

small scattering of typographical errors that speak of our dependence on out-of-context spell-checking (eg, interference instead of interferon, NIP and NISP for NSIP, sci-70 for scl-70), but overall this volume is in full conformity with the high standards of this series, to which it is a solidly worthwhile addition.

It is somewhat churlish to find further fault in this excellent reference, but one shortcoming must be highlighted. This is the near-complete futility of presenting photomicrographs without color and the poor reproduction of all the computed tomography scan images, especially the 2 illustrating lymphocytic interstitial pneumonia. Both of these detract greatly from a work of this caliber and argue for a quick transition to digital media, which allow far greater flexibility in what may be included and how it is presented. A companion CD containing high-resolution images would have made a very welcome inclusion.

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Thoracic Imaging: Pulmonary and Cardiovascular Radiology. W Richard Webb MD and Charles B Higgins MD, editors. Philadelphia: Lippincott Williams & Wilkins. 2005. Hard cover, illustrated, 837 pages, \$170.

Although the lungs and heart are anatomically close within the thoracic cavity, textbooks devoted to these topics have traditionally been separated by a wide chasm. Due to the explosion of cardiac imaging in recent years, as well as the inherent overlap between cardiac and pulmonary disorders, there is a growing need for a single textbook that integrates cardiac and pulmonary imaging. Richard Webb and Charles Higgins have responded to this need with the publication of **Thoracic Imaging: Pulmonary and Cardiovascular Radiology**. This 837-page text was written by 2 world-renowned radiologists and is primarily for radiologists and pulmonologists, as well as residents and fellows in both fields.

Thoracic Imaging: Pulmonary and Cardiovascular Radiology is written to provide a concise, yet rather complete, overview of pulmonary and cardiovascular imaging and the diagnosis of diseases comprised therein. The book has 37 chapters, 26

of which are dedicated to pulmonary imaging, and a detailed index. The preface outlines the aim of the book, which "is to provide in a single volume, a comprehensive but easy-to-digest discussion of the title topic and to review the use and interpretation of radiographs and advanced imaging techniques." The authors follow a simple, easy-to-read template throughout the book. Topics are distinctly separated and in bold. Key words are in italics. Images, tables, and schematics have generally been selected well and placed in proximity to related text material. Selected reading references are comprehensive and reflect recent publications. Typographic errors are virtually nonexistent. The index appears adequate. The paper, printing, and binding quality are excellent.

A feature of this text is that it encompasses both pulmonary and cardiac imaging—topics that are usually reviewed separately. The material is current and relatively comprehensive. Indeed, the timely nature of this work is evident throughout the text, images, and references. In the chapters devoted to pulmonary imaging, examples from digital radiographic techniques and multidetector-row computed tomography, including many reconstructed images, are provided; the latter also makes the imaging of pathology anatomy from cross-sectional imaging relevant to planar imaging. (The authors did not attempt to provide pathologic correlation for the imaging features). Chapters that are devoted to the normal mediastinum, lung cancer, pulmonary manifestations of systemic diseases (sarcoidosis), diffuse lung diseases, computed tomography, and magnetic resonance imaging of the thoracic aorta and acquired cardiac disease are particularly outstanding.

Thoracic Imaging: Pulmonary and Cardiovascular Radiology is richly illustrated with an appropriate distribution of computed tomography, magnetic resonance imaging, plain radiographs, and artist renderings. The figures are effectively annotated and captioned to elucidate the salient points of the images. A useful feature of the text is the inclusion of many lists in concise, shaded boxes that summarize pertinent imaging features and differential diagnoses.

There are a few minor shortcomings, which is to be expected given the daunting challenge of compressing a broad subject into a single, readable volume of 837 pages. For example, although the majority of topics are comprehensively addressed, a few subjects got relatively cursory coverage,

most notably, the sections discussing valvular heart disease, emphysema, and chronic obstructive pulmonary disease. Some of the chapters are more lucid than others, some providing too much detail, some not enough. Some redundancy from chapter to chapter is to be expected and is not necessarily a detriment (at least to me). As an educator I wish that this text included a section about pulmonary and cardiac physiology. A more glaring deficiency is the limited discussion of cardiac and intrathoracic vascular imaging. Only 10 chapters (198 of 837 pages) focus on cardiac and vascular diseases. However, these slight limitations are strongly outweighed by the many merits of this text. Indeed, this text offers a remarkable array of valuable information in one affordable book. It provides a comprehensive source for radiologists, clinicians, and residents-in-training, with an interest in the "art" of chest radiology. At \$170, the book is a good value and would be a treasured addition to a department or individual library.

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Sleep Medicine in Clinical Practice. Michael H Silber MBChB, Lois E Krahn MD, Timothy I Morgenthaler MD. London: Taylor & Francis. 2004. Hard cover, illustrated, 392 pages, \$89.95.

Sleep Medicine in Clinical Practice is a concise but very complete primer on the clinical problems and corresponding standard treatment strategies that compose the practice of sleep medicine. The 3 physician authors are active in the clinical practice of sleep medicine at the Mayo Clinic in Rochester, Minnesota, and their collective clinical expertise is well documented throughout the various book chapters. The intended readership is clinicians who treat a wide gamut of sleep-related complaints. This book provides a sound basis for pulmonologists and other practitioners to become more familiar with sleep medicine or those who plan to specialize in this subject of expanding interest. It will also serve as an easily understood reference source for respiratory therapists who deal with sleep patients on the ward or in the sleep laboratory.

