

Chapters 4 covers nebulizer and inhalers. The author provides a cursory overview of the various types of nebulizers and inhalers. Much of the chapter focus is on patient and family teaching. There are photos, diagrams, and a 2-part case study that will be particularly effective for nurses, as it shows very clearly the difference that proper technique can make for the patient. The author points out that hospital-based and community nurses have this opportunity.

Oxygen therapy is covered in Chapter 5, which includes various photos and explanations of delivery systems. We found the explanation of oxygen toxicity a bit confusing. Complications from exposure to high inspired oxygen concentration in the neonatal population versus the adult population are not differentiated. The author also makes reference (page 126) to oxygen toxicity caused by a high level of oxygen in the *bloodstream*, but oxygen toxicity is documented to occur because of a high *inspired* oxygen concentration and the creation of oxygen free radicals in the lung.

Noninvasive and invasive ventilation are covered for the beginning practitioner, as a means of oxygen delivery only. The text lacks a basic overview of mechanical ventilation. Table 5.6 covers advantages and disadvantages of available oxygen masks. We found tables in other texts (eg, Craven RF, Hirnle CJ. *Fundamentals of Nursing, Health, and Human Function*. Lippincott, Williams & Wilkins; 2000, table 33.5) that present this information in a more organized, clear, and concise format.

Lung cancer, surgical intervention, and respiratory infection are addressed in Chapters 6 and 7. These chapters are brief and give the reader a vernal overview of caring for these patients. There is a good diagram of how a chest tube works, and a table of indications for chest tube insertion. Again, the author's attention to the psychological effects of lung cancer diagnosis is well suited for all practitioners, not only nurses. The section on respiratory infection gives brief overviews of the etiology and treatment of pharyngitis, sinusitis, bronchitis, pneumonia, and tuberculosis. Figure 7.1 visualizes where each of these infections occurs within the respiratory tract. There is a very nice explanation of the purified protein derivative test, which practitioners at every level can use to teach patients, families, and other practitioners.

Chapter 8, on respiratory assessment, is very thorough; it covers physical assess-

ment, use and limitations of pulse oximetry, basic blood gas interpretation, and the basics of peak flow and spirometry. It would have been more helpful for this chapter to appear earlier in the book, as it would have lent greater understanding to some of the concepts and data measurements covered in the asthma and COPD chapters.

This is a portable book and so can be used by the beginning practitioner. The case studies are most helpful in illustrating the nurse's ability to impact the care of the pulmonary patient. The book's goal of providing evidence-based practice for caring for patients with pulmonary disease is met with the inclusion of additional resources and citations. Though this book does not cover clinical skills essential for all nurses, it provides an overview of aspects of care needed across the health-care continuum for pulmonary patients.

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**The Respiratory System at a Glance**, 2nd edition. Jeremy PT Ward PhD, Jane Ward MBChB PhD, Richard M Leach MD FRCP, and Charles M Wiener MD. Malden, Massachusetts: Blackwell Publishing. 2006. Soft cover, illustrated, 108 pages, \$32.95.

**The Respiratory System at a Glance** is a part of the *At a Glance* series, which is a British series of medical review books. This 2nd edition includes new topics (exercise and history taking), and the other sections have been revised. The book provides a concise review of pulmonary physiology and the major disease processes of the lungs that is intended for students in the health professions and junior doctors.

The book is divided into 2 main parts. The first part reviews respiratory physiology in "bite-size" chapters (eg, on gas laws, respiratory symbols, diffusion, and ventilation-perfusion mismatching). The second part covers diseases and treatment. There is a much smaller section on history, exami-

nation, pulmonary function tests, and chest imaging.

Like other titles in the series, this is a large (8.5 × 11 inches) paperback in which 2 pages are devoted to each topic. On one page is text, and on the facing page are diagrams, images, tables, and lists that supplement the text. The chapters present succinct overviews of their topics by presenting the key concepts with liberal use of bolded text. There are no in-depth discussions, because each of the 43 chapters is limited to 2 pages. Thus, this is not a stand-alone text; it would be most useful as a review, refresher, or supplementary text for the emphasis of key concepts. Despite the concise format, the authors present the information in a readable manner. Concepts are logically and clearly presented. Abundant effort was made in the physiology sections to include clinical examples that nicely demonstrate points and make connections with the later clinical sections.

The affiliations of several of the authors are with physiology departments, and the book's greatest strength is in the sections on physiology. The general approach to each topic is to discuss cellular mechanisms and related laws of physical science, explain the response in normal and abnormal physiology, and offer clinical examples. For example, the section on carriage of carbon dioxide discusses the body's buffering mechanisms, the Haldane effect, the role of ventilation and ventilatory controls, and the respiratory gas-exchange ratio. Supplemental diagrams include the CO<sub>2</sub> dissociation curve and a diagram of CO<sub>2</sub> uptake and oxygen delivery at the tissue level. The authors are particularly skilled at identifying common sources of confusion among medical students and clearly explaining the concepts (eg, the different effects of changes in ventilation on P<sub>aO<sub>2</sub></sub> and P<sub>aCO<sub>2</sub></sub>). Especially successful are the explanations of diffusion, control of acid-base balance, ventilation-perfusion mismatching, and embryologic and neonatal aspects of the respiratory system.

