aim in writing the book was "to disseminate the most up-to-date information to our colleagues on the front lines, not just in anesthesia, but in all disciplines that deal with the airway." They note that the first edition of their book was intended for medical students but that the subsequent editions were written for a target audience that is quite broad, including trainees in anesthesiology, respiratory therapy, nurse anesthesia, emergency medicine technicians, and even seasoned practitioners. This eclectic target audience results at times in a diversity of material that makes the volume less than ideally suited for any of the groups. No anesthesiologist after his first few days of training would need a careful description of a Macintosh versus a Miller laryngoscope blade (Chapter 3), whereas parts of the book seem clearly directed at that specialty (eg, in Chapter 8: "Every anesthesiologist must be prepared to establish a surgical airway if conventional means fail."). Similarly, I was unsure at what group the authors were directing the basic principles of anesthetic and sedative drugs (Chapter 4). The good news is that parts of the book are indeed suitable for each of the groups in their target audience.

The book is eminently readable. I read the entire book in one sitting (a transcontinental airline flight), and much of the critical material could be digested in an evening by a new trainee. The material was generally up to date, and recent references were included throughout. I applaud the authors for revising and updating chapters in addition to adding new ones. A few areas seemed as though they had not been updated, however. Discussions of supplemental oxygen administration omitted any discussion of high-flow devices for administering high oxygen concentrations via face mask. The discussion of the choice of nasotracheal versus orotracheal intubation surprisingly did not include a discussion of the controversy surrounding sinusitis.

In general the book has the nice flow that comes from not being a multi-author compilation of chapters. I did, however, find some of the decisions about chapters a bit curious. Why not have the chapter on evaluation of the airway immediately follow the airway anatomy chapter? And why insert a chapter on mechanical ventilation before discussing the laryngeal mask airway, which has now become such a routine tool? For that matter, it wasn't ever clear why a chapter on mechanical ventilation is included in this book, when all of the other chapters pertain to the airway.

This book has a nice feel to it: it is not too large; it is clear and has numerous illustrations with useful captions; and it is printed with an easily read font. It is a book to be read rather than a reference tome to sit on the shelf. One disappointment was that there were a number of examples of sloppy editing. References are not consistent in style and contain some major errors. One of the most famous references in the airway literature, written by FW Cheney, is listed as being written by "SW Chaney." The notation that the Macintosh laryngoscope is used "especially in colonial countries" seemed dated and Anglocentric (since I doubt they were referring to former French colonies!).

In the preface the authors cite a need for this book because "no other concise, comprehensive textbook [is] available on airway management." I would encourage the authors to consider publishing a *concise* text and to forget about the *comprehensive* goal. A large comprehensive textbook on airway management is available; they should concentrate on being concise. The chapter on airway management in cardiopulmonary resuscitation is more or less straight out of the American Heart Association textbook on advanced cardiac life support, and much of the chapter on the laryngeal mask airway is a reprint of the pamphlet supplied with every laryngeal mask airway. As noted early, certain subjects are addressed in more detail than one would expect for a medical student, respiratory therapist, or trainee in specialties not routinely involved in airway management. Why not consider a much more concise volume directed towards the trainee who requires the basics of airway management? Such a volume could become a staple and be the successor to the classic *Anyone Can Intubate*.[1]

Parts of this book will appeal to all of the different groups cited in the preface, but I believe that all readers will also find material that could have been left out to make for a pithier "how to" book.

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Fungal Infection in the Intensive Care Unit. Rosemary A Barnes and David W Warnock, editors. (Perspectives on Critical Care Infectious Diseases, Jordi Rello, Series Editor) Boston: Kluwer Academic Publishers. 2002. Hard cover, 198 pages, $140.

Fungal infections are a serious problem with intensive care unit (ICU) patients, so a volume dedicated to exploring these important infections and the resultant substantial mortality will be quite important to ICU health care providers. **Fungal Infection in the Intensive Care Unit**, edited by Drs Barnes and Warnock, provides a comprehensive review of the problem in North America and Europe. The book is divided into 5 sections, which highlight epidemiology, risk factors, diagnosis, management, and non-candida infections. Separate attention is given to unique aspects in North American and European population centers. Though the book will be of primary interest to physician intensivists, infectious disease specialists, and medical microbiologists, it should receive attention from all health care providers involved in caring for the sickest ICU patients.

