

ing and developed economies, at coal mines and in other hazardous industries, would do well to read this book and have it available for reference.

This erudite volume is well organized, clearly written, and is dense with facts, commentary, and interpretation. The writing style is engaging, and, although the chapters can stand on their own, the narrative and history build on preceding sections and are best read in order. The book has a lightweight hard cover, clear print, and clearly presented tables, but no illustrations or photographs except those on the cover. The footnotes are at the bottoms of the pages, which is best for a text that has extensive citations. I did not find any typographical errors.

The work is focused on British history and the regulatory and union climate in the British coal industry. The model of a nationalized industry under the National Coal Board is explored and will provide a contrast and insight for United States readers who are more familiar with an industry in private hands regulated by the Federal Mine Act. This book has a social-history focus, and its most engaging feature, the oral histories, make it a different kind of read than a textbook meant to summarize the evidence in this discipline.

The authors assert that, often, medical history, business history, and labor history have “blind spots,” which they have tried to address with a synthesis of those perspectives and the addition of oral history to provide a more complex and multidimensional view. This allows a more balanced view of the role of the National Coal Board, the unions, and the workplace culture, which prioritized production over health. One concept that emerges is the high risk acceptance and machismo that governed the industry. The authors posit that those cultural mores allowed the mine-dust maximum exposure levels to be set to “ensure the continuation of the industry” rather than to prevent illness or achieve a “dust-free” work environment. Furthermore, the accepted dust standard was not focused on preventing the non-pneumoconiosis diseases.

Medical research into mine-dust disease and prevention was driven, even in a time of industry contraction, by the rise of social medicine, the development of the Pneumoconiosis Research Unit, and epidemiologic studies by Cochrane (later, of evidence-based-medicine fame) in the 1950s. For those with an interest in occupational and pneumoconiosis epidemiology, the sections

on the development of coal disease studies and early dose-response modeling, case finding, and surveillance are fascinating. Other sections discuss how, even as the science developed, as is often the case in occupational illness, the recognition and acceptance of the occupational causation of pneumoconiosis, emphysema, and bronchitis from coal work underwent prolonged debate that reflected the social and economic pressures at play.

The strength of this book is the oral testimony and its placement into the context of the medical, social, economic climate of the time. For example, Chapter 9, “Breathless Men: Living and Dying With Dust Disease,” is evocative and affecting. The personal testimony gives voice to the worker and his experience of being disabled with chronic respiratory illness. The authors give attention to the experience of the worker in his male role as a provider for his family and his loss of independence.

Work in the British heavy industries under such conditions as prevailed through to the final quarter of the twentieth century was capable both of forging masculinity...and of corroding the very basis of manliness by consuming workers’ bodies—their human capital—and removing their capacity to provide for dependants.

The authors present the politicization of workers who sought redress and made efforts to prevent further injury and illness in colleagues. In some people, this organizing and political activism mitigated the experience of social isolation and loss of power that is often associated with disability. Available on the Internet there are other oral histories, including extensive histories of workers in the United States, but this volume offers the commentary, interpretation, and synthesis that make it a valuable resource and addition to this field.

The extensive bibliography and appendix include the names, work titles, locations, interview dates, and year of birth of those who participated in the oral history project, which is archived, with others, in the Scottish Oral History Centre at the University of Strathclyde. Just this listing of names provides a meaningful witness to the lives and deaths of these mine workers and to the numerous workers who continue to be exposed to hazards in various work settings in developing and industrialized nations. Of-

ten worker health, especially that of politically disenfranchised workers such as undocumented immigrants, continues to be subordinated to economic expediency and growth.

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Nosocomial Pneumonia: Strategies for Management. Jordi Rello, editor. West Sussex, United Kingdom: John Wiley & Sons. 2007. Hard cover, illustrated, 312 pages, \$128.71.

Nosocomial or hospital-acquired pneumonia is a common, serious, and to some extent preventable complication of hospitalization for an initially unrelated problem. The importance of nosocomial pneumonia is reflected by the myriad publications that have described its epidemiology, microbiology, pathophysiology, prevention, treatment, and outcomes. Nosocomial pneumonia also has been the focus of clinical practice guidelines by expert societies, attempts to establish hospital quality benchmarking standards, and pharmaceutical development and marketing efforts. To prevent, recognize, and manage nosocomial pneumonia optimally the clinician must keep abreast of a large and rapidly evolving field of scientific inquiry. The main purpose of this book is to give physicians who care for patients at risk for nosocomial pneumonia a concise and up-to-date reference and management guide, and I would say the book succeeds in that task. It is a concise, well-referenced overview of nosocomial pneumonia, which focuses mainly on the important causative pathogens and clinical settings. The major weakness of the book is that much of the content will be outdated as the field rapidly evolves.

For the most part, the text presumes a fairly sophisticated background understanding of pulmonary medicine, infectious disease, critical care, microbiology and pharmacology. Accordingly, this book is more relevant to physicians and fellows in training and is less suited to other clinicians.

The book begins with a useful list of abbreviations. Next is an “obligatory” chap-

ter that describes healthcare-associated pneumonia. I use the term “obligatory” because of the recently formalized recognition of healthcare-associated pneumonia as distinct from community-acquired pneumonia, and the ongoing controversy about the optimal management of patients with healthcare-associated pneumonia. Unfortunately, there is no introductory chapter on nosocomial pneumonia per se—the focus of the entire book.

