

of the chapter they succinctly examine clinical considerations brought up by the patient scenarios.

Chapter 3, "Airway Physiology and Anatomy," is the most useful introduction I have seen to anatomical considerations when assessing the airway, patient positioning, and directly visualizing structures during intubation. Kovacs and Law make liberal use of photographs from laryngoscopy and various illustrations that help visualize airway axes and classification schemes for glottic visualization, such as the Cormack-Lehane scale and percentage-of-glottic-opening (POGO) score.

The excellent use of illustrations is a consistent strength throughout the text. The fourth chapter, which stresses the importance of not fixating on endotracheal intubation as the primary airway technique, is a refreshing review of noninvasive airway management, including the simple face mask, nonrebreather mask, bag-valve-mask, and noninvasive ventilation. The authors offer several useful details and tips on the commonly overlooked subject of bagging.

Chapters 5 through 10 take us from a detailed section on tracheal intubation through to post-intubation management. Chapter 5, on tracheal intubation via direct laryngoscopy, should be required reading for everyone learning intubation, and is a useful reference for anyone who performs intubation. I imagine that this chapter would be less useful to the seasoned anesthesiologist who only intubates in the operating room, but could be a valuable review for those who occasionally respond to airway emergencies throughout the hospital and in the emergency department. There is a detailed explanation of equipment (eg, curved and straight blades) and techniques, and the authors take us through various clinical scenarios (eg, c-spine precautions, morbid obesity, pregnancy, the patient in extreme respiratory distress, and the pediatric patient) and how these influence positioning and equipment choice.

Chapters 6 through 8 explore alternative intubation techniques, rescue oxygenation, and awake intubation. I found these chapters fairly comprehensive and up to date on the available airway technology. The content ranges from the basic (eg, laryngeal mask airway, combitube) on through GlideScopes and fiberoptic techniques. These chapters are useful introductions to

advanced airway techniques, but are far from comprehensive. Clinicians who are already trained in advanced airway techniques would be better served by other texts with more in-depth discussions.

Chapter 9 backtracks a bit and covers rapid-sequence intubation. I liked that the authors put this chapter after a thorough discussion of intubation technique. Often, rapid-sequence intubation is mentioned near the beginning of airway texts, or is incorporated into the chapters on intubation. Kovacs and Law force the reader to step back and think again about preparation and anticipation, after having spent the past several chapters immersed in technique.

Chapter 10 briefly discusses confirmation of endotracheal tube placement and post-intubation care, including sedation, paralysis, and ventilator management, which, especially in the emergency department, often take a back seat to the intubation procedure, and nursing staff and RTs are commonly left to manage them.

Chapters 11 through 20 explore various details and concepts brought up earlier in the book. Chapter 11, "Approach to Tracheal Intubation," and Chapter 20, "Human Factors in Airway Management," stand out as "do not miss" sections. Both explore the human factors that affect the clinician and the whole team when managing an airway. These issues often are overlooked in the airway literature yet probably affect outcomes as much as technique does.

Chapter 13, "Airway Pharmacology," is a concise and useful reference that I find myself going back to again and again.

Chapters 14 through 19 examine specific clinical scenarios (central-nervous-system emergencies, cardiovascular emergencies, respiratory emergencies, the critically ill patient, the very young and very old patient, and prehospital considerations) and their implications for airway management.

I have very few criticisms of this book. Any text with such a broad audience will at times be too detailed for some and too general for others. In particular, experienced anesthesiologists will find the sections on advanced airway techniques lacking in depth. Critical care physicians will look elsewhere for discussions on noninvasive ventilation and ventilator management. Pediatricians probably would have appreciated a separate chapter on the pediatric airway, though the authors do manage to cover the topic quite well.

In summary, **Airway Management in Emergencies** is a comprehensive text that will have broad appeal among clinicians who deal with airway emergencies. From start to finish the book will prove most useful to emergency-medicine physicians and first-year anesthesia residents, but sections of the book will be useful to anesthesia attending physicians, critical care physicians, inter-nists, family practitioners, nurses, medical students, and respiratory therapists. To write a text for such a diverse audience while maintaining sufficient depth is a daunting task, but Kovacs and Law succeeded, and I enthusiastically recommend this book to anyone serious about learning more on the subject.

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CT of the Airways. Phillip M Boiselle MD and David A Lynch MB, editors. *Contemporary Medical Imaging* series, U Joseph Schoepf, series editor. Totowa, New Jersey: Humana Press. 2008. Hard cover, color illustrations, 425 pages, \$179.

This small-format, hard-cover book is the first in a series entitled *Contemporary Medical Imaging*. It has 16 well-referenced chapters, edited by 2 of the true world leaders on the topic, with 27 contributors from around the world, 408 pages, and a 4-page index. The pages are printed on a very nice glossy paper, and the book's numerous images include many color images, which reproduced beautifully.

This well-focused book is intended primarily for radiologists and pulmonologists involved in the care of patients with airway diseases, but would also be appropriate for thoracic surgeons, pulmonary pathologists, and other physicians with similar interests.

Imaging technology is now sufficiently advanced and used often enough to warrant the writing and purchase of such a focused book. Its stated goals are to provide an up-to-date review of airway anatomy, physiology, pathology, and computed tomography (CT) methods related to airways disease; a

pragmatic compendium of the state of the art of CT for various common and uncommon airway disorders in adults and children; and an introduction to new and emerging techniques that are not yet standard practice. To these ends the editors have succeeded mightily.

