

per. This volume should be a welcome addition to anyone's medical library.

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REFERENCE

1. Quotation from an unidentified Uruguayan army interrogator, in Danner M. Abu Gh-raib: the hidden story. *The New York Review of Books*, October 7th, 2004;LI(15): 46. http://www.markdanner.com/nyreview/100704_abu.htm. Accessed December 20, 2005.

Bioterrorism: A Guide for Hospital Preparedness. Joseph R Masci MD and Elizabeth Bass. Boca Raton, Florida: CRC Press. 2005. Hard cover, illustrated, 361 pages, \$129.95.

Bioterrorism: A Guide for Hospital Preparedness is a timely and practical text regarding the threat of and response to bioterrorism. The book has 5 sections. Section I, "The Scope of the Problem," briefly reviews the history of bioterrorist attacks around the world, the sources of biologic agents, and the groups most likely to use them. A particularly cogent discussion of the social and economic costs of bioterrorism, which addresses the anthrax event of 2001, is important reading for all those involved in hospital preparedness. A subsection called "Trends in Terrorism" is a sobering review of the threat we face from murdering extremists from various backgrounds. The role of the United States public health system is reviewed, as are the results of the TOPOFF 2 ("Top Officials") mass-terrorism-casualty-care exercise conducted in May of 2003. Critical findings of the exercise were: (1) communications were inadequate and overwhelmed, (2) staff shortages were critical, and (3) means for isolating contaminated/infectious subjects were in short supply. This section devotes a third of a page to the "Strategic National Stockpile," but, unfortunately, mentions little about ventilator supplies.

Section II, "Improving Hospital Readiness and Response," is a concise and important review of how hospitals and communities can better prepare for bioterrorism. This preparation includes the creation of a "hospital emergency-incident command system" and the use of infection-control pro-

cedures. A point that is stressed throughout the book is the importance of effective communication, coordination, and control. Without effective communication, all the equipment in the world is useless in a mass casualty event. The authors point out the need to protect the caregivers from secondary contamination and the role of personal-protection equipment. This section is the strength of the text; it covers staff education, psychological effects, managing stress in caregivers, and communicating with the media. There are also some very helpful, simple questions and answers for the lay public.

Section III, "Prevention, Diagnosis, and Treatment of Likely Biological Agents," provides a brief overview of the agents likely to be used in a bioterrorist attack. Each agent is reviewed in a consistent format, which enhances readability and allows easy comparison. For the novice this is great information. For the clinician with experience and/or background in bioterrorism, this is a cursory review. A particularly helpful section about the effects on children is provided, and the chapter on Internet sources of information is helpful. Many of the links provided remain active, although a few are no longer accessible.

The final 2 sections, "Tabletop Exercises" and the appendixes section, are excellent sources of information and helpful in designing a program to educate, train, and evaluate staff. These sections provide real-world scenarios and exercises with answers.

This text is clearly intended for individuals responsible for hospital preparedness. I would recommend the book for those individuals without question. For respiratory therapists, nurses, and physicians who care for patients on a daily basis the information provided is a good overview of the important issues in bioterrorism. Having said that, clinicians should check it out of the library, not buy it.

This book was written by a husband-and-wife team, consisting of a physician and a journalist, and I think the text is readable and gives a wealth of information. Both the authors have expertise in the arena of bioterrorism. The book is well organized into bite-size chunks that can be readily digested. The illustrations are adequate, but few and far-between. Some photographs of the lesions associated with specific biologic agents would have been instructive. The cited references are current, and the index is effective.

This text can provide the hospital disaster preparedness committee with a wealth of information and helpful advice. The focus is narrow but appropriate and, in light of recent events, particularly topical.

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SARS: A Case Study in Emerging Infections. Angela R McLean, Robert M May, John Pattison, and Robin A Weiss, editors. New York: Oxford University Press. 2005. Soft cover, illustrated, 133 pages, \$39.50.

The emergence of severe acute respiratory syndrome (SARS) presented a challenge to public health and health-care delivery systems worldwide. SARS was a previously unknown respiratory syndrome, characterized by nonspecific clinical symptoms, was highly transmissible in some circumstances, did not respond to antimicrobial therapy, and could rapidly progress to severe respiratory distress and death. SARS appears to have originated in Guangdong Province, China, but the global importance of this illness was not recognized initially by local health authorities.

When the World Health Organization issued a historic global alert about cases of severe atypical pneumonia on March 12, 2003, the outbreak had spread via international travelers from Guangdong Province to at least Hong Kong, Hanoi, Singapore, and Toronto. The sudden appearance and rapid spread of the virus alerted the world to the fact that emerging infections are a global problem. There was an urgent global need for diagnosis of the etiologic agent; detection and containment of probable cases; guidance on the health-care management of patients and potentially exposed persons; identification of measures to prevent and control infections; and timely public-health communications to a wide range of audiences. Living in an affluent society with a well-developed health-care system does not necessarily protect a person from such a life-threatening infections.

Although the United States was not as severely affected by the SARS epidemic as parts of Asia and Canada, the outbreak response demonstrated both known and unexpected strengths and weaknesses in United States national, state, and local public-health and health-care capacities to address major infectious-disease challenges. As of April