Subsequent chapters address prevention, microbiology, pathophysiology, an overall clinical approach, pneumonia due to key pathogens (*Pseudomonas*, *Staphylococcus*, *Acinetobacter*, and fungi), overall management strategies, minimally invasive diagnosis, pneumonia in special populations (trauma and acute respiratory distress syndrome), assessment when treatment response is poor, and recurrent pneumonia. The final chapter addresses costs. These chapters are mostly well executed and thoroughly referenced. Unfortunately, only half of the chapters have any figures or illustrations, some of which, such as an image of invasive aspergillosis, are too grainy to be useful. Others, such as the graphs of antibiotic pharmacokinetic and pharmacodynamic principles, are quite good.

For the most part the authors promote well-accepted and evidence-based concepts about nosocomial pneumonia. The chapter on healthcare-associated pneumonia is sound and draws important distinctions between pneumonia in that population and in other, community-dwelling people. The prevention and pathophysiology chapters are thorough and comprehensive. The chapter on the role of the microbiology laboratory, although focused almost exclusively on ventilator-associated pneumonia, provides a thorough overview of existing data. Including more specific recommendations would strengthen it. I disagree with the book’s unsubstantiated claim that commensal organisms are generally of no pathological importance.

The chapter on clinical approach is an important one, but in my opinion it is too brief and does not adequately address the debate over when invasive or noninvasive diagnostic approaches are preferred. The fact that this topic is covered again in a later chapter is not at all presaged. The chapters on causative pathogens are helpful, although I am puzzled by the inclusion of rather extensive discussions of endemic mycoses (ex-

ceedingly rare causes of nosocomial pneumonia) in the fungal pneumonia chapter.

The chapters on strategies for optimal antibiotic therapy, minimally invasive diagnosis, and poorly resolving or recurrent pneumonia address important and practical clinical concerns. The chapter on the costs of nosocomial pneumonia contains a helpful introduction to cost analysis and uses real-world examples to examine costs and cost savings.

Overall the book holds together reasonably well. There is some unnecessary redundancy in the introductory paragraphs of several chapters, which may be due, in part, to the lack of a real introductory chapter. The chapters on microbial causes break up the logical connection between the chapters on clinical approach and antibiotic treatment. Similarly, the chapters on trauma and acute respiratory distress syndrome fall inexplicably between the chapters on diagnostic techniques and assessment of resolution. The chapters on special organisms and special settings might work best at the end of the book.

Physically, this first-edition text is an attractive, hard-bound, roughly 18 × 25 cm, 296-page book. The cover is glossy, durable, and appropriately dominated by an illustration of a care provider washing his hands. I’m not sure of the symbolism intended by the person in the background viewing the normal chest radiograph (hand-washing prevents pneumonia?). The page stock is thick enough for easy flipping and handling. The font is easy to read and there is effective use of section headers and formatting for emphasis. I did not discover many typographical errors. The author information that should appear on the first page of Chapter 10 was deleted, and Figure 9.1a contains presumably unintended duplicate images of the same computed tomogram. The index is thorough and helpful.

The book has relatively few figures, and I would appreciate more algorithms and flow diagrams, such as in Figures 10.7, 11.2, and 12.1. On the other hand, the references are extensive and well selected.

In summary, this is a useful text that compiles a substantial body of information about nosocomial pneumonia in a convenient source. It should be very helpful to hospital-based physicians, pulmonologists, infectious disease specialists, and intensivists who routinely care for patients with nosocomial pneumonia. It would be useful reading for trainees in those subjects as well. The major

strengths of the book are the authoritative international list of contributors and the clear focus on nosocomial pneumonia. Limitations include the lack of an introductory overview, some redundancy between chapters, the broken-up sequence of chapters, and the paucity of illustrations. I expect to refer to this text frequently over the next year or two, but scientific advances and evolving challenges will soon render much of the content outdated.

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Autofluorescence Bronchoscopy. Manfred Wagner and Joachim H Ficker. Bremen, Germany: Uni-Med Verlag. 2007. Hard cover, illustrated, 96 pages, €44.80.

Lung cancer continues to be an important health problem worldwide and has a poor prognosis, mainly because of its biologically aggressive nature and the frequently advanced stage at presentation. Consequently, early detection and treatment might improve prognosis, but diagnosing early-stage lung cancer can be very difficult. Conventional diagnostic methods such as chest radiograph and computed tomography are not effective, and conventional bronchoscopy is sometimes insufficient for the early detection of intraepithelial lesions. Indeed, tumor localization is the most important challenge in early detection of lung cancer in the central airways. Conventional bronchoscopy has only a 30% chance of detecting these cancers, because most of them show only subtle changes of the bronchial mucosa. It is therefore necessary to use more sensitive diagnostic methods for localizing such lesions. Autofluorescence bronchoscopy is an advanced bronchoscopic technique that addresses the limitation of conventional white-light bronchoscopy in detecting intraepithelial and microinvasive or pre-invasive lung cancer lesions of the central airways. Autofluorescence bronchoscopy is more sensitive in detecting both early lung cancer and precancerous lesions such as moderate and severe dysplasia.

The book **Autofluorescence Bronchoscopy** is a well written and authoritative guide