

**Living With Your Heart & Lungs.** Stanley L Bryant CRT AS-CIS GSCS and Glen Obst CRT. Self-published by the authors. Soft cover, 2008, 148 pages, \$24.50.

In almost any area of life, there's nothing like having a great reference book at your elbow: *The Elements of Style* by Strunk and White, *The Reader's Digest New Complete Do-It-Yourself Manual*, a vintage Baedeker guide to Paris, Pizzetti and Crocker's 2 fat volumes on flowering plants, *The Joy of Cooking* or Julia Child plus Harold McGee (or, better, all 3). I must have at least 15 feet of shelving given over to books like that—not one of them even close to being outstripped by Google or Wikipedia.

In a lifetime of using my 15 feet of references, I have never really thought about them this way, as a sort of writing genre, like the novel or the memoir. That was before I started trying to make sense of **Living With Your Heart & Lungs**, by Bryant and Obst. Here was a new reference book that was clearly relevant to me (I've been living with chronic obstructive pulmonary disease [COPD] for 10 years, the last 2 on oxygen 24/7), and that seemed to include quite a lot of information. And yet I found it almost impossible to use. What was it that good references had and this one so clearly lacked?

To be truly useful, any reference book needs to share certain characteristics with those classics on my shelves. It must first of all be comprehensive—that is, in its own terms. *The Elements of Style*, at 92 pages, doesn't pretend to be the *Chicago Manual of Style*, at 984 pages; its intent is to serve the casual writer, the high school sophomore with a term paper due. But it is all the style book that that writer—or most of us—will ever need, whence its 52 years in continuous print.

Within its comprehensiveness, though, a good reference also has to be easy to navigate. It must be organized in some consistent pattern, so the reader recognizes hierarchies and associations of information. A good cookbook doesn't list soups alphabetically, main courses by ethnic origin, and desserts by calories-per-serving. It chooses one system and sticks to it. Similarly, its recipes will all be organized the same way, typically with a brief introduction first, then

a list of ingredients, the cooking procedure, and serving instructions. If one recipe shows "1 onion, chopped," but another only "1 onion" and leaves the chopping for the procedure section, there's a reason, and that, too, is applied consistently. Readers may not even notice the distinction, but if it breaks down, they'll notice that, if only subconsciously—and distrust the book a little as a result.

Information also has to be easily retrievable. This is partly a matter of navigation aids within the text: consistent use of subheads, bullet points, bold-face type, capitalized words, et cetera. A good table of contents helps, too: one that includes the subsections of each section or chapter. Still more, though, a good reference needs a good index: one that anticipates readers' needs. "*Hemerocallis*" must be cross-indexed as "Daylilies" because many readers won't know the Latin name. Cinch bugs may or may not be cross-indexed as "*Blissus leucopterus*," but they should certainly appear under "lawn pests" and "insects" and maybe even "bugs." The indexer has to ask, how is the reader going to try to look this up? and then anticipate as many of the ways as possible.

Above all, a good reference needs what writers call a consistent "voice." Strunk and White, although their subject is how to write English well, rarely use grammarian lingo like "subjunctive" or "prepositional." Julia Child demystifies French cooking in part by being playful about it, suggesting, for instance, that novice cooks try flipping a pan full of dry beans as practice before trying to make an omelet. At the other extreme, readers of the *Quarterly Review of the Chemical Society* probably understood 2 contributors, named Jain and Seshadri, when they wrote that, "Isolation, though in poor yield, of 3:5 dimethylphloracetophenone (LXXX-VIa) during nuclear methation of phloracetophenone 64, 67 therefore indicates the possibility of dialkylation before pyrone ring-closure in the evolution of 6:8 dimethylchromone derivatives" (a passage recorded by novelist EM Forster, "to remind me of the extent of the English language").

Whatever its tone—professorial or chummy, avuncular or icily detached—a book's voice—its vocabulary and tone—

implicitly recognizes a particular relationship with the reader. This means, of course, that the writer knows who the intended reader is. Jain and Seshadri knew they were addressing post-docs in chemistry. Julia Child, at least in *Mastering the Art of French Cooking*, published in 1961, wrote for an American home cook with no knowledge of European ingredients or cooking techniques: someone for whom a soufflé would be an adventure.

The art of writing a great reference book—indeed, of writing almost anything more than a shopping list—is not how much you know: it's how well you understand what your intended reader knows and will want or need to know. A friend once said that the only thing he knew about marketing was all you needed to know: "It's not about your grass seed; it's about their lawn." Likewise with a reference book.

So where did **Living With Your Heart & Lungs** lose me? Its table of contents lists 12 chapters that seem logical enough: an introduction to "cardiopulmonary and anatomy"; patient assessment; diseases and treatment; medications; surgical procedures; home health care, respiratory equipment, and cleaning; hazards and dangers; conversion charts; "What I Should Know"; "Questions for My Doctor"; legal documents and forms; and death and dying. Each chapter, though, is organized differently than the one before. Even sections within chapters diverge the same way, so that respiratory medications are listed by brand name (Advair, Combivent) and presented in a chart, whereas cardiac medications, which follow immediately behind, are listed alphabetically by function (eg, anticoagulants, angiotensin-converting-enzyme [ACE] inhibitors) with brand names buried in the blocks of text after each. The reader has to look up heart pills one way, COPD inhalers another.

Compounding the problem, almost none of the brand names appears in the index. But then, very little else does either. Leafing through the book, I kept finding relevant bits of information, but disconnected and almost impossible to find again without going back through whole chapters, page by page, often searching for no more than a sentence.