As is often the case, when such a varied collection of contributors is brought together for a focused textbook project, the burden of contextual flow falls upon the lead editors. This book is divided into 4 parts. The first part is an introductory section on airway physiology, anatomy, pathology, and anatomical and functional seeking imaging methods. The next section is on large airway disorders and adults. The third section is on small airways disorders and adults. The final section is on pediatric large and small airway disorders. The editors quite successfully managed the overall content flow and section and chapter organization; each chapter has a similar look and feel.

The editors have done a superb job in covering this field in its entirety, based on the state of the art. Some of the information will probably be new to readers with an interest in airway imaging. Much of the material can be found in other imaging textbooks, but not nearly to the breadth, depth, and extent in this beautiful book. Although the technology in this field is advancing fairly quickly, the "shelf-life" of this book should be fairly long.

I unhesitatingly recommend this book to all those who have a special interest in airway diseases.

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Fishman's Pulmonary Diseases and Disorders, 4th edition. Alfred P Fishman, editor in chief; Jack A Elias, Jay A Fishman, Michael A Grippi, Robert M Senior, Allan IPack, co-editors. New York: McGraw-Hill. 2008. Hard cover, 2 volumes, 2,740 pages, color illustrations. \$425.

At first, the invitation to review the fourth edition of **Fishman's Pulmonary Diseases and Disorders** seemed daunting, considering that this beautifully bound, 2-volume

text has grown to 8 kg, 2,734 pages, and 157 chapters authored by the world's leading experts in lung disease. The primary editor, Alfred Fishman, is a pioneer and senior statesman in pulmonary physiology. The 1980 first edition shepherded me through my fellowship. Now closer to the end than the beginning of my career, the chance to explore the fourth edition offered nostalgia and an opportunity to brush up on fundamental principles of lung disease. For my effort, I was not disappointed. This book is a giant in its field and provides a comprehensive resource for anyone interested in understanding pulmonary medicine thoroughly, deeply, and comprehensively. But I get ahead of myself.

In approaching the review, I chose the perspective of the **RESPIRATORY CARE** readership: respiratory therapists, and physicians and scientists with a major interest in respiratory care. I also kept in mind our new era of "information management," wherein the rapid electronic publication of new discoveries with nearly immediate access to information at the point of care is becoming technologically feasible and widely expected. In a crowded field of Internet information purveyors, a general textbook must provide substantial value and fill a unique niche to be successful. From this perspective I examined the general organization of the book. The text's 17 parts divide the book into physiologic functional principles, diagnostic procedures, signs, symptoms, and disease conditions. The opening sections on physiological principles is so well written and comprehensive that it provides a road map for all that follows. The pages are color-coded to help the reader navigate between different sections. The publisher did not include a CD-ROM or provide a Web-based repository for online access to the book's materials, but this omission is not relevant, because this is a major text that is not intended for quick "look ups" on a computer screen. It requires serious attention and thoughtful commitment of time.

The book focuses on pulmonary medicine, but because "pure" pulmonary practice encompasses some aspects of critical care, 8% of the pages present information on acute respiratory failure, which is the subject of the 17th and final part. This section covers mechanical ventilation, intubation, ethics, hemodynamic monitoring, and other critical care topics primarily of interest to clinicians in respiratory intensive care units. Brief discussions scattered elsewhere

in the book present other aspects of critical care. For instance, a chapter on surgery discusses chest trauma. Diving injuries, thermal burns, and air embolism are discussed in chapters on environmental and occupational disorders. Critical care management of asthma is presented in the chapter on asthma, and management of massive pulmonary embolism is discussed in the chapter on pulmonary embolism. This organization complicates access to critical care topics because they are so widely distributed. However, this is not a general critical care textbook, but a book on pulmonary medicine, which encompasses only a subset of critical care topics. **RESPIRATORY CARE** readers may actually prefer this presentation because the critical care information, although limited in scope, is presented in depth by leading experts who integrate pathophysiologic principles that are commonly abbreviated in general critical care texts.

The book, however, also occasionally splits topics and tucks the parts into different sections. For instance, empyema as a "pleural" condition is in the section on "lung" infections rather than the "pleural" section where it belongs. Similarly, mediastinitis is in the section on lung infection rather than the one on the mediastinum. Consequently, these important conditions receive only brief discussions by authors who seem more versed in pulmonary infections than what appears to be "add-on" topics for their chapter assignments. Although similar examples exist, the most important topics get solid coverage in appropriate locations, and the extensive index assists in finding the few errantly placed text segments.

As the book's greatest strength, the list of contributors is prestigious. Weibel wrote the chapter on functional design of the lung, Altose on pulmonary mechanics, Wagner on gas exchange, and Reynolds on lung defense mechanisms. Those and other contributors to this book are the pioneers who defined the subjects of their chapters or now conduct the most important research. Many editors of pulmonary books enlist authors who are conveniently located in the editor's institution, but Fishman sought out elite authorities, based on expertise rather than professional address. This strength cannot be overstated, and it indicates Fishman's influence and prestige that he could enlist so many world experts.

As might be anticipated in a book with over 240 international contributors, the topics are covered in great depth but the chap-