

ample, illustrations of the upper airway and good-quality illustrations of airways are conspicuously missing. Some of the drawings need to be redone. For example, Figure 20–5 is intended to illustrate a double-lumen endotracheal tube, but the drawing does not label the parts, distinguish the 2 lumens, or illustrate its placement in the airway.

Some chapters were brief but adequate, for example, the chapter on invasive mechanical ventilation and the chapter on neonatal and pediatric applications. Each could be represented by independent textbooks of their own; but I found the coverage sufficient for an introduction to these topics.

It was nice to see a chapter on geriatric applications, a subject not commonly covered in respiratory care curricula, but which is gaining more attention. The chapter begins with demographics related to age distribution of the population and makes a good point about the cost of health care: “. . . the burden of escalating health care costs can be especially devastating for [the elderly].” And regarding the Medicare program: “. . . withdrawal of managed care contractors leaves the future of Medicare Managed Care [for the elderly] an uncertainty.”

It was also refreshing to discover chapters on noninvasive ventilation, subacute care, home care, rehabilitation, health promotion, patient education, and management. These sections not only focused on the types of care provided in certain areas but also on issues of reimbursement, patient charges, and billing practices, coding systems, and fiscal issues for department managers. In the management chapter, definitions are provided for terms such as managed care, gate-keeping, and capitation. The human resource management section discusses issues of recruitment, training, and performance appraisal, and includes a sample evaluation tool for competencies for respiratory therapists.

It became obvious as I progressed from one chapter to the next that the contributing authors, almost without exception, were well versed in their specialties and provide very practical information. In the chapter on arterial blood gases, for example, one “Best Practice” item advises that “milking” (squeezing) the capillary sample site can increase the venous component of the sample and should be avoided. This chapter also includes an arterial blood gas puncture procedure and contains advice on quality control and quality assurance when using blood gas machines, and the difference between

the two. All these topics are important in clinical settings and represent the common-sense approach of the authors, which holds true throughout the text.

Ancillary materials for **Foundations of Respiratory Care** include an instructor’s manual and an electronic classroom manager. The instructor’s manual contains the answers for the questions that follow the case studies and the review questions at the ends of the chapters. The electronic classroom manager contains 2 components: a test bank, which contains at least 1,000 multiple-choice questions and an online testing tool, and an electronic image library that holds about 500 illustrations and photos from the text.

This book is readable, comprehensive, timely, and well organized. I’m in awe of the amount of work and time the authors spent in bringing it to market. Judging by those chapters about which I have some knowledge, I found few content or typographical errors. Practitioners, students, and educators should give this book a close look for selection either as a text or a reference. It will be time well spent.

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Respiratory Medicine: An Illustrated Colour Text. Colin D Selby DM. Edinburgh: Churchill Livingstone. 2002. Soft cover, illustrated, 91 pages, \$30.

Respiratory Medicine: An Illustrated Colour Text is one in a series of “illustrated colour texts” by Churchill Livingstone publishers. Proclaimed on the back cover as

an “innovative textbook” incorporating “concise yet comprehensive text, colour photographs and line diagrams, short case histories for self testing, and key point boxes for quick revision,” the book comes up a bit short. Written for undergraduate medical students, mid-level practitioners, and perhaps even primary care physicians, the book should appeal to respiratory therapists and technicians as well. Pulmonary fellows and experienced clinicians are not the intended audience, as manifest by the limited breadth and depth of the material, but may find it useful as a rough template for their own lectures and teaching rounds. The author sets forth in his preface a laudable goal: “I have intended that it illustrates some of the visual appeal, breadth, and challenges of respiratory medicine.” Here he succeeds in providing an engaging introduction to respiratory medicine, though at a mere 91 pages, I suspect most readers will find the overall experience somewhat unfulfilling. Students may chafe at the lack of physiologic detail, and practitioners will probably be frustrated by very general and often vague treatment of therapeutic options. The closing sentence of the introductory paragraph on the management of pneumothorax is illustrative: “Suspicious symptoms such as haemoptysis or preceding breathlessness, especially in women, should raise the possibility of rare but important lung diseases.” The text continues without elaboration to review therapeutic options, including radiographic observation, pleural aspiration, tube thoracostomy, and surgical interventions. To be fair, lymphangioleiomyomatosis and complicating pneumothorax are mentioned in a preceding chapter, but there is no mention of other considerations such as catamenial pneumothorax or Langerhans cell histiocytosis.

The text is logically organized into 5 sections containing 40 two-page units. An introduction, “The Challenges of Respiratory Medicine,” segues to 4 units covering “Structure and Function,” 5 units on “Clinical and Respiratory Practice,” and 28 units grouped under “Respiratory Disease.” A final section, “Special Topics,” includes 2 units that address radiologic techniques and respiratory disease and the elderly. The former nicely outlines the major pulmonary radiographic techniques, though mention of positron emission tomography (PET) scanning is conspicuously absent. The later unit provides little more than a graphic illustration of aging populations in the United King-

dom and a lag in this phenomenon in less developed countries. Units on "Surgical Techniques/Transplantation" and "The Lung in Adverse Environments" are curiously grouped with respiratory diseases rather than with these other "Special Topics."

