

of these chapters are thorough, well-written, and contained information relevant for clinicians. Chapter 26, which covered positron emission tomography (PET), was surprisingly thin, especially given the robust amount of recently published information on PET in lung cancer diagnosis and staging. More information on PET technique, examples of PET/computed-tomography fusion images, and clinically-oriented recommendations (eg, when should PET be used in the work-up of a patient with lung cancer?) should have been included. Chapter 28 is an excellent review of both preoperative and postoperative lung-cancer staging; however, an important subject of controversy that was inadequately addressed is the role of PET in staging mediastinal lymph nodes and PET's value in the context of the current accepted standard: mediastinoscopy. Finally, Chapter 29 should be eliminated, given its narrow scope and the fact that the information in it appears in other chapters.

I am not a surgeon, but I have 3 critiques of Part VI, which addresses surgical aspects. First, Chapter 31, which covers surgery for early-stage non-small-cell lung cancer, was brief, and the interested reader will need to find another text to gain a greater depth of understanding on this subject. Second, although I enjoyed the up-to-date, clear, unbiased discussion on recent trials in adjuvant chemotherapy for resectable non-small-cell lung cancer, the topic is well-covered in Chapter 45 and doesn't belong in this section. Finally, most of the chapters in this part do not contain information on ongoing or future trials in the surgical management of lung cancer.

Parts VII through X focus on radiation therapy, chemotherapy, and multimodality therapy of small-cell and non-small-cell lung cancer. The chapters on radiation therapy (Part VII) are detailed and clearly organized. The chapters on chemotherapy (Part VIII) are also informative, though Chapters 40 and 41, which cover chemotherapy for advanced non-small-cell lung cancer, should really be combined, as they contain essentially the same information. I found the notion of carving out separate chapters for treatment of the elderly ("Non-Small-Cell Lung Cancer in the Elderly: Current Treatment Paradigms," Chapter 42 and "Treatment of Small-Cell Lung Cancer in the Elderly Patient," Chapter 48) original but superfluous, given the overlap with other chapters.

In this edition the editors added a new part on the growing field of interventional pulmonology (Part XII), and one on other thoracic tumors (Part XIII). Part XII addresses palliation and uses special circumstances (malignant pleural and pericardial effusions, hemoptysis, and airway obstruction) to introduce the concepts of electrocautery, laser, stents, photodynamic therapy, and brachytherapy. In Part XIII, the chapters covering thymoma, thymic carcinoma, and malignant mesothelioma are definitely adequate.

Still missing from even this new edition is practical information on the components of a strong multidisciplinary lung-cancer program. It is becoming well accepted that all institutions treating patients with lung cancer should develop a high-quality program that speeds cooperation and communication among the involved subspecialists, to optimize efficiency and patient outcomes. More and more information is becoming available on the components of such programs (eg, the American College of Chest Physicians evidence-based guidelines), and I advise readers to seek out that information.

In summary, this text is a comprehensive, up-to-date review of a rapidly evolving field. The relatively few disappointments I mentioned above are more than made up for by the presentation of quality information by well-selected contributors. This reference belongs on the office shelves of all providers who care for people with lung cancer.

Todd D Freudenberger MD MSc

Lung Cancer Program
Pulmonary and Critical Care Medicine
Overlake Hospital and Medical Center
Bellevue, Washington

Severe Acute Respiratory Syndrome.

Malik Peiris, Larry J Anderson, Albert DME Osterhaus, Klaus Stohr, and Kwok-Yung Yuen, editors. Malden, Massachusetts: Blackwell Publishing. 2005. Hard cover, illustrated, 263 pages, \$110.

Following the worldwide outbreak of severe acute respiratory syndrome (SARS) in early 2003, an abundance of related literature was published in various disciplines, including virology, clinical medicine, pathology, radiology, and even psychology. This book makes a valiant attempt to review and summarize that large literature database, and is aimed at a broad readership.

Some of the basic-science details may not interest clinicians, but the chapters on the history of SARS and the clinical and epidemiological aspects are certainly worthy of note.

The book is well written and organized, in relatively short, easy-to-read chapters, and there is a useful index. It contains very good graphics, which cover pathology, radiology, virology, and clinical epidemiological charts. A large number of authors contributed to the publication, the majority of whom are from Hong Kong, but there are also contributors from other Asian centers, the World Health Organization, the United States Center for Disease Control, and Europe. Many of the contributors are authors of landmark early journal articles on SARS.

The text begins with a detailed account of the origins of the outbreak, predominantly from the perspective of Hong Kong, but with an overview of the global impact. This is followed by several chapters on the clinical aspects, including a detailed discussion on the radiologic findings, with valuable radiological images. A considerable proportion of the book is then devoted to the basic-science aspects, namely the identification of the etiology, the virology of SARS coronavirus and other animal coronaviridae, genome structure, viral diagnostic techniques, and pathology. Several chapters discuss the epidemiology and viral transmission dynamics. The public-health response is covered from the perspective of the outbreaks in Singapore, Hong Kong, and the United States. The book's coverage of infection-control is limited to a relatively short chapter, which unfortunately does not mention high-risk respiratory procedures such as noninvasive ventilation, endotracheal intubation, mechanical ventilation, and bronchoscopy. Chapters on antiviral agents and vaccines follow, concluding with discussions on preparations for a resurgence of SARS and lessons that may be applicable to future viral outbreaks. These last chapters are applicable to current concerns about the potential avian influenza pandemic.

