I was initially excited by the inclusion of several chapters that I thought would describe international differences in asthma epidemiology and clinical practice. I found those chapters lacking in depth, however. Some of the international authors did little more than restate basic asthma facts and did little to explain asthma management practices in their countries and regions. It was laudable that the editor attempted to provide an understanding of how various cultures view, are affected by, and respond to asthma, but to truly be of benefit those chapters need to provide substantially more information.

Overall, Silverman et al have offered pediatric clinicians a comprehensive, readable text. I believe that the work updates and substantially adds to the body of literature examining the pathophysiology of childhood asthma and provides clinicians with a framework that can help guide clinical practice.

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Respiratory Control and Disorders in the Newborn is a collection of works by an impressive group of authors representing most of those responsible for our current knowledge about normal and abnormal developmental respiratory control. There are 4 potential target populations for this collection of review articles and discussions. These are, in order of appropriateness: neonatal physicians/clinicians, researchers with a special interest in developmental respiratory control, and neonatal intensive care unit respiratory therapists and nurses.

The book’s content is broad. There are basic reviews that address the morphology of the development of the airway innervation and the neurophysiologic brain stem basis for the gasping/autoresuscitation reflex. There are also clinical discussions of sudden infant death syndrome, bronchopulmonary dysplasia, central hypoventilation syndrome, congenital disorders, and anatomical malformations of the airway. Additionally, several chapters provide important context and background information without which it would be difficult to understand the major topic of most of the chapters, apnea. Those chapters include “Chemical Control of Breathing from Fetal Through Newborn Life,” “Developmental Trend of Sleep Characteristics in Premature and Full-Term Newborns,” “Respiratory Control During Oral Feeding,” and “Metabolic and Ventilatory Interaction in the Newborn.”

The majority of the remaining chapters are in one way or another devoted to the etiology, pathophysiology, diagnosis, and treatment of apnea in the newborn infant, with particular emphasis on apnea of prematurity. Following are short reviews of several of my favorite chapters.

Chapter 5, “Upper-Airway Muscle Control During Development: Application to Clinical Disorders That Occur in Premature Infants,” is a well written, interesting discussion on the possible etiology/pathophysiology of apnea of prematurity, with a mechanistic focus on abnormal upper-airway function during development.

Chapter 11, “Apnea, Bradycardia, and Desaturation: Clinical Issues,” is a concise, straightforward review of the clinical aspects of apnea of prematurity. It is a reasonably well written, complete overview of the problem and a good place to start for the relatively uninformed.

Chapter 12, “Pathophysiology of Apnea of Prematurity: Implications from Observational Studies,” reviews the etiology and pathophysiology of apnea of prematurity. Brief segments focus on the potential role of lung volume changes, feeding and/or reflux, chest wall distortion, hypoxia, ventilatory depression, and anemia.

Chapter 15, “Maturation of Respiratory Control,” provides a perspective that emphasizes the potential importance of sleep state and other respiratory system reflexes on the resolution of apneic episodes in the premature infant.

For the most part the chapters are well organized, written, and referenced. There is considerable redundancy among the chapters on apnea of prematurity, but I found this to be somewhat enlightening since it gives the accurate perception that there is not a particularly clear understanding of this common clinical problem.

In short, I found this to be an excellent, relatively up-to-date collection of articles that address both normal and abnormal developmental respiratory control. There is heavy emphasis on the most common issue, apnea of prematurity. The book should be part of the library of any neonatology or pediatric pulmonary group.

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Nothing can prepare parents for the death of a child. It is, as Barbara Rosof said, the worst loss.1 For mothers and fathers, facing the experience of their child’s severe life-threatening illness is like entering a confusing, unfair, nasty storm. No book, by itself, can part the clouds and let the sun back in. This book does not promise to make the circuitous path through the storm straight and easy, and it does not make the howling wind abate, but it does what it promises to do. It provides shelter from the storm.

Joanne M Hilden and Daniel R Tobin, who are both nationally recognized for their careers in pediatric oncology and end-of-life advocacy, have pooled their considerable talent, clinical expertise, and insight to produce this book. Their unique contribution—and the heart of this work—is their understanding that parents’ suffering and grief begin at diagnosis, not at death. About 75,000 children die in the United States each year, but many times that number are diagnosed with severe life-limiting illnesses. All of those families, regardless of the outcome of their child’s diseases, enter the storm. There are many volumes devoted to dealing with the grief and bereavement of losing a child, but this is the first that is designed to support families while they are in the storm. The book provides practical information and support in a friendly, approachable manner.

The authors acknowledge that there is a risk in preparing parents for the worst possible outcome when, in fact, it may not occur. But the risk is worth taking. Hilden explains that, “the only thing more horrible