Three appendices are included but are of dubious value to readers outside of the United Kingdom. The appendix of "Respiratory Services" provides descriptive narratives of various respiratory care team members (eg, respiratory nurse practitioners and respiratory physiotherapists) encountered in Great Britain. "Sources of Support" is an annotated list of mostly United Kingdom-specific respiratory organizations (eg, British Thoracic Society) and Web sites. "Respiratory Tests and Tips" provides thumbnail sketches of a half-dozen techniques, including brachial arterial puncture, peak flow testing, and an antiquated saccharin taste test for bronchiectasis.

Thirty-four brief case histories are distributed throughout the clinically oriented units, and corresponding short discussions conclude the book. For the most part these nicely illustrate salient points or at least foster further thought, but they are too brief and too few to serve as anything more than a cursory study aide.

Well-produced photographs, radiographs, and illustrations are a highlight of the text, though most are a bit small and several bear only parenthetical relevance to the text. On occasion it seemed that the availability of particular choice illustrations, rather than clinical relevance, dictated the narrative content.

From the opening paragraph the experience of reading this book is akin to making teaching rounds with a very accomplished, though perhaps not the most academically rigorous, clinician. The author employs an easy conversational style and his enthusiasm for respiratory medicine is evident throughout. Case studies often pose open-ended questions evocative of the benign "pimping" experienced by generations of medical students and house officers. However, the text is not referenced, and the author's bias is often presented as fact. Although most clinicians may share the author's pessimistic view of mesothelioma, the statement, "Treatment other than symptom palliation has no proven benefit in mesothelioma," is misleading and is, at the very least, contentious. In a similar vein the author's assertion that "Currently available va-

sodilators are of little benefit" in the treatment of primary pulmonary hypertension ignores a large body of evidence demonstrating benefit from calcium channel blockade in selected patients, epoprostenol, and, more recently, bosentan. Though it is conceivable that this bias simply reflects a larger Anglo-American dichotomy regarding expensive therapies, this book is published worldwide and the appropriateness of costly therapies within the context of limited resources should be discussed in an open and forthright manner.

Clinical pearls are scattered throughout the text and should prove useful to the novice clinician, though at least one was so obscure (an association with inhaled "oil seed rape" [did the author mean "rapeseed oil"?) and Wegener's granulomatosis) as to raise questions of adequate editorial review.

Typographical errors are rare and the production quality of the text, photographs, and illustrations is high. The soft cover and binding proved hardy, withstanding repeated openings and about 2 weeks of neglect and high humidity on the front seat of my car during a damp Pacific Northwest winter.

In summary, **Respiratory Medicine: An Illustrated Colour Text** succeeds in a limited fashion. It provides a capable, brief introduction to respiratory medicine and conveys the enthusiasm that attracts practitioners to the field. It may spark the interest of an undecided student, but a morning or two of rounds with an experienced pulmonologist would probably serve the same function and be eminently more memorable. At \$30 one probably wouldn't regret purchase of this book, but after a quick read it would probably languish on the shelf. There are better choices for the undergraduate medical student, mid-level practitioner, respiratory therapist, or primary care physician looking to expand his or her knowledge of respiratory medicine. Readers may well have better books on their shelves or readily available on the wards or in the library. The standard general medicine texts provide greater detail of the pathophysiology and natural history of disease. Popular spiral-bound handbooks of internal medicine and pulmonary disease are often referenced and provide specific guidance for the evaluation and management of respiratory conditions.

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Exercise-Induced Asthma: Pathophysiology and Treatment. Kenneth W Rundell PhD, Randall L Wilber PhD, and Robert F Lemanske Jr MD, Editors. Champaign, Illinois: Human Kinetics Publishers. 2002. Hard cover, illustrated, 266 pages, \$45.

This book is divided into 9 chapters. Chapter 1, "Exercise Pulmonary Physiology In Health," discusses lung mechanics, breathing patterns, and the interactions of the cardiopulmonary system in the healthy subject. Chapter 2, "Incidence of Asthma and Exercise-Induced Asthma" (EIA) covers the demographics of asthma in the general population, athletes, and elite athletes.

Chapter 3, "Pathophysiology of Exercise-Induced Asthma," addresses the underlying mechanisms of EIA. Also discussed are the prevailing theories on EIA. Chapter 4, "Animal Models, Athletes, and the Development of Exercise-Induced Asthma," speaks to the issue of using animal models and to the immediate and late-phase responses and the response to repetitive exposures. Chapter 5, "Role of Allergies in the Provocation of Exercise-Induced Asthma," covers sinus disease and other allergic conditions. This chapter also covers a subject that is both interesting and often misunderstood by the general public: prohibited substances and drug control issues.

Chapter 6, "Asthma: Before, During, and After Exercise," broaches the subject of measuring airway function and pulmonary limitations that occur before, during, and after exercise. Chapter 7, "Diagnosis of Exercise-Induced Asthma in the Athlete," looks at symptom-based diagnosis versus pulmonary function testing and at determining the appropriate exercise challenge to perform.

Chapter 8, "Asthma Treatment and Guidelines," takes a look at pharmacologic, nonpharmacologic, and unconventional therapies. It also deals with prevention and interventions.

Chapter 9, "Asthma Medications As Ergogenic Aids," delves into the interesting area of doping control and ergogenic aids. This chapter also deals with the respiratory system as a limiting factor in exercise and with asthma medications.

The preface indicates the book's intent and readership: "It is the editors' intent that **Exercise-Induced Asthma: Pathophysiology and Treatment** provide the most current scientific information on the topic of EIA, and that it serve as a practical guide for professionals in the medical and health