While the book does address many SARS topics, it is lacking in several respects. As a clinician, I can see that the coverage of clinical aspects of SARS is incomplete, and I suspect that the sections on the basic-science and epidemiology are also incomplete. Its focus is clearly not clinical, but the editors, in an attempt to provide an overview of all aspects of SARS, perhaps took on too large a task,

providing inadequate detail in any one section. Furthermore, with the rapid and ongoing research in this field, changes and new developments have occurred since publication. As an example, recent data suggest that the source of SARS may be the horseshoe bat,^{1,2} an animal not mentioned in the discussion on animal reservoirs of the virus.

From a clinical perspective, we know that 20% of patients with SARS required intensive care, 15% needed ventilatory support, and 10% died. This book, surprisingly, has almost no mention of the intensive-care course and management of SARS, and it does not reference the rich literature on this subject.

Patients with SARS pose a risk to health-care workers, but this issue is not addressed. Infection-control precautions are described broadly, but certainly not in sufficient detail that this book can be used a reference source. Another surprising aspect is that none of the contributors are from Canada, which has produced a substantial proportion of the SARS literature; the Canadian perspective on clinical management, infection-control protocols, and public-health aspects would clearly have been a beneficial addition. Despite these deficiencies, this book does provide a very good overview of the SARS outbreak. The discussions, with the benefit of hindsight, clarify many aspects of SARS that I have not previously seen in print.

While the overall text is not specifically directed at the clinician, and certainly not at the respiratory therapist, several chapters are devoted to clinical aspects. The book does provide an interesting overview and further insight into what was happening behind the scenes during the spring of 2003.

Stephen E Lapinsky MD

Intensive Care Unit
Mount Sinai Hospital,
Toronto, Ontario, Canada

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UpToDate in Pulmonary and Critical Care Medicine, Version 13.3. Talmadge E King Jr MD, Peter Barnes DM DSc, Polly Parsons MD, Mark H Sanders MD, editors. Wellesley, Massachusetts: UpToDate. October 2005. \$495 for annual subscription, with updates every 4 months.

A bright and eager 3rd-year medical student ventures down to the emergency department to admit her patient, alongside her intern and senior resident. She interviews the patient, does a complete physical examination, and determines that her patient has pneumonia in the setting of a human-immunodeficiency-virus infection. The team admits the patient, and the 3rd-year student is told to "read up" on her patient. She ponders her options. Should she peruse PubMed, looking for the latest original research? How about dusting off the copy of *Harrison's* in the team's work room? Would the Cochrane report on pneumonia be the next step? Instead, the student ably logs on to the computer and dives in to the cutting-edge database known as UpToDate.

UpToDate has swiftly gained popularity as a collection of reviews that cover a wide variety of subjects. Field experts frequently update UpToDate's reviews on topics from internal medicine to obstetrics and gynecology to pediatrics. With a click of a button, one can search anything as general as "approach to a patient with hypoxia" to the latest on "extracorporeal membrane oxygenation in the adult," complete with references. Each reference is linked to its MEDLINE abstract, which is extremely useful and an easy way to view the primary literature. The target audience is physicians and medical students, but the breadth and depth of topics covered would also be useful for nurses, pharmacists, and respiratory therapists.

Many institutions subscribe to UpToDate, which helps defray the daunting individual cost of \$495 and renewal rate of \$395. If the software is purchased by an individual, the subscriber initially receives 2 CD-ROMs that take approximately 20 min to easily install onto the computer. As a part of the purchase, the subscriber receives 2 updated CD-ROM releases—one every 4 months, for a total of 3 CD releases during the 1-year license period. The subscriber also gets access to the online version, at <http://www.uptodate.com>, for the duration of the subscription, and has the option of receiving versions designed for handheld computers.

UpToDate has versions for Macintosh and Windows platforms. For the Windows version a Pentium-class processor is recommended (processor speed \geq 266 MHz), and it requires Microsoft Windows 98 or later and a minimum of 128 megabytes of random-access memory (RAM). The Macintosh version requires a Power Mac or G3/G4 processor (processor speed \geq 266 MHz), Macintosh operating system OS 8.6 or later, and a minimum of 128 megabytes of RAM. Both systems need 255 megabytes of free hard-drive space, and, to install all of the text, graphics, etc. on the hard drive requires 1.3 gigabytes of free hard-drive space. A CD-ROM drive is also required. To appropriately view the figures and graphics, the computer's monitor should support \geq 800 pixel \times 600 pixel resolution, with at least 256 colors. The version for handheld computers requires Microsoft Pocket PC software, but a version for the Palm handheld is supposed to be released in 2006. I tested the software on a Windows-based laptop computer with a Pentium III 1-GHz processor and 256 megabytes of RAM, and I had no difficulty.

UpToDate is extremely easy and intuitive to use. The first interactive screen has a box in which to type a search term. Anything can be entered into the search box, from a general search of "critical care," which yields over 100 topics related to critical care, to "low-tidal-volume ventilation," which links to a review on "mechanical ventilation in acute respiratory distress syndrome." There is a "Narrow Search" button to conduct a secondary search and refine the search results.

Once the article of interest is found, one click will display it. On the left-hand side of the screen is an outline of the article, the items in which can be clicked to access sections of interest. There is also a "Find" function that can help if you are searching for a very specific topic or question.

The UpToDate reviews are generally well written by physicians in their respective fields. However, they are not complete systematic reviews of the literature or meta-analyses, so the literature-searches conducted for the various reviews are not necessarily comprehensive, and the views presented may represent the author's bias and personal practice.

UpToDate is a "treasure chest" of figures, including drawings, histology slides, and photographs, as well as easy-to-read tables and charts, which come up in a sepa-