

themes. Not only does this reinforce important material, it provides the teacher with an excellent opportunity to prompt discussion or further reading.

I would like to have seen included a discussion of the various anatomical axes of the head and neck (oral, pharyngeal, tracheal) and the importance of aligning these when positioning the patient for intubation. There also should have been a discussion of epiglottitis (a common pediatric airway emergency) and Ludwig's angina (an adult affliction), neither of which are mentioned. But such criticism is minor, for overall the book manages to distill the essence of airway management across a wide spectrum of circumstances, which is a formidable task in a very small book.

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Clinical Respiratory Medicine, 2nd edition. Richard K Albert MD, Stephen G Spiro BSc MD, James R Jett MD. Philadelphia: Mosby/Elsevier. 2004. Hard cover, illustrated, 889 pages (with CD ROM), \$149.

When choosing a textbook, I look first of all for clarity and efficiency. How quickly can I understand what the author is saying? Better yet, how quickly and how well can I integrate the material into what I already know about the subject? Second, how good is this material and how does it stand up to other sources? Third, do I enjoy the process? Yes, some texts are actually enjoyable to read if they provide new insights or elegant presentation. I think the 2nd edition of **Clinical Respiratory Medicine** scores high on all these measures. It works well as a text to be read page by page. It also works well as a reference for help in diagnosis or treatment.

The authors announce 3 guiding principles in the preface. I paraphrase: (1) to draw on the world community of experts, (2) to use excellent computer graphics to emphasize the visual aspects of learning, and (3) to combine details of lung structure and physiology with the clinical material. In keeping with the first principle, the list of 115 contributors reads like the speaker's panel assembled each year at the annual meeting of the American Lung Association or American Thoracic Society, with representatives from at least 8 European countries, plus Australia, Canada, and the United

States. Pulmonary medicine has seen huge research contributions in the last 2 decades, from all over the world, and it's very refreshing to get these perspectives. The advantage here: accents don't show up on paper.

This is a complete A-to-Z textbook of respiratory disease medicine. Its 74 chapters cover anatomy, physiology, diagnostic and treatment procedures, respiratory care, and the full range of pulmonary diseases and their treatments. Anatomy is taught through a complete review of chest imaging methods. Normal and pathologic structures are viewed by standard chest radiograph, teaching clinical anatomy while reviewing technical aspects and limitations of plain radiographs. Clear axial and coronal computed tomograms and magnetic resonance images elegantly display mediastinal anatomy, the frequent location and appearance of tumors, and the shape and location of focal areas of atelectasis. Simple diagrams accompany some of the radiographs and computed tomograms to clarify the content. The images chosen and the reproduction quality are excellent. When combined with the written content and diagrams, this is a stunning chapter.

In the physiology chapter the diagrams are excellent. A combination of classic and newer figures is used to illustrate lung mechanics, pulmonary circulation, and gas exchange. Together they clearly demonstrate this book's intention to teach visually. The figures are often in blue-gray tones, which are kind to the eye and easy to read. Clear titles, axis labels, and notes bring the reader quickly up to speed. Important clinical topics are discussed as well, including the physiology of Swan-Ganz catheters, pulmonary edema formation, and the effects of positive-pressure ventilation.

The chapter on invasive mechanical ventilation is a centerpiece for therapists and physicians. One of its valiant efforts is to define and explain the many ventilator modes currently on the market. Unavoidably, this produces a soup of acronyms, some standard (SIMV for synchronized intermittent mandatory ventilation) and some new or unique to a particular ventilator brand (PRVC for pressure-regulated volume-control).

The basics are well presented, with graphs of time versus pressure, volume, and flow that look like the computer screens we see everyday on our ventilators. Practical guidelines are also given in table form to assist

the practitioner in choosing the appropriate mode, tidal volume, fraction of inspired oxygen, and positive end-expiratory pressure (PEEP), depending on the clinical situation. I particularly liked the "Protocol for a Systematic PEEP Trial," which summarizes a practical approach synthesized from data in the literature and years of hands-on experience shared among experts.

I do wish the chapter included more specifics on ventilator strategies for severe asthma. The text notes the importance of avoiding dynamic hyperinflation, but doesn't provide the specific frequency and minute ventilation recommendations found elsewhere. With status asthmaticus (and chronic obstructive pulmonary disease) ventilators can kill as well as save patients. Specific ventilator-setting recommendations in the literature since the early 1990s (tidal volume < 8 mL/kg, respiratory rate < 15 breaths/min, minute volume < 115 mL/kg) help practitioners avoid disastrous outcomes and should be written in boldface type.

The chapter on invasive mechanical ventilation, like many in the book, concludes with a section on "Pitfalls and Controversies." These sections discuss issues for which there is insufficient evidence to guide decision making. The author-expert summarizes rationale, pros and cons, and then gives a seasoned opinion, providing the reader with some guidance in care strategy. In this case the subjects are oxygen toxicity, sedation/paralysis, and muscle rest versus exercise. The issues are briefly but thoughtfully explored, and then specific recommendations are given. All in all I find this chapter approachable and clinically quite useful. The following chapters on noninvasive mechanical ventilation and airway management are similarly straightforward and practical.

Subsequent chapters on evaluation and treatment of specific respiratory symptoms, pulmonary infections, and airways disease are succinct but fairly complete. They all use clear illustrations, tables, and graphs to good purpose, and these invite the reader to the page by breaking up the text. I'll admit, though, that evaluation or treatment flowcharts just don't speak to me; other readers may find them helpful.

