

ing sleep in chronic lung disease, cardiopulmonary interaction during sleep, pathophysiology of exercise, physiologic basis of dyspnea, measurement of dyspnea, impact of health status (quality of life) issues in chronic lung disease, evaluation of impairment and disability, and outcome measures for rehabilitation, and the economics of pulmonary rehabilitation and self-management education for patients with COPD. All these chapters provide illustrations and tables that promote the importance of pulmonary rehabilitation outcome measurement. While not all of these chapters (especially 13–15) focus on the pulmonary rehabilitation setting, all provide an important comprehensive view of how chronic lung disease influences physical and psychosocial well-being.

In 7 chapters, Part 3, “Delivering Pulmonary Rehabilitation: General Aspects,” covers fundamental components of pulmonary rehabilitation. The chapters include: establishing a pulmonary rehabilitation program, respiratory physiotherapy, exercise in stable COPD, the role of collaborative self-management education, treatment of tobacco dependence, nutrition and metabolic therapy, and pharmacologic management in chronic respiratory diseases. These chapters competently advocate a comprehensive therapeutic approach to pulmonary rehabilitation applications. The chapters on exercise training and collaborative self-management education are especially noteworthy in that they clearly evidence this content’s central role in pulmonary rehabilitation.

Part 4, “Delivering Pulmonary Rehabilitation: Specific Problems,” comprises 16 chapters that examine a wide range of pulmonary rehabilitation settings. Two chapters cover rehabilitation for typically encountered diseases in facility-based (eg, hospital out-patient) locations, such as the chapters on asthma and COPD, and 3 chapters address the rehabilitation of patients usually found in home settings: thoracic wall deformities, neuromuscular disease, and cystic fibrosis. In addition, there are 11 chapters on rehabilitation of patients with special needs: lung-volume-reduction surgery, transplantation, long-term oxygen therapy, pulmonary rehabilitation in the intensive care unit and transition to home, chronic ventilatory assistance in the hospital, ventilatory assistance at home, the challenge of self-management, exacerbations in chronic lung disease, long-term compliance after COPD rehabilitation, ethical/regulatory is-

issues concerning long-term mechanical ventilation, and end-of-life issues in advanced COPD.

In sum, the editors prepared a well-organized, coherent, and consistently themed advocacy for pulmonary rehabilitation. This text is an ideal resource for pulmonary rehabilitation program staff and (especially) administrative leaders. As further pulmonary rehabilitation guidelines evolve, this text (resource) will improve understanding of and optimize pulmonary rehabilitation patient care. In a future edition I would suggest expanding the content on the status of global pulmonary rehabilitation applications, which could better substantiate the global generalizability of North American and European findings. Pulmonary rehabilitation efficacy as a valid and reliable treatment for chronic lung disease depends on evidence-based medicine credibility. To this end, this text succeeds.

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**Hospital Medicine**, 2nd edition. Robert M Wachter MD, Lee Goldman MD, and Harry Hollander MD. Philadelphia: Lippincott Williams & Wilkins. 2005. Hard cover, illustrated, 1,290 pages, \$99.

There is a certain impracticality to the idea of a textbook of hospital medicine, since hospitalists spend the bulk of their days roving the wards, away from the usual settings where a textbook might be read. Many hospital physicians—many of whom finished residency training within the past decade—would probably identify among their top ward references the resources offered for handheld electronic devices and on point-of-care Web sites accessible from any computer workstation. Some hospital physicians also carry a pocket-sized handbook for rapid consultation. These media can be updated as new evidence for a diagnostic or treatment modality emerges; the same cannot be said for a textbook.

In any case, **Hospital Medicine**, the founding textbook for the young specialty by the same name, has survived to a second edition, released in 2005. The editors, Wachter, Goldman, and Hollander, are pro-

fessors of medicine from the University of California, San Francisco. As we are frequently reminded, Wachter and Goldman brought us the term “hospitalist” 10 years ago; they and colleagues have brought us much of our current knowledge of hospitalist practice in the intervening years. (Goldman is now Dean of Health Sciences and Medicine at the College of Physicians and Surgeons, Columbia University.) Their objectives for this edition were 2-fold: to capture the fast-and-furious advances in hospital practice, and to tighten the book’s focus on management of in-patients.