The field of sleep medicine is unique in that it encompasses components of the clinical practice of pulmonary medicine, neu-

rology, and psychiatry. The failing of some sleep medicine texts is that the quality is not uniform across the sections from these various medical disciplines. This textbook is consistently strong in topics pertaining to each of these disciplines, and has real value in the clarity it brings to management of nonpulmonary diagnoses such as insomnia.

Sleep Medicine in Clinical Practice is divided into 4 sections: basics of sleep medicine, the sleepy patient, the patient who cannot sleep, and the patient with excessive movement during sleep. The book contains 18 chapters on a wide range of relevant clinical sleep medicine topics. The common-sense organization of the sections and chapters reflects the straightforward approach the authors chose in their characterization of the practice of sleep medicine. This textbook is not meant to be an exhaustive catalogue of sleep medicine trivia, and an additional textbook may be required for preparation for a board examination in sleep medicine. The inclusion of clinical vignettes in many of the chapters reinforces the text's real-life applicability. One limitation is a relative paucity of polysomnographic recording examples. A companion atlas of polysomnographic tracings is recommended for those who are training to specialize in sleep medicine.

This textbook is well written and contains easily understood graphs, diagrams, and other figures. Unfortunately, figures are in black-and-white only, which may decrease reader interest, in comparison to texts with color figures. The references are appropriately integrated into the text and are quite exhaustive for a smaller textbook. As well, the index is fairly comprehensive and corresponds appropriately to specific items of inquiry.

The utility of this book is exemplified in a discussion of the maintenance of wakefulness test (MWT) of daytime alertness. The MWT is not widely used outside of specialized sleep centers. Pulmonologists who do not have a primary practice focus in sleep medicine are not likely to be knowledgeable on the details of the indications, methodology, and clinical utility of the MWT. In Chapter 6, on the approach to the sleepy patient, there is an excellent discussion of the important points one needs to integrate the MWT into clinical practice. This discussion of the MWT gains additional relevance with an accompanying clinical vignette describing a real-life scenario

in which the MWT is a key component in clinical decision making.

The chapters discussing sleep-disordered breathing are particularly well done and include very coherent discussions of the diagnostic and treatment approaches to nocturnal breathing problems other than obstructive sleep apnea. Of note, this section includes a very up-to-date review on the nuances of the management of central sleep apnea. The various etiologies of respiratory failure in sleep are covered in a coherent and thorough manner in the textbook.

Getting the answer one seeks on a clinical sleep medicine question is a worthwhile exercise with **Sleep Medicine in Clinical Practice**. This book will make a valued addition to the office library of providers involved in the day-to-day practice of sleep medicine or those who seek to expand their clinical skills in this sub-specialty.

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Critical Care Handbook of the Massachusetts General Hospital, 3rd edition, for PDA. William E Hurford, Luca M Bigatello MD, Kenneth L Haspel MD, Dean R Hess PhD RRT, and Ralph L Warren. Philadelphia: Lippincott Williams & Wilkins, and Skyscape Inc. 2005. CD ROM for Windows. \$49.95.

The best-selling **Critical Care Handbook of the Massachusetts General Hospital** (MGHCC), third edition, is now available in PDA (personal digital assistant) format for instant access anytime and anywhere. This is the first critical care database available on PDA. In a user-friendly outline format, this handheld reference presents reliable, up-to-date, hospital-tested tutorials that reflect today's most advanced critical care practices. All information is hyperlinked and cross-searchable. This PDA version of the handbook has new protocols for adult and pediatric resuscitation and new information on activated protein C, glucose control, transfusion practice, and corticosteroid use.

The computer system requirement is Windows 95 or later, or Macintosh operating system 7 or later, with 20 megabytes free on the hard drive. Prerequisite synchronization software included with your device from the manufacturer is Palm Desktop software for the Palm device or ActiveSync for

Windows CE or Pocket PC device. The required PDA memory is 4.4 megabytes for Palm, and 5.7 megabytes for Windows CE. I tested the program with a Compaq Business Notebook nc6000 and a Compaq iPAQ Pocket PC H3800. The program ran quickly enough that operation was not annoying. When you install it, you should set up your account and password by registration.

There are icons for going to the previous screen visited, switching to the index view, switching to the table of contents view, accessing your bookmarks, viewing the history of recently visited topics, accessing your other Skyscape products, and zooming the view. The icons in the middle of the screen are for viewing related topics, viewing previous topics, viewing next topics, adding notes to any entry, and viewing information or outline. The menu below also features "File" to quit program, "Edit" to edit your annotations and bookmarks, "Tools" to access history and "SmarTabs," and "Help".

The easy-to-navigate program allows rapid information retrieval. Drug recommendations are hyperlinked to drug profiles. With Skyscape's patented smARTlink technology, the MGHCC can easily cross-index with other titles from Skyscape to provide a powerful and integrated source of clinical information that you can carry with you. The authors are in the Department of Anaesthesia at Harvard Medical School, and are also affiliated with Massachusetts General Hospital. Material is in outline format for practitioners (respiratory therapists and respiratory technicians), residents, nurses, medical students, and others who participate in respiratory medicine, and is divided into sections on abbreviations, critical care principles, medical considerations, surgical considerations, and appendices. Each chapter is organized to allow rapid information retrieval.

Before the main contents, there is an abbreviations section. The first chapter contains 16 sections and provides an overview of critical care principles. The material presented is hemodynamic monitoring; respiratory monitoring; airway management; mechanical ventilation; sedation; analgesia; neuromuscular blockade; nutrition; hypotension and shock; hemodynamic control; neurocritical care; hematology and transfusion therapy; intra-aortic balloon counterpulsation; extracorporeal membrane oxygenation; adult, pediatric, and newborn resuscitation; and ethical and end-of-life issues.