The section on diffuse lung diseases also takes particular advantage of diagrams, charts, and computed tomograms. It provides a clear overview and practical advice on diagnosis with high-resolution computed tomography, and when and when not to biopsy. Though even these best efforts don't

make it *easy* for me to sort out the syndromes of UIP (usual interstitial pneumonia), NSIP (nonspecific interstitial pneumonitis), LIP (lymphocytic interstitial pneumonitis), DAD (diffuse alveolar damage), DIP (desquamative interstitial pneumonitis), and organizing pneumonia, they do help.

I found the discussion of sarcoidosis particularly easy to follow. Its recommendations for treatment regimens of various sarcoid syndromes are detailed and useful. Connective-tissue-associated lung disease is also well presented. Reading that chapter gave me a better sense of these processes overall and a better sense for how they compare with idiopathic diffuse disease. It also gives me a place to go for a quick review when my next patient confounds me.

Here and there the international perspective gives some surprises. The French authors of the chapter on bacterial pneumonia recommend amoxicillin for outpatients whose presentation doesn't specifically suggest chlamydia, mycoplasma, or Legionella. This fits the British Thoracic Society guidelines but differs from those of the American and Canadian Societies, which recommend macrolides for most outpatients. Experts on this side of the Atlantic think it's pretty hard to predict which patients have these atypical organisms, and there are some data that outpatients treated with macrolides fare better than those treated with aminopenicillins or cephalosporins.

The highly regarded Italian authors of the chapter on acute respiratory distress syndrome present a ventilator-support strategy that differs from the usual American approach. They routinely employ chest computed tomography to evaluate the effects of varying PEEP, and they perform helium lung-volume measurement to guide their understanding of the patient's physiology. Their gas-exchange target is a P_{aO_2} of 80 mm Hg (rather than the more common 55–70 mm Hg), and they are concerned that tidal volume of 6 mL/kg (per the low-tidal-volume strategy of the Acute Respiratory Distress Syndrome Network study) may be too low. They advocate "high PEEP," while keeping tidal volume low enough to keep plateau pressure < 35 cm H₂O. Although it may seem confusing that recommendations in this chapter differ from those in the chapter on mechanical ventilation, I think it serves to illustrate the diversity of approaches among international experts. At the same time, similarities in other aspects of venti-

lator strategy (eg, avoiding high plateau pressure, permissive hypercapnia, trial of prone position) show that there are areas where data are sufficient to inform the choice of techniques.

Textbooks are often better now than they used to be, partly because e-mail now allows faster (and thus more) communication between authors, editors, and contributors. Different views and different subjects can be integrated into a more cohesive whole. The writing and publishing process can be accelerated to bring the student a more timely and authoritative resource. At the same time, computer publishing provides capacity for lots of great graphics—better looking pages that are easier to access. Textbook production has been revolutionized. When the process works well, you get a great resource that is timely, authoritative, clear, and approachable. I think the process did work well with **Clinical Respiratory Medicine**. At \$149, physicians and therapists will find this text a real value.

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ICU Recall, 2nd edition. Nelson L Thiemert MD and Curtis G Tribble MD. Philadelphia: Lippincott, Williams & Wilkins. 2005. Soft cover, illustrated, 637 pages, \$32.95.

ICU Recall, 2nd edition, as with all the books in the popular Recall Series, is aimed to "provide young trainees with concise information and understanding." In doing so, this book serves as a great introductory resource to the intensive care unit (ICU), not only for medical students and junior residents, but also for other health care professionals, such as nurses and respiratory therapists, who require a solid working knowledge of the pathophysiology, diagnostic modalities, and therapeutic options their patients confront. One of the reasons for the popularity of this series is its no-frills, nuts-and-bolts approach to complex topics. This approach, which presents complex information in palatable, easily digestible portions that build, one upon the next, until the entire topic is explained, helps the reader understand what may be unfamiliar and difficult concepts. **ICU Recall**, 2nd edition, often lives up to the precedent set by its predecessors by providing clear, logical explanations to many issues that are often confus-

ing for those new to the ICU style of care. Unfortunately, this book is also cluttered with some extraneous, outdated, and even incorrect information that often bogs down the flow of the text and distracts from the better organized, more clinically relevant parts of the book.

The book is well organized, with 4 sections, 33 chapters, and a comprehensive index. There are few pictures, diagrams, and charts, but those that are included are well explained, relevant, and contribute to the overall understanding of the topic. Most of the chapters are written by residents, while the remainder by medical students and staff physicians.

The book is written in the familiar Recall Series format, in which a question is posed on the left side of the page and the answer is given on the right side of the page. This format is ideal for medical students studying for examinations, as the right side of the page can be covered while the questions are answered from memory. Questions such as, "What is the normal pulmonary artery pressure?" and "What is the formula for Poiseuille's law?" work well in this format, because they deal with simple, linear topics about which there is little debate, and it is in presenting this kind of information that the book shines.

This format is less successful when complex, lengthy, or detailed answers are required. For instance, questions such as, "How can clotting factor deficiency be diagnosed and treated?" are too broad and not specific enough (entire volumes and careers have been devoted to that question). Likewise, questions such as, "What are the 6 ways that computed tomograms can be used with critically ill patients?" incorrectly suggest that there are only 6 reasons to perform a computed tomogram on an ICU patient. The question-and-answer format tends to dichotomize complex issues into a series of yes/no propositions that leave little gray area; however, as anyone with experience working in an ICU can attest, most clinical questions can be answered only in the context of the patient's actual situation. There are very few absolutes in clinical medicine; the dichotomous "yes/no" nature of this book's format does not effectively speak to that reality.

That being said, this book is very good at explaining the basics of ICU care, such as hemodynamic monitoring, bedside procedures, and basic mechanical-ventilation strategy—the topics most germane to med-