Leaving aside the intended reader for a moment, it seems that as this book came together, no one was advocating for any reader at all. This is clear as early as page 2, where an annotated drawing of the trachea requires the reader to turn the page to find out what most of the annotations mean. The useless index is only the final example of many.

But the book does have—or says it has—an intended reader: the patient with a chronic heart or lung ailment. It is, says the cover, “a comprehensive and informative reference, in words mom and dad, grandma and grandpa will understand.” A line of bolder script just above that says the same thing louder: “A book gran and gramp can grasp.” Nice alliteration, but did no one notice how patronizing that sounds? For the first few pages, the concept holds, despite maybe telling gran and gramp more about the trachea than they needed to know, and making them flip pages back and forth to learn it.

Once past the anatomy, however, the focus blurs. For instance, the second page of chapter 2, “Patient Assessment,” is headed “Auscultation,” a word I had to Google to be sure I was right about what it meant. The context makes that fairly clear, but why use it, or describe more than a dozen respiratory sounds for gran and gramp, who are unlikely ever to listen to anyone’s breathing, least of all their own, through a stethoscope? The authors suggest that, “If you put your fingers in your ears and breathe deeply, that is similar to the sounds we listen to hear,” but that is simply not so. And even if gran and gramp could hear their own breathing that way, what standard of comparison would they have? Right after the sound effects come jargon words for breathing speeds and patterns (eg, bradypnea, hyperpnea, Cheyne-Stokes), with good illustrations but nothing about what any of them means.

A central 46-page chapter on diseases and treatments lists the diseases alphabetically, which is fine, except that in doing that, and trying to be comprehensive, it forces gran and gramp to bushwhack, in the “P” section alone, through such rarities as psittacosis, Pickwickian syndrome, and paracoccidioidomycosis (a mucous membrane infection suffered mainly by South American coffee workers) to find the entries they’re really looking for, on, say, pleurisy or pneumonia. Surely some differentiation was possible here.

I also question the relevance, for 99% of the target readers, of such entries as scoliosis, myasthenia gravis, or severe acute respiratory syndrome (SARS). And why, in a manual for gran and gramp, include descriptions of bronchopulmonary dysplasia, congenital diaphragmatic hernia, epiglottitis, sudden infant death syndrome, and at least a half-dozen other ailments almost exclusive to newborns and infants? There is useful information in the diseases and treatments chapter, but finding it is a major undertaking. And along the way, for anyone slightly hypochondriac—and what heart or lung patient isn’t, at least a little?—there are all kinds of unnecessary temptations.

The whole chapter seems written by respiratory therapists for respiratory therapists, as a rough-and-ready reference; I imagine it might make a useful training tool. Ditto much else in the book. But that wasn’t the idea.

**Living With Your Heart & Lungs** has a publisher’s imprint on the spine (Lulu), but that turns out to be an online site for writers who want to self-publish. You supply the manuscript, choose what kind of binding you want, and so on, and they produce the book. What they do not provide—and what was desperately needed here—is an editor. Even a cursory skim by a literate friend would have caught most of the many typos and grammatical slips (eg, “it’s” for “its” and “curtsey” for “courtesy”). A fledgling editor would have fixed things like that thorax drawing with the explanations on the next page, and might also have flagged the many slips of voice, where the writers briefly remember gran and gramp and drop a bit of folksiness into an otherwise unfolksy passage (eg, “bacteria and stuff”) in a section on hazards associated with assistive devices, or, in a passage about the risk of getting an oxygen cannula too near an open flame: “I’ve only seen it one time, but the scars were not pretty.”

An editor with responsibility for the final product would have asked the tough questions, starting with, who is this book for: patients or junior respiratory therapists? If the former, heart patients or lung patients? In trying to serve both, Bryant and Obst short-change both. Most importantly, an editor would have asked, how do those people think about their condition? and what is their perspective? Instead, we get the accumulated knowledge of 2 clearly experienced respiratory therapists, plus a few sample le-

gal documents, but in a form meaningful only to them. Their “grass seed.”

Earlier issues of *RESPIRATORY CARE* have described better alternatives, notably *Coping with Chronic Obstructive Pulmonary Disease*, by Shimberg, reviewed in the May 2004 issue, and, with a title that all by itself shows one classic variation on the “their lawn” approach, *100 Questions and Answers About Chronic Obstructive Pulmonary Disease* by Quinn, reviewed in the September 2006 issue. Not exactly an original editorial approach, but at least someone had to think about the reader.

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**Sleep Disorders: Diagnosis and Therapeutics.** SR Pandi-Perumal MSc, Joris C Verster PhD, Jaime M Monti MD, Malcolm Lader MD PhD, and Salomon Z Langer MD, editors. London: Informa Healthcare. 2008. Hard cover, 718 pages, \$399.95.

A phenomenal growth in our understanding of the public health burden posed by sleep disorders is the engine driving an unprecedented level of interest and demand for educational resources in sleep medicine. Specifically, pharmacotherapies for sleep disorders have had a tremendous growth in development of new class agents, fueled by a growing demand for sedative-hypnotics by the rising insomnia burden in our stress-laden societies. The cost of sleep disorders and their consequences to society, in the form of increasing health-care costs, poor quality of life, and lost work productivity, justify the need for a comprehensive source of information for sleep pharmacotherapies.

This book’s timely release promises to fill an important niche as an authoritative text for clinicians and researchers. The editors state that the intended audience includes psychiatrists, psychopharmacologists, neuroscientists, and experimental and clinical pharmacologists, and I believe this volume would be an important reference manual in every sleep disorders center. However, it is