style, inclusiveness of clinically important material by recognized thought-leaders, clarity of presentation of text, tables, and figures, and citation of important Web sites for readers who want more detail.

Though in no way eclipsing the substantial value of the book, a persnickety reviewer would quibble with several statements in the book. For example, the stated criteria (on page 49) for reproducibility of forced expiratory volume in the first second (FEV_1) measurements is 200 mL, according to recently published American Thoracic Society criteria, rather than the stated "100 mL or 5% criterion." Also, as a clinician with a particular interest in alpha-1 antitrypsin deficiency, I would submit that the statement on page 62, "In patients younger than 45 years who develop COPD and/or have a strong family history of the disease, levels of alpha-1 antitrypsin should be measured." is too narrow. Though suspicion of alpha-1 antitrypsin deficiency is certainly warranted in such young patients and in those with family histories of COPD, recent international standards call for greater suspicion and more widespread testing. Specifically, the aforementioned American Thoracic Society/European Respiratory Society standards document[1] recommends testing all symptomatic adults who have fixed airflow obstruction, and broader, focused testing for many others.

Overall, Drs MacNee and Rennard are to be commended for **Chronic Obstructive Pulmonary Disease**, which is a very valuable contribution and which addresses a subject of enormous interest and relevance to clinicians. Respiratory therapist clinicians, students, and educators will find this a current, concise, and readable addition to their libraries.

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REFERENCES

1. American Thoracic Society/European Respiratory Society Statement: Standards for the diagnosis and management of individuals with alpha-1 antitrypsin deficiency. Am J Respir Crit Care Med 2003;168(7): 818–900.

Fast Facts—Obstructive Sleep Apnea. Barbara Phillips MD and Matthew T Naughton MD. Oxford, United Kingdom: Health Press. 2004. Soft cover, illustrated, 74 pages, $24.

Fast Facts—Obstructive Sleep Apnea is one of a series of brief reference manuals, each of which covers a single common medical disorder. The series purports to be expertly written, up-to-date, and easy to read.

The intended readership is not plainly stated. Its concise bent finds its best fit in the hands of a busy clinician who encounters obstructive sleep apnea and wants a small and pithy reference. **Fast Facts—Obstructive Sleep Apnea** would also serve as a quick review or update on obstructive sleep apnea for interested primary caregivers who want a brief overview. It may be useful in the coat pocket of a respiratory therapist, nurse, or physician's assistant who cares exclusively for patients with sleep apnea. This is not, however, a "how to" pocket manual. There is no guidance for the hands-on aspects of sleep medicine, such as scoring or conducting sleep studies or fitting continuous positive airway pressure equipment. Nor is this book a substantial academic text. You will not find research summaries or discussions of data analysis.

As advertised, the book is concise, at 74 pages. The authors also cite contemporary sources, thus living up to the book's billing as "up-to-date." The text is generally an easy read and the illustrations and graphs are cleanly rendered. Key points and key references are neatly summarized at the end of each chapter, but unfortunately the references are not indexed in the text. It's only my personal bias, but I am bewildered when a purported reference source doesn't make at least a token attempt to support the text with footnoted references. Each chapter is followed instead by a respectable list of nonfootnoted literature citations. That style may be a hallmark of this book series, but with the text-processing software available today and with no substantial space savings gained by the nonfootnote method, its use grates on sensibility.

The material is well organized and the chapters are thoughtfully chosen. The writing style is easy to understand and logically presented. Charts and graphs, which are liberally sprinkled in appropriate places throughout the text, summarize and clarifying the concepts. A list of useful Web sites for further enlightenment is included at the end of the book.

Shakespeare's Hamlet observed that "Brevity is the soul of wit." But scrupulous brevity may have limits in the writing of a short reference text, because it predisposes to overstatement. In the discussion of sleep-apnea prevention, I doubt the authors meant to convey that breast feeding (as opposed to bottle feeding) of infants prevents the development of sleep apnea, but that was what was conveyed. Adults who were breast fed as infants and yet developed sleep apnea would probably take issue. I suspect that the authors meant to convey that certain evidence points to bottle feeding as a risk factor for the development of sleep apnea.

This soft-cover text would fit as neatly into your lab-coat pocket, as it would on your bookshelf. I learned several new things in my read. Minor imperfections aside, the authors should be congratulated on a well done first edition that should find widespread use.

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ACP Medicine, 2004–2005 edition. (A publication of the American College of Physicians). David C Dale MD and Daniel D Federman MD. New York: ACP Medicine/WebMD. 2004. Hard cover, illustrated, 2,859 pages (2 volumes, with CD ROM for 3 months' online access, http://www.acpmedicine.com), $229.

As general internal medicine clinician-teacher faculty at the University of Washington, we are fortunate to have access to many online resources to answer clinical questions and prepare for teaching activities. For help with the evaluation of specific symptoms, differential diagnosis, and practical advice regarding diagnostic testing and management, we generally refer to Upto-Date online and full-text articles on PubMed. When a more detailed understanding of pathophysiology is required we turn to traditional internal medicine textbooks such as *Harrison's Principles of Internal Medicine*[1] or *Cecil Essentials of Medicine*.[2] We have also had online access to *ACP Medicine* through our University of Washington "Care Provider Toolkit," but neither of us had previously clicked on that link. Our goals in reviewing *ACP Medicine* were to compare it with general references we currently use and determine how well it might serve practitioners looking to purchase a general medical textbook.