plished. Despite focusing solely on the thorax, the authors do an admirable job of providing a complete overview of all topics one may encounter in the intensive care unit regarding surgical care of thoracic trauma.

Each chapter contains black-and-white photographs that are clinically relevant and that clearly identify the illness or injury in question. The photographs are presented and described so that they avoid reader confusion. For example, the photograph on sonographic detection of pneumothoraces clearly identifies the findings of a pneumothorax on the still image, but the description also notes the limitations of the photograph and provides an Internet address at which the reader can see an in-motion sonogram of a pneumothorax. In the book the numerous photographs enhance the explanation of difficult concepts. The chapters also review anatomy and surgical technique, which is important for the practitioner who does not regularly evaluate critically ill or traumatically injured patients but who needs to review the techniques.

The material is presented so that an intensive-care nurse or respiratory therapist could understand the concepts and utilize the themes to assist in improving patient care. The book's charts and tables assist in identifying key concepts. For example, in Chapter 2.2, "Incisions and Approaches," the chart on page 51 is a quick guide to surgical approaches based on the site of the injury. Another example of the book's good use of charts is in Chapter 1.1, in which the authors clearly present the various trauma scoring systems and allow the reader to identify which system best suits his or her practice.

The book is bound in hard cover and is visually appealing. Key concepts are highlighted throughout the text with bold and italic lettering, allowing for easy identification. The photographs are clearly marked with descriptions. The book is offered at a reasonable price.

My only complaint about this overall good text regards the preponderance of typographical errors, starting in the first chapter (eg, on page 3, "filed" should be "field"). However, aside from such minor editing errors, I found no major errors; the algorithms, protocols, and procedural information are precise and accurate throughout the text. Good examples include the discussion of approaches to treating penetrating cardiac injury and the algorithms for ventilator management and weaning.

In summary, **Thoracic Trauma and Critical Care** is an excellent overview of thoracic trauma in the multiply-injured patient. Its concise format and writing allow for quick reference by practitioners and nonpractitioners alike. In achieving its overall goal of covering the critically ill patient with thoracic injury, the text neglects extrathoracic organ systems, which precludes this book from being the sole source of information for students interested in learning about trauma as a whole. Aside from that, though, this text is a good addition to one's library.

Stathis Poulakidas MD
Department of Surgery
Loyola University Medical Center
Maywood, Illinois

Aeromedical Evacuation: Management of Acute and Stabilized Patients. William W Hurd MD MS and John G Jernigan MD, editors. New York: Springer-Verlag. 2003. Hard cover, illustrated, 373 pages, $95.

Aeromedical Evacuation: Management of Acute and Stabilized Patients is a comprehensive text for medical transport. It covers many of the complexities involved in transporting patients by air and addresses both common and specialized aspects of aeromedical evacuation.

The text relies heavily on the military's experience with medical evacuation and transportation, which has long been a military priority. Many medical evacuation and transport techniques and logistics were pioneered during wartime. The majority of this book's contributors are members of the military, and many of the topics focus on military applications, situations, and perspectives. However, the information readily translates to non-military medical transports. The origin and evolution of civilian aeromedical transport are directly linked to military medical transport.

Although the text conceptually centers on aeromedical transport, many of the techniques may be applied to other forms of medical transport.

The book is organized into 3 main parts. Part 1 is entitled "The Need" and describes the history of and need for aeromedical transport. Part 2 is "The Means," chapters that are dedicated to the logistics of transport, such as flight physiology, nursing care, transporting contagious patients, and in-flight emergencies. Part 3 is "The Patients," which covers patient- and disease-specific considerations during transport.

The individual chapters are generally clear, concise, and provide essential information required for effective evacuation and transportation. In summary, this is a comprehensive review that displays the collective experience gained through a long history of aeromedical transportation. The target audience would include anyone with an interest in the subject.

Nader M Habashi MD
Multitrauma Critical Care
R Adams Cowley Shock Trauma Center
University of Maryland
Baltimore, Maryland

Lung Cancer. Frank V Fossella MD, Ritsuko Komaki MD, and Joe B Putnam Jr MD, editors. (MD Anderson Cancer Care Series, Aman U Buzdar MD and Ralph S Freedman MD PhD, series editors.) New York: Springer-Verlag. 2003. Soft cover, illustrated, 316 pages, $59.95.

The latest release in the MD Anderson Cancer Care series, entitled **Lung Cancer**, edited by Drs Fossella, Komaki, and Putnam, reviews the diagnosis, staging, treatment, and recent advances in prevention and early detection of lung cancer. It is a great read, particularly for the respiratory therapist who has an interest in furthering his or her knowledge of lung cancer.

What I enjoyed most about this book is that it provides a multidisciplinary approach to lung cancer, from the perspectives of pulmonary medicine, thoracic surgery, radiation therapy, and medical oncology. MD Anderson Cancer Center is one of the leading cancer centers in the United States, so it is a treat to read the opinions of this group of experts on how they manage this disease. One of the most appealing aspects of the book is that each chapter ends with a table of key practice points that highlight, in one-sentence bullet-items, the salient points made in the chapter.

As a medical director of respiratory care, I was particularly drawn to the chapter on the role of clinical practice guidelines and clinical pathways for the hospital management of lung cancer patients. I believe this chapter would be particularly useful for respiratory therapists who care for lung cancer patients in hospital wards and intensive care units. The chapter in-

cludes preprinted order sheets and a very interesting "pathway to recovery," which is a patient and family guide on what to expect during each day of the hospitalization for lung cancer surgery. As the profession of respiratory care has been at the forefront of respiratory-therapist-driven protocols, this fits nicely into the current state of our art.

My one criticism of this text is that some of its lung cancer treatment recommendations are not evidence-based but instead are the expert opinions of the staff of MD Anderson Cancer Center, and some of their recommendations differ from those in evidence-based guidelines on lung cancer. For example, the MD Anderson Cancer Center experts recommend that patients with locally advanced lung cancer undergo surgery in addition to chemoradiotherapy. Unfortunately, there is not yet sufficient data from a large, multicenter, randomized trial to support that recommendation. Overall, however, such differences in recommendations are infrequent in the text and do little to detract from the main message.

In summary, **Lung Cancer** is an easily readable, practical, relatively comprehensive guide for the diagnosis, staging, and management of lung cancer. It has important information for respiratory therapists and is worthy of a place on your bookshelf.

Gerard A Silvestri MD
Division of Pulmonary and
Critical Care Medicine
Department of Medicine
Medical University of South Carolina
Charleston, South Carolina

Fränkel's Pneumatic Apparatus from
The American Armamentarium Chirurgicum.
New York: George Tiemann & Co; 1879
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