

monary and systemic markers of lung injury. Chapter 12, "Management of Acute Lung Injury," includes shaded boxes that emphasize certain information, which is a nice feature that I would have liked to see used throughout the book. It is stated that there are no phase II or phase III studies of the prone position, which clearly fails to acknowledge the work of Gattinoni et al.¹ It also seems that the authors' bias enters into the chapter. For example, there is a detailed description of setting PEEP by using a decelerational PEEP approach; to my knowledge there is no evidence to support this, beyond the mathematical analysis previously published by the principal author of the chapter.

Chapter 19 is entitled, "Weaning From Mechanical Ventilation." More emphasis could have been placed on the role of spontaneous breathing trials. It also could have been pointed out that the poorest weaning outcomes have been associated with the use of synchronized intermittent mandatory ventilation. The discussion of extubation criteria does not mention the issues of airway protection and the ability to clear secretions. There could be more discussion of reasons for weaning failure. There is no mention of the weaning guidelines from the collective task force facilitated by the American College of Chest Physicians, the American Association for Respiratory Care, and the American College of Critical Care Medicine.² At the end of this chapter there is a section called "Volume-Reduction Surgery and Transplantation," which seems strangely placed in a chapter on weaning from mechanical ventilation.

Chapters 14–16 relate to respiratory infections. Chapter 14, "Community-Acquired Pneumonia," provides a reasonable overview of the topic. Chapter 15 is entitled, "Nosocomial Pneumonia," but is largely a discussion of ventilator-associated pneumonia. This chapter touches on most of the issues related to ventilator-associated pneumonia but does not discuss the role of in-line suction catheters. Chapter 16, "Infection in the Immunocompromised Patient," provides comprehensive coverage of this increasingly important topic.

Chapter 17, "Pleural Disease," provides a nice discussion of pleural effusions, emphysema, pneumothorax, and bronchopleural fistula. The tables and figures in this chapter are particularly well done and informative. Chapter 18, "Acute Interstitial Lung Disease," is a nice overview of this topic. Chapter 19, "Pulmonary Embolism

and Hypertension," deals almost exclusively with the topic of pulmonary embolism, with virtually no coverage of other causes of pulmonary hypertension.

Chapters 20–22 relate to management and operational topics in respiratory intensive care. Chapter 20, "Organizational Issues in Respiratory and Critical Care," is an editorial making the case for the role of respiratory physicians in the intensive care unit. This discussion is distinctly British, given the common role of pulmonary physicians in critical care units in the United States. Chapter 21, "Ethical Issues in the Intensive Care Unit," provides nice coverage of issues such as withdrawal of care, advance directives, and consent. The final chapter, Chapter 22, is entitled, "Respiratory Failure: New Horizons, New Challenges." In this chapter the book's editors editorialize on a variety of topics, including a lengthy discussion of issues related to management of refractory hypoxemia.

So what is my overall impression of this book? As indicated throughout this review, some parts of the book are good, whereas other parts are lacking. Most topics are not developed in great detail. Moreover, the presentation is often colloquial and anecdotal in nature, as opposed to evidence-based. This certainly cannot be considered a reference text. I suspect that intensivists in the United States will find that the text adds little over available textbooks of respiratory medicine and critical care. Respiratory therapists will find little that is not already found in standard respiratory care textbooks. I think that intensivists and respiratory therapists will be frustrated by the superficial coverage of respiratory-care-related topics in this book.

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Fast Facts—Respiratory Tract Infection, 2nd edition. Robert C Read MD and Donald E Craven MD. (Fast Facts series.) Oxford, United Kingdom: Health Press. 2003. Soft cover, illustrated, 125 pages. £12. \$18.94.

This is a handy little monograph that provides a lot of information in a concise and easily accessible format, for a modest price. The book is intended for physicians, nurses, and medical students, and is indeed suitable for all of those groups. Respiratory therapists would also find this text informative.

The book is organized into 10 chapters, which cover: community-acquired pneumonia; hospital-acquired pneumonia; infective exacerbations of chronic obstructive pulmonary disease; pulmonary tuberculosis; bronchiectasis and cystic fibrosis; pneumonia in immunocompromised patients; human immunodeficiency virus and pulmonary disease; viral pneumonia; biological weapons that cause pulmonary disease; and future trends. Each chapter includes a list of key points and a short list of references at the end. The book includes a glossary of abbreviations, a list of useful addresses and Web sites, a table of generic and brand names of drugs, and an index.

The topics are well chosen and succinctly reviewed. In general the writing style is clear and concise. The text is liberally sprinkled with tables, bullet lists, illustrations, and photographs that enhance readability and strengthen emphasis. The chest radiographs and computed tomograms are reproduced with adequate quality. Each chapter concludes with a list of key points and a short list of key references. The focus is on practical aspects of clinical features, diagnosis, and management, but relevant aspects of epidemiology, pathogenesis, and prevention also are discussed. For the most part the material is accurate and up-to-date. Each chapter can be read in a few minutes and effectively distills the clinically important information on the topic.

