There is room for improvement in future editions, including some "low-hanging fruit," such as typographical errors, thoroughness of the index, and the sample questions in Section IV. The book has a few scattered errors, most of which are typographical and do not affect the content or ease of reading, but a couple of which do. For example, Chapter 29, "Failure of Oxygenation," states that D-dimers "have a low sensitivity for diagnosing pulmonary embolism, as they can be raised by many different causes;" I presume they meant to write "specificity" instead of "sensitivity." The index is, as far as I can tell, accurate, but far from complete. There are at least several topics that are discussed in the text but are nowhere to be found in the index, such as corticosteroids, subdural hematoma, and transfusions.

The questions given in Section IV could be a valuable study tool, but some of the multiple-choice questions are ambiguous or perhaps have incorrect answers. For example, the answer given to question 18 indicates that secondary causes of cardiomyopathy include dystrophia myotonic, porphyria, and thyrotoxicosis, but not alcoholism, which is a well described cause of dilated cardiomyopathy. Care should be given to selecting unambiguous questions, and then providing not only answers, but also explanations with appropriate references.

In summary, this textbook tackles a difficult task of presenting a huge amount of complex information in a clear, concise, and easily accessible fashion. For the appropriate reader, I think it makes an excellent resource. I disagree somewhat with the editors on who is the most appropriate reader for this book. In my opinion, it is not detailed or comprehensive enough for the trainee in critical care medicine, who is expected to become an expert in the field. It could be, however, a very valuable resource to either the many non-intensivist physicians or nurses who spend a portion of their time caring for critically ill patients, or for junior trainees in internal medicine or surgery, who may develop an interest in critical care medicine and pursue subspecialty training in the future.

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ABC of Asthma, 6th edition. John Rees, Dipak Kanabar, Shriti Pattani. Chichester, West Sussex, United Kingdom: BMJ Books/Wiley-Blackwell. 2010. Soft cover, illustrated, 104 pages, $36.95.

Asthma is a common disease affecting millions of children and adults worldwide and it is the most common chronic disease of children. The pathophysiology of asthma is complex, and there is an important interplay of genetics and environment causing a variety of manifestations. There are many national and international guidelines for the stepwise approaches to therapy and education for both maintenance care and acute episodes of asthma. **ABC of Asthma** is in the ABC book series by BMJ books and is updated in this 6th edition. It is divided into 17 concise chapters that cover all pertinent aspects of asthma, including pathology, prevalence, diagnostic testing, monitoring, clinical course, precipitating factors, and treatment guidelines for both chronic and acute management in both adults and children. The first 10 chapters discuss management in adults, followed by 5 chapters that discuss management issues in children. The last 2 chapters recap the clinical aspects of asthma care in a primary care setting and the organization of an asthma clinic. A short index follows, which is useful.

The stepwise approach and guidelines are based on those of the British Thoracic Society, the Scottish Intercollegiate Guidelines Network, and the Global Initiative for Asthma (GINA) guidelines for asthma therapy, which differs somewhat from the guidelines outlined in the United States. For instance, during asthma exacerbation treatment, very specific oxygen suggestions are given (40–60% oxygen delivery for all patients) in addition to intravenous aminophylline and intravenous β-agonists as adjuncts in severe attacks, which are not recommended in the Expert Panel Report from the United States National Asthma Education and Prevention Program because of insufficient evidence of benefit. In addition, there are some spelling and wording differences between the United Kingdom and United States guidelines. In general, the authors achieved their stated aims, selected and organized the material in a logical fashion, and supported the material with appropriate current references.

This soft-cover, lightweight book is easy to read and would be useful to respiratory therapists, nurses, medical students, and allied health professionals. It would also be useful to primary care clinicians as a thorough overview of asthma, with pertinent aspects for care. It is well written and would take about 3 hours to read in depth. Each chapter begins with a bulleted boxed overview of the key points to convey, which organizes the reader's thoughts. There are simple diagrams and figures that accurately illustrate the data of each chapter. Key sections are expanded in boxes, which include lists of symptoms, descriptions of specific tests, and causes of occupational asthma. There are also a few tables. The layout is helpful to readers, as it breaks down the chapters to make it easier to read, and each chapter is only a few pages (7 at most).

Though asthma is similar in adults and children, there are 5 dedicated chapters on the differences in children, which will be helpful to those unfamiliar with specific pharmacotherapy and differences in younger patients with asthma. The chapters all end with a further-reading section, and some in addition have a reference section with current literature cited within that chapter. Several topics are covered in multiple chapters, and this reinforces the message being conveyed. The book is well referenced with current literature to support its statements. Compared to other books on the basics of asthma, this book is reader-friendly and comparable to other works in the realm and is reasonably priced.

