

Inhalation Toxicology, 2nd edition. Harry Salem, Sidney A Katz, editors. Boca Raton, Florida: CRC/Taylor & Francis. 2006. Hard cover, illustrated, 1,034 pages, \$189.94.

There is a surprising paucity of recent inhalational toxicology texts. Phalen's *Methods in Inhalation Toxicology* is nearly 10 years old and self-admittedly unintended as a comprehensive text. The latest edition of McClellan's *Concepts in Inhalation Toxicology*, though excellent, is over a decade old. So it would appear that **Inhalation Toxicology** is perfectly poised to become the standard text in this field. Unfortunately, it falls far short and cannot be recommended as a replacement for either of the above. This is not to say that the book has no merits, for it excels in specific topics, as noted below. Yet as a comprehensive text, it has several major shortcomings in its aim to "provide the practicing professional as well as the aspiring student with a pragmatic textbook." Such vagueness as to the intended audience is reflected in the book's poor organization and inconsistent depth.

The book itself is attractive enough, with a nice cover graphic that highlights the interface between the upper and lower airways. The book's compact dimensions are efficient for a large text and make for easy handling. However, with my copy, after just a few openings a large crack emerged along the front cover crease, making me question its sturdiness.

The organization of the book is a primary concern. Part I is titled "Inhalation Toxicology Methods and Measurements," and Part II is titled "Inhalation Toxicology Methods." This bizarre, redundant structure is even more perplexing when one considers the specific chapters within. Praise goes to the few chapters that cover the fundamental topics one would expect in such a text; Chapter 8, "Toxic Load Modeling," and Chapter 18, "Toxicokinetics," as examples, fairly treat these critical concepts. However, many of the chapters in Parts I and II are extremely specific, without clear justification for their scattered inclusion among the treatments of the (by consequence, nearly hidden) principal conceptual chapters. For example, Chapter 5 is "Low-Level Effects of VX Vapor Exposure on Pupil Size and Cholinesterase Levels in Rats." Besides its highly questionable placement early in the methods section, it would appear to be far afield from the appropriate level of interest of all but the most differentiated of students.

That said, there is some helpful material within this disorderliness, for those with particular interests. For example, the first chapter is dedicated to the process of inhalation risk assessment at the United States Environmental Protection Agency. It does provide a nice outline of the agency's framework, and it incidentally does a nice job of treating fairly difficult but important concepts, such as the No Observed Adverse Effects Level (NOAEL).

Chapter 2, on acute exposure guideline levels, and Chapter 3, "Emergency Response Planning Guidelines," thoroughly discuss these issues, though I wonder why 2 entire chapters are devoted to such specifics that are scarcely mentioned (appropriately) in McClellan's text. A brief look at Chapter 4, "Directed-Flow Aerosol Inhalational Exposure Systems: Application to Pathogens and Highly Toxic Agents," makes the same point in a slightly different way: why focus specifically on pathogens and highly toxic agents before broadly and clearly introducing the topic of inhalation exposure system in general? Some of the chapters are simply inappropriately named. For example, from the title of Chapter 7, "The Use of Large Animals for Inhalation Toxicology," one would not know that most of the chapter is dedicated to phosgene toxicity in pigs.

Part III, "Inhalational Toxicology of Materials," is more logical than Parts I and II, but I nonetheless wonder how the specific materials were chosen. Chapter 27 is a fine outline of issues related to asbestos, but there is no similar overview of silica toxicology.

Part IV, "Inhalational Toxicology of Bioaerosols," is an understandable reflection of contemporary bio-terrorism concerns, but it nonetheless seems somewhat unbalanced to have such extensive treatment of this topic while some basic topics get relatively little coverage.

All that said, the book's language is generally quite readable. There are few typographical errors. For those who are interested in the book because of the many specific topics that are not treated sufficiently elsewhere, the index is fairly extensive. The illustrations are rather basic but generally clear. Surprisingly, however, there is not a single graphic on basic respiratory-tract particle dosimetry. The references are accurate and extensive, though subject to the above limitations regarding breadth of topics covered overall.

In summary, **Inhalation Toxicology's** greatest strength is its detailed treatment of

several highly specific topics within the field. If one happens to be interested in, for example, inhaled ricin, there is an entire chapter dedicated to this. However, as a fundamental text for those wanting a comprehensive treatment of the field, it cannot be recommended. The organization is seriously problematic and does not allow for systematic learning. The time remains ripe for an updated standard inhalational toxicology text.

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Oxford Handbook of Respiratory Medicine. Stephen Chapman, Grace Robinson, John Stradling, Sophie West. *Oxford Handbook* series. Oxford, United Kingdom: Oxford University Press. 2005. Flexible cover, illustrated, 757 pages, \$45.

The **Oxford Handbook of Respiratory Medicine** is a pocket-sized book that covers the presentation and management of not only specific respiratory disorders, but symptom complexes as well. It is a welcome addition to the *Oxford Handbook* series, which covers both medical and surgical specialties. The stated intended audience is "specialist registrars" (the United Kingdom equivalent of a person in fellowship training). Indeed, 3 of the 4 authors were specialist registrars at the time of the writing. The book's intent is primarily to be a pocket reference for pulmonary fellows or residents or students with a special interest in pulmonary medicine. With that said, I believe this book would also be a very useful reference for nurses who care for patients with pulmonary disorders or respiratory therapists, either practicing or in training.