Both the authors are specialists in infectious diseases: Dr Read is a professor of infectious diseases at Royal Hallamshire Hospital in Sheffield, England. Dr Craven is chair of the Department of Infectious Diseases at the Lahey Clinic in Burlington, Mas-

sachusetts, and they bring both British and American perspectives to the covered topics. For example, in the chapter on community-acquired pneumonia, reference is made to the treatment recommendations of the British Thoracic Society, the American Thoracic Society, and the Infectious Diseases Society of America. One limitation with this approach is that confusion can arise with regard to drugs and practices that are used in one country but not the other. The authors duly note that rimantidine, used for the prevention and treatment of influenza in the United States, is not available in the United Kingdom. However, they fail to mention that viomycin, an aminoglycoside with second-line activity against mycobacteria, is not available in the United States. Similarly, there is a very nice series of photographs illustrating the grades of cutaneous response to the Heaf test, a multipuncture technique for tuberculin testing that is widely used in the United Kingdom but is not recommended in the United States, because of the unpredictable quantity of tuberculin delivered. A visual aid to the interpretation of the Mantoux test would be of greater value on this side of the "pond."

Physically, the book is sturdy and attractive. The paper is of high quality, the text is legible, and the illustrations are clear. The book has colored margin tabs and text boxes for each chapter, which facilitates navigation through the text. The index is complete and accurate.

The book contains a few errors. Figure 1.1 is labeled as showing right-lower-lobe consolidation, but it actually demonstrates opacification of the right middle lobe. It is incorrectly stated on page 105 that intravenous ribavirin has been successfully used for the treatment of Hantavirus pulmonary syndrome. In fact, ribavirin showed no efficacy for the treatment of Hantavirus pulmonary syndrome in 2 unpublished clinical trials. Mention is made in the final chapter of the *Legionella pneumophila* outbreak in "1966" but the sentinel, namesake epidemic occurred in 1976, during the bicentennial celebration of the American Legion at a Philadelphia hotel.

One can quibble with the authors over a number of issues. Dosages of antibiotics are given for antiviral, antituberculous, and antipneumocystis agents but not for antibacterial drugs. Providing recommendations for antibiotic dosage and treatment duration in a consistent format would be helpful. Some of the references listed are out of date. For

example, the only reference listed at the end of the chapter on pneumonia in immunocompromised patients is Pennington's *Respiratory Infections: Diagnosis and Management*, the 3rd edition of which was published in 1994.

The chapter on community-acquired pneumonia is generally solid but has several minor limitations. The authors recommend a long list of initial studies for patients requiring hospital admission, including cold agglutinins, and acute and convalescent serologies for viruses, *Chlamydia*, *Legionella*, and *Coxiella*. These tests are of practical value in a small minority of cases. Vancomycin is listed as the treatment of choice for pneumococcal pneumonia caused by streptococci exhibiting high-level penicillin resistance, but the available evidence indicates that third-generation cephalosporins such as ceftriaxone and high-dose penicillin are effective against these infections. The treatment of choice in this setting is unknown. This book recommends intravenous erythromycin for confirmed *L. pneumophila* infection, whereas most experts would favor a fluoroquinolone for this indication. The brief discussion of empyema does not mention thoracoscopic drainage as an option. The chapter on viral pneumonias does not include cidofovir or foscarnet as secondary treatment options for cytomegalovirus pneumonia. The discussion of Hantavirus pulmonary syndrome does not mention the characteristic and diagnostically useful hematologic profile of this illness.

Although the book addresses most of the common issues in lower respiratory tract infections, a few important topics are missing. Most notably there is no chapter on fungal infections. Fungi are mentioned briefly in the chapters on human immunodeficiency virus and immunocompromised patients, but they warrant a separate discussion. Chronic and recurrent pneumonias also received little attention. Upper respiratory tract infections are not discussed.

Despite these limitations **Respiratory Tract Infection** succeeds as a user-friendly source of concise information and a practical guide to managing most lower respiratory tract infections.

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Ferri's Clinical Advisor 2003: Instant Diagnosis and Treatment. Fred F Ferri MD. St Louis: Mosby. 2003. Hard cover, illustrated, 1,713 pages, includes CD-ROM, \$99.95.

This book is a quick reference on a wide variety of topics encountered in the care of patients. The text is divided into 5 sections, plus an appendix. Section I briefly describes 615 medical conditions, in alphabetical order, and gives the International Classification of Diseases, Ninth Revision (ICD-9) codes and basics of diagnosis and treatment. Section II outlines the differential diagnosis of 472 common signs and symptoms. Section III contains algorithms for 179 clinical topics, ranging from laboratory-measurement abnormalities to physical examination findings. Section IV discusses laboratory tests and includes normal values, current procedural terminology codes, and interpretation of abnormal results. Section V emphasizes preventive services. Patient teaching guides on a variety of topics are available on the accompanying CD-ROM.

Although the target audience is primary care physicians, Section I will be as useful for respiratory therapists, nurses, medical assistants, or specialists who are looking for a brief description of a disease, symptom, or examination finding with which they are unfamiliar. A respiratory therapist caring for a patient with Bell's palsy will find a concise description of the disease as well as an excellent drawing of the anatomy. The later sections on differential diagnosis and algorithms are better suited to physicians, nurse practitioners, students, and other clinicians.

The book itself is quite large, weighing 8.5 pounds, and is thus not the ideal portable reference. It will be best suited for a primary care practitioner's desk, nurse's station, or respiratory therapist's or respiratory technician's office. Because of the overall organization of the book, initially I had difficulty finding what I was looking for. The guide inside the front and back covers and the detailed table of contents are burdensome. The index, however, is very detailed and can be used exclusively to find needed information. The book contains many excellent, useful anatomical drawings and black-and-white photographs.

The layout of topics in Section I is very user-friendly. Each chapter contains a definition, synonyms, epidemiology, etiology, clinical presentation, differential diagnosis, work-up, treatment, and clinical "pearls" and