My only criticism relates to some of the color photographs, which are really unnecessary. For instance, all readers would know what a teenager is, or an obese child, or what vacuuming is, yet there are figures with color photographs for "asthma diagnosed in a teenager," "childhood obesity is linked to asthma," and a man vacuuming a chair, which don't add anything to the context of the book as they are obvious, but they do add color. Perhaps more data on obesity and asthma, and specific precipitating allergens would make the text more useful. On the other hand, some of the photographs are very important, including those of patients demonstrating inhaler technique and nebulizer technique, spacer devices, and examples of thrush. One diagram I would like to see added is a specific step-by-step outline of the appropriate way to instruct a patient in inhaler technique, though this is briefly relayed in the text. It might be help-

ful to put that information in a box to reinforce correct inhaler technique on each visit to the provider.

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Harrison's Pulmonary and Critical Care Medicine. Joseph Loscalzo. New York: McGraw-Hill Medical. 2010. Soft cover, 592 pages, illustrated, $74.95.

Getting one's first copy of *Harrison's Principles of Internal Medicine* has been a rite of passage for medical students for years, and it continues to be an essential reference for many. **Harrison's Pulmonary and Critical Care Medicine** is one of a series of 9 specialty paperbacks now offered by the editors of *Harrison's Principles of Internal Medicine,* which also include texts on infectious diseases, hematology and oncology, and cardiovascular medicine. **Harrison's Pulmonary and Critical Care Medicine** includes the relevant chapters from the 17th edition of Harrison's Principles of Internal Medicine, along with review questions from the 17th edition of *Harrison's Principles of Internal Medicine Self-Assessment and Board Review,* with updated references.

The editor and chapter authors are international experts in the field. Meant to serve as an overview of the field of pulmonary and critical care medicine and emphasize the importance to the field of internal medicine, the preface states that the book is designed for "physicians in training, medical students, practicing clinicians, and other health professionals." Medical students and physicians early in their training will probably find this book the most useful, as it truly is an overview of the epidemiology, pathophysiology, clinical manifestation, and management of the broad array of respiratory diseases and critical care medicine. Pulmonary and critical care specialists may find it insufficiently detailed for their needs, and respiratory therapists and nurses may want more practical information and evidence-based recommendations.

The text is divided into 5 sections: "Diagnosis of Respiratory Disorders," "Diseases of the Respiratory System," "General Approach to the Critically Ill Patient," "Common Critical Illnesses and Syndromes," and "Disorders Complicating Critical Illness and Their Management." The first section serves as an introduction, with a chapter on the approach to patients with respiratory diseases, followed by symptom-based chapters, such as cough and hemoptysis, and concludes with chapters on diagnostic procedures and chest imaging. Each of the next 4 sections focuses on either respiratory diseases or diseases or syndromes associated with critical illness.

There are 45 chapters, and they are consistent in organization and appearance, which makes the book easy to read and visually appealing. Each chapter begins with an outline, making it easy to find specific information; however, the chapters do not include learning objectives. The disease-focused chapters (eg, those on asthma or deep venous thrombosis and pulmonary embolism) include sections on the epidemiology, pathophysiology, clinical manifestations, and treatments. For those who prefer to focus on the "bottom line," the subsections on treatment are highlighted in light blue and are easy to find. Unfortunately, the treatment recommendations in many chapters (eg, those on severe sepsis and septic shock, and pneumonia) do not distinguish between evidence-based recommendations and those based on expert opinion. The illustrations are brightly colored, clear, and complement the text. Each chapter concludes with a short list of relevant additional readings.

One-hundred fourteen review and self-assessment questions and answers are included at the end of the text. The questions are well written, cover a broad range of pulmonary and critical care topics, and will be useful for readers who are studying for board exams. However, for readers using the book as a reference source, or readers trying to learn the material for the first time who want to test themselves on what they've just read, topic-specific questions at the end of each chapter would be more helpful.

After reading this book, I'm a little uncertain as to what unfilled educational need it meets. The complete *Harrison's Principles of Internal Medicine* retains it's role in the training of medical students and physicians, and this book is essentially a lighter-weight and more portable repackaging of a portion of the complete *Harrison's*, with the addition of review questions. It does offer a thorough overview of pulmonary and critical care medicine, yet it is less detailed in both pathophysiology and clinical management than many dedicated pulmonary and critical care textbooks. It is most useful for students; however, early in their training few of them are likely to have a clearly established interest in pulmonary and critical care, and they may be better off getting the complete *Harrison*'s. Practitioners who want a very detailed textbook of pulmonary and critical care medicine will need to look elsewhere.

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