The book is laid out into 5 sections. The first section contains 14 chapters. All are fairly short and concise, the longest being 12 pages. The focus is on more generalized symptom complexes such as breathlessness, hemoptysis, evaluation of pulmonary infiltrates based on immune status, and evaluation of breathlessness in postoperative and pregnant patients. I found this section particularly useful, because often this is how, as practitioners, we first encounter the patient: without a known diagnosis, but merely a symptom. The chapters in this section typ-

ically cover assessment (focusing on key history and examination elements) as well as diagnosis and management of a specific symptom. Although the chapters are short, the authors have done a good job referencing other sections of the handbook for more in-depth review of particular diseases and procedures. This limits the duplication of information, to which this type of layout is prone, without sacrificing crucial details.

The second section covers specific disease entities. It is comprehensive, to say the least, consisting of 35 chapters. Common topics, such as asthma, chronic obstructive pulmonary disease, and lung cancer, of course warrant their own chapters, but the handbook does not neglect rarer topics, such as pneumoconiosis, gastrointestinal disease and the lung, and lung transplantation. There are even chapters on altitude, diving, and pediatric lung disorders that are relevant to adult medicine. The chapters are short, the longer ones being 20–25 pages, which was essential for this to remain a quick pocket reference. Obviously some detail and depth must be sacrificed for brevity's sake. However, a very nice feature throughout this book is journal and Web-site references at the end of the chapters, which will help readers get more detailed information. I especially liked the inclusion of journal references, as I found many to be key, recent publications on the topic at hand, though they draw a bit heavily from the British literature. Unfortunately, a section that is glaringly absent is one devoted to mechanical ventilation, both basics and more advanced techniques. Instead, this topic is covered in the critical care handbook in this series. Though its placement there is by no means inappropriate, it obligates the purchase and storage of 2 handbooks for readers whose practice scope is primarily intensive-care-related pulmonary medicine.

The last 2 sections are titled "Supportive Care" and "Practical Procedures." "Supportive Care" is a bit of a hodge-podge section, running the gamut from noninvasive ventilation, to long-term oxygen therapy, to immunosuppressive drugs, to ethics, to palliative care. Although it contains vastly different topics, each chapter covers an important, relevant pulmonary-medicine topic that does not necessarily fit into the previous sections.

The section on procedures is, indeed, fairly practical. Although few readers will ever perform a cricothyroidotomy, the rest of the section is devoted to more common

pulmonary procedures, including thoracentesis, chest-tube insertion and management, bronchoscopy, and pleurodesis. The chapters cover the basic procedural information and the indications, contraindications, and potential complications, which, in my opinion, are more difficult to learn than the procedure itself. This section is, however, limited to only pulmonary procedures, so those whose practice involves a large portion of intensive-care patients and who may need to know about invasive hemodynamic monitoring or central venous access will again need to turn to the handbook on critical care.

The appendix is brief but covers key topics likely to be referenced by readers. It includes sections on acid-base balance, blood gases, pulmonary-function testing, and computed-tomography anatomy and pattern of pulmonary diseases. It also contains charts for calculating body mass index and forced expiratory volume in the first second, and converting kilopascals to millimeters of mercury. The latter is crucial to American readers, who will probably reference it often to interpret the blood gas values throughout the book. The inclusion of a section on computed-tomography anatomy is unique and particularly noteworthy, as, in my experience, many practitioners of various backgrounds have difficulty with this subject, particularly when evaluating mediastinal structures. It's as close as one can get to having a radiologist in your pocket.

American readers will find this book a little less useful than their British counterparts. In some cases the information or references given in a particular chapter are very specific to patients and physicians in the United Kingdom. As an example, the section on financial considerations for patients explains potential eligibility for "statutory sick pay" and "incapacity benefits" and gives Web addresses and telephone numbers for United Kingdom government agencies. Similarly, the section on long-term oxygen therapy provides explicit instructions on how—in the United Kingdom—to write the prescription, organize the delivery, and arrange follow-up. Such United Kingdom information is, of course, not applicable "across the pond." This criticism, however, is rather minor, since such United-Kingdom-specific information makes up perhaps 5% of the book.

Overall this handbook is very well organized and laid out. It is easy to use and find information of interest. It concisely summarizes an extremely wide range of pulmo-

nary topics and provides useful and up-to-date references. It would be a useful and fairly economic addition to various practitioners' coat pockets or ward or office shelves.

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Evidence-Based Respiratory Medicine.

Peter G Gibson, editor. Malden, Massachusetts: Blackwell Publishing. 2005. Hard cover, illustrated, 593 pages, with CD-ROM, \$189.95.

Many of us would like to think that we are practicing evidence-based medicine (EBM), but keeping up to date with the medical literature can be daunting. Not only is there an immense amount of information, but clinical controversies, conflicting evidence, and sheer lack of time and resources can confuse the busy medical practitioner. The result is that in respiratory medicine there is a large discrepancy between what the literature states and current practice patterns. Moreover, many bedside questions are not answerable with the current data. It is in this context that **Evidence-Based Respiratory Medicine** attempts to accomplish several important goals: to dissect the available clinical evidence in a given subject, to summarize the findings collectively, and to educate the reader about what the review of the evidence says or does not say. In the introduction, contributors Rowe and Klassen discuss these aims while emphasizing that such exercises must keep a patient-centered focus. This evidence-based, patient-centered framework is long overdue, and purchase of the resulting text is worthy of consideration.

The book is divided into 6 main parts concerning general aspects of pulmonary medicine. The contributors and editor are affiliated with the British Medical Journal and the Cochrane Database collaboration, and many of the references cited are from the Cochrane reviews. Notably, the book has a major emphasis on obstructive airway diseases, with asthma and chronic obstructive pulmonary disease (COPD) each devoted an entire part. It is not clear if this was intentional, but it may be that there are more data to discuss regarding these diseases.