A similar format was adopted in the part on diseases and treatment, which features the more common respiratory diseases, including asthma, COPD, pneumonia, interstitial lung disease, pulmonary hypertension, pleural diseases, cystic fibrosis, and venothromboembolic disease. However, the authors are less successful at presenting a concise but complete review in these chapters than they were in the physiology sections. The authors had a harder task in the clinical

sections, as there is greater difficulty in deciding what to include in a short clinical summary, as opposed to one on physiology. For example, the section on pleural diseases includes very little discussion of pleural fluid analysis but devotes a paragraph to mesothelioma. In addition, rapid changes in clinical medicine and practice differences between societies may rapidly make information outdated or inaccurate (eg, ciprofloxacin, rather than more active fluoroquinolone, is mentioned as second-line anti-tuberculosis therapy).

Given the small space allotted to each topic, clarity in statements is essential, but the clinical sections contain occasional unclear or confusing statements. For example, community-acquired pneumonia is defined as "lower respiratory tract infections occurring within 48 hours of hospital admission." It is not clear that this definition could apply to patients who are not hospitalized.

The *At a Glance* series is British in orientation, and the clinical section includes and excludes information that would/wouldn't typically be found in an American text. The text uses European units (eg, kPa rather than cm H<sub>2</sub>O), but information on unit conversion is included. Some of the information is clearly not directed at the North American student; for example, the chapter on tuberculosis states that, "Pulmonary tuberculosis is most common in Asian, Chinese, and West Indian people." Other points of difference in the tuberculosis section include a paragraph devoted to the Heaf test and drug therapy, which recommends a 3-drug initial regimen (as opposed to the 4-drug regimen recommended by the United States Centers for Disease Control).

There was an obvious effort to make this book user-friendly. The index is thorough and there are few typographical errors. The diagrams are clear and well-labeled, and the radiographs clearly illustrate the pathology. No references were included, which would have been useful, given the concise nature of this book.

In summary, **The Respiratory System at a Glance** is a basic and concise review of respiratory physiology and disease processes. It would be most useful for students in medicine, nursing, and respiratory therapy as a supplement to more comprehensive texts and as a review for examinations. I recently taught a course on respiratory medicine for second-year (pre-clinical) medical students, and this book's chapters on respiratory physiology would have been a useful

supplement to highlight and concisely explain key concepts. The sections on clinical medicine might also be useful for health-professional students in their pre-clinical years. Students looking for a guide during their clinical years should seek out one of the many available "on the wards" pocket reference books.

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**The Washington Manual Pulmonary Medicine Subspecialty Consult.** Adrian Shifren MD, editor. *Washington Manual Subspecialty Consult* series, Tammy L Lin MD and Daniel M Goodenberger MD, series editors. Philadelphia: Lippincott Williams Wilkins/Wolters Kluwer. 2006. Soft cover, illustrated, 284 pages, \$29.95.

**The Pulmonary Medicine Subspecialty Consult** is a pocket-sized manual that addresses a broad range of topics in both in-patient and ambulatory pulmonary medicine in a concise and well-organized fashion. It is one of 11 such subspecialty manuals in the *Washington Manual Subspecialty Consult* series. **The Pulmonary Medicine Subspecialty Consult** has 32 chapters, ranging from basic pulmonary concepts (chest radiograph and pulmonary function testing) to complicated disease processes (interstitial lung disease and pulmonary hypertension), with a targeted and thoughtful design. Each chapter contains at least one table of important concepts or differential diagnoses that should be considered when evaluating an individual patient.

There are also flow diagrams that provide logical diagnostic or therapeutic approaches to common pulmonary difficulties. These graphics nicely complement the text in both organization and content. Each chapter is well organized and designed to function as a quick review of the topic, highlighting key points in the patient's history and physical findings, appropriate laboratory and radiographic studies, differential diagnoses, and therapeutic strategies. Each chapter lists suggested readings, including key consensus statements, practice guidelines, important clinical trials, and review articles.

The primary target audience is medical students, residents, and fellows in in-patient and out-patient consultative services, so the book is a quick reference for key details and issues that should be considered in the typical evaluation of patients with common pulmonary disorders. The book fits in a lab coat pocket. The intent of this text is not to function as a complete reference of pulmonary medicine, and it will not replace traditional textbooks that have detailed descriptions of airway mechanics, pulmonary physiology, and pathology.

However, as a quick reference that can be reviewed in several minutes on an in-patient ward or clinic setting, it will be a useful tool in the evaluation of pulmonary patients, by listing the key issues that should be considered while evaluating the patient at the bedside and providing references for a detailed review later. Another population that will find this text helpful are those who practice in busy primary care and hospitalist settings, where the wide variety of patient issues encountered requires convenient, easily accessible information. It will also be a useful and reliable desktop companion.

Overall, this is a useful and well-written reference that addresses a wide variety of topics with a very logical and practical approach. It will quickly find a niche in the lab coats of medical students and residents on pulmonary services. Those looking for a brief review of basic pulmonary topics will also find a tremendous value that lives up to the expected quality and reputation of other products from the *Washington Manual* series.

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**Lung Function: Physiology, Measurement, and Application in Medicine**, 6th edition. JE Cotes DM DSc FRCP, DJ Chinn PhD MSc, and MR Miller MD FRCP. Malden, Massachusetts: Blackwell Publishing. 2006. Hard cover, illustrated, 636 pages, \$199.95.

What an honor it is indeed to have the opportunity to review this book, though I must admit that the idea of critically reviewing it gave me as much disquietude as one might expect from an invitation to publicly discuss inaccuracies in Garry Kasp-