The book begins with a broad, diffuse view of the skills and knowledge necessary to practice hospital medicine. The 21 chapters in this opening section address topics such as quality-of-care measurements, patient safety practices, clinical information systems, and hospital ethics, and they survey clinical arenas such as treatment of pain in the hospital and care of the geriatric inpatient. An intriguing chapter examines physician interfaces in the hospital, including the interfaces between the patient and the hospitalist, the emergency physician and the hospitalist, and the primary physician and the hospitalist; the point about the centrality of skillful communication in hospital medicine is well made. This section as a whole is less of a ward reference than it is a proposal for a hospitalist knowledge base, and practicing or aspiring hospitalists may benefit from reading this section straight through. The chapters are well written, in accessible language, with succinct bullet points to summarize each chapter. The references are timely, and the suggested reading list is of a manageable size.

Following this is a short section on critical care medicine. This section covers the basics of sepsis, shock, organ failure, acute respiratory failure, and mechanical ventilation. There isn’t enough here to make **Hospital Medicine** the “go-to resource” for someone with a complicated intensive care service, but the material will be a useful review for providers who manage hospital patients. There is a chapter on the common bedside procedures, including central lines, lumbar punctures, paracentesis, thoracentesis, and joint injection. The segment on joint injection provides enough detail on anatomy and technique to suit my tastes, but the piece on subclavian vein cannulation (the procedure that troubles me most) offered less clinically helpful advice and illustration than I hoped for.

A section on medicine consultation follows, with a well-rounded selection of material on consultative care around the time of surgery, plus chapters that touch on issues in psychiatric patients, pregnancy, and following trauma—3 issues that arise frequently in medicine consultation. The chapter on patients with psychiatric illness offers clinically useful advice for identifying depression, anxiety, and psychosis, practical information about “difficult” and violent patients, and handy briefings on informed consent, competency, and the right to refuse care.

The remainder and majority of the book is devoted to bread-and-butter in-patient medicine topics and looks much like any textbook of internal medicine. The sections are separated by organ system, and a typical individual chapter concerns itself with a single disease entity. Happily, however, the similarities and comparable texts end there. The sections are organized so that the most common and acutely life-threatening conditions are at the top of the order, with cardiovascular and pulmonary conditions leading the way, and infectious disease and gastroenterology just behind. The content in these sections is substantial and comprehensive. The remaining sections touch on topics in human immunodeficiency virus medicine, hematology, oncology, renal disease, endocrinology, rheumatology, and neurology. A brief allergy and toxicology section at the end of the book deals only with allergic reactions, drug overdoses, and alcohol intoxication and withdrawal; this thoughtfully chosen selection, like nearly all of the clinical chapters, should be use-

ful to hospitalists, regardless of the practice setting.

These clinical chapters are particularly appealing in how they follow the flow of hospitalization. After a brief introduction, a chapter addresses issues at the time of admission, including symptoms and signs that contribute in the admission decision. Next is a segment on issues that arise in the hospital, with special focus on diagnostic testing and the appropriate settings in which the tests might be obtained, parameters for consultation, and excellent extensive reviews of treatment options. The third segment concerns planning and communications at discharge. Some chapters have short additional pieces on cost concerns and resource use. The selective absence of commentary on matters that are less relevant at the bedside adds to the appeal and readability of the material. The only subject on which I would have hoped for a more comprehensive look was infection control, which is addressed piecemeal in this edition, by individual microorganism.

The overall editorial approach in these clinical sections is potent: there is broad coverage of in-patient topics, without overwhelming comprehensiveness, and the management advice is highly practical. There is little to distract from what should be happening at the bedside. This textbook contains, in other words, much of the information that a hospitalist should have in her brain, ready for immediate clinical use, and little that is extraneous. The organization and narrative flow of the clinical chapters is intuitive, and the index is quite comprehensive, so the answer to a clinical query can be located quickly, without sorting through

the floods of information offered by many of the electronic publications.

Taken as a whole, this textbook is not just a manual of clinical medicine, as are most references, but a guide to clinical life in the hospital. This makes for somewhat choppy transitions between sections, but the overall effect is to capture all that a hospitalist does, and all of the growing pains of this young specialty. I suspect that future editions will gain cohesion as the specialty matures. Regardless, the skillful editing in this edition of **Hospital Medicine** has included highly practical content that should provide “play-by-play” usefulness (yes, for the wards), which more than makes up for any deficits.

The editors dedicated this book to their trainees, and the dedication feels appropriate. Students and residents will find a substantial amount of clinical knowledge here to augment the bedside experience, and they can gain enough exposure to hospital practice to inform career decisions. But the audience need not be limited just to trainees; this book is a solid reference on in-patient management for any provider who sees hospitalized patients.

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