

**Respiratory Medicine**, 3rd edition, 2 volumes. G John Gibson MD, Duncan M Geddes MD, Ulrich Costabel MD, Peter J Sterk MD PhD, Bryan Corrin MD, editors. London: Elsevier Science. 2003. Hard cover, illustrated, 2,042 pages, \$325.

The editors of the third edition of **Respiratory Medicine** set out to provide a comprehensive and up-to-date reference that covers all aspects of pulmonary medicine. At first glance it is an imposing 2,042 pages bound in 2 large volumes and covered by a handsome, sturdy, dark blue, hard cover. Upon opening Volume 1 to the table of contents, one is met by an impressive 77 chapters, which is befitting of a very complete review of the many facets of respiratory medicine. The chapters are arranged into 12 parts, A through L, providing easy reference to the major subspecialties and topics within respiratory medicine.

Following the table of contents is a list of 181 authors, which again attests to the comprehensive nature of the text. Though the pool of authors is, for the most part, limited to academic authorities from Europe, and especially the United Kingdom, the majority of the authors are well known leaders in the fields covered in their particular chapters. The authors include pulmonologists, surgeons, pathologists, microbiologists, and other scientists who provide the breadth of background required to cover all the topics thoroughly.

After the table of contents and list of authors there is a complete glossary of abbreviations. Just inside the back cover of each volume is a complete index. Unfortunately, in my copy of Volume 2 the table of contents and list of authors was replaced by an up-side-down copy of the index. Otherwise, the 2 volumes invite the inquisitive reader in for a thorough and timely review of respiratory medicine.

Most chapters begin with a list of key points for discussion and end with a list of unresolved questions, thus providing an understanding of our knowledge gaps in particular fields. This system of listing key points and unresolved questions helps to unify the chapters' format, which makes for easier reading. Some chapters that cover primarily basic science (for example, Chapter

2.1, "Matrix Proteins") include a box with a list of points pertaining to "clinical relevance." Chapters are also well referenced throughout the text and include thorough reference lists, allowing the reader easy access to original studies and more in-depth discussions.

The content of the book's parts differ considerably, as one might expect in such a comprehensive textbook. Part A includes chapters on anatomy, physiology, and respiratory defenses. It is oriented more towards the basic sciences and detailed discussions of the molecular biology of pulmonary medicine. It also provides clinically oriented diagrams of chest anatomy, including correlations with computed tomograms and chest radiographs. Thus, even though these chapters cover very basic science, there is also a successful attempt to make the material clinically relevant.

Part B covers the basics of clinical assessment and evaluation of common symptoms, including cough, dyspnea, and chest pain. The description of physical examination and auscultation findings provides a complete reference of the respiratory physical examination for any beginning student, as well as clarification for more experienced clinicians.

Part C is long and thoroughly reviews the principles of diagnosis and treatment, including respiratory function testing, laboratory methods, and imaging. Cardiopulmonary exercise testing is not extensively covered but is well referenced in the exercise physiology section of Chapter 2. The newer imaging techniques, including newer computed tomography modes, scintigraphy, and new ultrasound methods, are reviewed well, complete with high-quality black-and-white images. The discussion of diagnostic and treatment modes, which are often omitted from other textbooks but are fittingly reviewed in Part C, includes thoracic surgery, lung transplantation, pulmonary rehabilitation, gene therapy, and assessment of pulmonary patients for anesthesia. Part D also thoroughly covers topics that have, in the past, been only superficially covered in many textbooks of general adult respiratory medicine: specifically, congenital malformations and bronchopulmonary dysplasia (infant chronic lung disease).

Parts E through J cover various specific pulmonary disease processes, divided into environmental disorders, infectious diseases, airway diseases, interstitial lung disorders, vascular diseases, and neoplasms. Unique chapters worthy of special mention because of their comprehensive discussions are those covering air pollution and smoking. Part G on airway disorders starts with a chapter on diseases of the nose and includes an excellent chapter on obstructive sleep apnea.

Common diseases, including chronic obstructive pulmonary disease and asthma, are covered in very long chapters with complete discussions on subjects ranging from epidemiology to pathophysiology to a very practical approach to bronchoprovocation testing and treatment. In other sections rare diseases, such as lymphangioleiomyomatosis and lymphomatoid granulomatosis, are by no means short-changed in thoroughness of discussion. This textbook is a good reference for the practicing pulmonologist who would like to read up on diseases he or she may see only rarely.

Part K reviews extrapulmonary disorders, including chest trauma, pleural diseases, and mediastinal disorders. Chapter 75, which covers pleural diseases, is shorter than I expected (only 31 pages), considering that it covers pneumothorax, pleural fluid assessment, and all other pleural diseases. Part L, on respiratory effects of systemic disease, is a great resource in approaching patients with specific systemic illnesses and respiratory pathology.

The CD-ROM that comes with the book is tucked into a durable plastic envelope inside the front cover of Volume 1, and it contains all of the illustrations in the textbook. In addition it provides an easy-to-use SlideVision program that allows the user to sort, search, and organize the diagrams and photographs for use in lectures or presentations. The images are easily exported, with or without captions, into Microsoft PowerPoint and other applications. In general, the illustrations are of high quality. However, in both print and CD-ROM formats the vast majority of illustrations, including photomicrographs, are in black-and-white only.

Overall, this textbook is an excellent reference, no matter where in the world one

practices medicine. The text generally gives  $P_{aO_2}$  and  $P_{aCO_2}$  values in both kPa and mm Hg, although many of the figures show only kPa units.