The organization of the text into 5 sections and 10 chapters is quite logical and easy to follow. The first 2 chapters discuss the epidemiology of candida infections in the ICU, highlight the 1980s' growth of the trend to isolate these organisms, and the stabilization of that trend in the 1990s. The authors believe that that stabilization may be due to more widespread use of azole antifungal agents. In the chapter focusing on the North American perspective, it would have been quite helpful to view data in tabular form so that the reader could get a specific understanding of the trends, including

the changing incidence of infections attributable to nonalbicans species such as *Candida glabrata*, *Candida parapsilosis*, and *Candida tropicalis*. Overall, the chapter provides an understanding of the importance of these infections, their contribution to mortality, and the approach to prevention. These first 2 chapters could be improved by including additional data from the early part of the current decade.

In the third and fourth chapters the authors highlight the risk factors for candida infections in the ICU, in both North America and Europe. These chapters provide detailed discussion of risks, including acquired factors such as immunosuppression, prolonged ICU stay, severity of illness, candidal colonization, and the use of total parental nutrition and broad-spectrum antiinfective agents. Breakdown of mucosal or skin barriers that would normally prevent the entrance of these organisms into the blood stream is described. These routes of invasion would include central venous catheters, hemodialysis, burns, and anastomotic breakdown or abdominal leak. The discussion of risk factors focuses on the premise that understanding the risks might lead to prevention, although many of the risks can not be altered by the ICU health care team, including immunosuppression, burns, and the use of invasive lines. Nonetheless, these 2 chapters provide a salient review of the risks of acquiring fungal infections.

The third section (Chapters 5 and 6) provides a detailed discussion of the laboratory diagnosis of fungal infection. The detail of these chapters makes them a wonderful reference for the reader interested in the latest laboratory techniques. The detailed description of laboratory techniques, including growth media and molecular diagnostic techniques, may well be beyond the scope of readers who do not have formal training in medical microbiology. The discussion easily dwarfs the medical school curriculum devoted to mycology. From the perspective of the medical microbiologist, these chapters provide most helpful information for specific identification of species and subtypes, which is important to selecting antimicrobial therapy. Chapter 6 focuses on the clinical diagnosis of fungal infection. Subsections discuss infections of the biliary tract, lung, peritoneum, meninges, endocardium, and urinary tract. The authors are careful to distinguish colonization from true infection.

The seventh and eighth chapters discuss management, with a specific discussion of antifungal therapy. These chapters are already somewhat outdated in that they do not provide detailed discussion of the newer antifungal agents beyond liposomal amphotericin B and fluconazole. For instance, there is no information on caspofungin, which was recently approved for invasive candidiasis in patients intolerant of or resistant to amphotericin B. Caspofungin targets the fungal cell wall in organisms that may be resistant to azole antifungal agents. In a head-to-head comparison of 239 patients treated with caspofungin or amphotericin B, caspofungin was found to be at least as effective for the treatment of invasive candidiasis and candidemia.[1] Also lacking is a detailed discussion of voriconazole, a new azole compound that has been increasingly popular in highly specialized units, such as bone marrow transplant units.

The authors devote portions of the therapy section in the last 2 chapters to discussion of noncandida infections, and in particular a discussion of aspergillus infections, *Fusarium* species, and the zygomycetes. The sections on endemic mycoses and cryptococcosis are relatively superficial and offer only a brief overview; they do not receive serious attention. Lacking in the discussion of aspergillus infections is a review of the newly improved azole antifungal, voriconazole, which is a broad-spectrum tri-azole antifungal agent that has activity against a variety of yeasts and molds, including *Aspergillus* species. A recent report found that voriconazole was superior, offering better survival and fewer adverse effects than the standard approach with amphotericin B.[2] The timing of publication of **Fungal Infection in the Intensive Care Unit** was unfortunate; recent reports have outdated its discussion of treatments.

Overall, this book, under the editorial leadership of Drs Barnes and Warnock, is a solid review of the epidemiology and risk factors for fungal infections in the ICU and a beautifully detailed discussion of the laboratory diagnosis. It should be a nice reference in the library of the ICU health care worker. Unfortunately, the management sections are somewhat outdated and might be of limited value to the current ICU practitioner. Lacking in the book is the use of photomicrographs, which might have enhanced the text, particularly the chapters on diagnosis. Although these limitations are problematic, I believe this book offers an important review of key aspects of the problem of fungal infections in ICU patients. In the realm of therapeutics the reader will need to look elsewhere for up-to-date information.

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