Most of the authors cite guidelines of various international respiratory societies (eg, European Respiratory Society, American Thoracic Society, World Health Organization, British Thoracic Society) and discuss these recommendations in the text. A good example of a balanced discussion of a condition for which the recommendations from various societies differ is Chapter 38.3, "The Control of Tuberculosis." The differences in standard Mantoux tests in various countries is discussed and general recommendations for preventive therapy in the United Kingdom, Europe, and the United States are all reviewed equally well. However, some chapters, such as Chapter 38.2, "Clinical Features and Management of Tuberculosis," include references from the American Thoracic Society and the United States Centers for Disease Control and Prevention, but the discussion tends towards the British experience. Still others (eg, Chapter 39, "Opportunistic Mycobacterial Infections") focus almost exclusively on British epidemiologic data and British Thoracic Society guidelines.

Taken in total though, this third edition of **Respiratory Medicine** does measure up well against other textbooks of general pulmonary medicine, and its deficits are relatively minor. It is well written and organized in an easy-to-use format. It covers the latest basic science of respiratory medicine and provides very practical and comprehensive clinical information, thus making it an excellent reference for a diverse readership, from trainee to experienced specialist.

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**Respiratory Medicine.** (PDxMD series)  
Philadelphia: Elsevier Science. 2003. Soft cover, 707 pages, \$39.95.

**Respiratory Medicine**, a soft-bound volume, is a printed "selection" from an electronic database designed to allow comprehensive, easy-to-use, rapid access to a list of 450 medical conditions and 750 drugs and other therapies. It attempts the Herculean

task of providing primary care physicians a single source of differential diagnosis lists, therapeutic plans, patient education information, and reference centers. The product is a combination of electronic and print media, the former requiring a subscription for access. The text is one of a series by Elsevier, referred to as "PDxMD" and is intended for "use at the point and time of care." Weighing in at 850 g and measuring  $2.5 \times 14 \times 22$  cm, it is a bit hefty for use as a portable pocket manual.

Physically attractive, this text is authored by primary care physicians, with specialist consultation. Ultimately written by "professional medical writers," the final editing was by a primary care editor, and it is intended as a tool to meet the needs of the primary care physician in practice. It is organized in a fairly rigid template/outline fashion; the table of contents refers to the sections as "MediFiles" rather than as "chapters." Subjects chosen as MediFiles are selected on the basis of illness category (eg, pharyngitis) rather than symptoms. This approach may generate problems when a patient presents with nonspecific symptoms such as breathlessness, chest pain, or cough. The categories generally occupy 20–30 pages, often resulting in excessive coverage of some subjects, such as pharyngitis and laryngitis. That said, the sections on chronic obstructive pulmonary disease and pulmonary thromboemboli are quite well done. Each MediFile includes 7 subsections, including differential diagnosis, treatment, outcomes, prevention, and resources. Although it lacks an index, there is a "MediFile Roadmap" designed to speed access to the desired specific subject.

This volume, an effort to straddle the space between a multi-volume office or library shelf compendium and the personal digital assistant at the bedside, attempts to join others as new ground is broken in the patient management arena. It incorporates an evidence-based approach and relies for the most part on recognized databases, such as the Cochrane Library, Clinical Evidence, and The National Guidelines Clearinghouse. Aside from the "clinical pearls" that sporadically appear, this volume and series largely abandon the classical "eminence-based" medicine that characterized most previous texts.

Intended to "give you access to just a fraction of available on-line content," the book must perforce be selective. Choice of subjects for inclusion represent a polyglot

ranging from the common (pharyngitis) to the arcane (Wegener's granulomatosis). Since the intended audience is active primary care physicians, inclusion of material generally considered the province of the specialist (eg, acute respiratory distress syndrome, cystic fibrosis, Wegener's granulomatosis) seems of questionable value. On the other hand, infectious pneumonia is covered by 3 MediFiles (atypical pneumonia, bacterial pneumonia, and viral pneumonia) that suffer considerable overlap. Inclusion of antibiotic recommendations duplicates information already provided in other chapters, such as the use of amoxicillin and its companions for acute bronchitis, bronchiectasis, and pneumonia.

I found the "clinical pearls" unnecessary, at times superficial, and an unfortunate abandonment of scientific rigor. In the section on asthma the emphasis on the role of clinical allergy is not reflective of current thinking among pulmonologists who manage adult asthmatics. On the other hand, the "pearls" in the section on chronic obstructive pulmonary disease offer some good evidence-based advice on prescribing supplemental oxygen and advice for screening for nocturnal hypoxemia. Some of the book's advice is confusing, such as on page 184, where it says that oxygen saturation dropping by  $> 5\%$  or a  $P_{O_2}$  of 10 mm Hg indicates that nocturnal oxygen treatment is warranted. The section on obstructive sleep apnea perpetuates some longstanding myths. For instance, on page 394 endoscopy/laryngoscopy is listed, but it is seldom needed as an investigative test. And on page 398 the therapeutic options list includes uvulopalatopharyngoplasty, which has nearly been abandoned, and protryptilene as drug therapy, which is no longer available. Hormone therapy for post-menopausal women is at best questionable, and L-tryptophan is seldom used, and not at all for sleep apnea.

The book's references are largely up to date, but electronic databases are, of course, more up to date. The *New England Journal of Medicine* recently published an article<sup>1</sup> on a synthetic antithrombotic agent, fondaparinux, that will probably soon replace heparin in the management of pulmonary thromboembolism. Electronic therapeutic databases are readily available, downloadable, and provide frequently updated information. As supplements to a diagnostic database, they are proving both popular and useful.