

Leaving aside the intended reader for a moment, it seems that as this book came together, no one was advocating for any reader at all. This is clear as early as page 2, where an annotated drawing of the trachea requires the reader to turn the page to find out what most of the annotations mean. The useless index is only the final example of many.

But the book does have—or says it has—an intended reader: the patient with a chronic heart or lung ailment. It is, says the cover, “a comprehensive and informative reference, in words mom and dad, grandma and grandpa will understand.” A line of bolder script just above that says the same thing louder: “A book gran and gramp can grasp.” Nice alliteration, but did no one notice how patronizing that sounds? For the first few pages, the concept holds, despite maybe telling gran and gramp more about the trachea than they needed to know, and making them flip pages back and forth to learn it.

Once past the anatomy, however, the focus blurs. For instance, the second page of chapter 2, “Patient Assessment,” is headed “Auscultation,” a word I had to Google to be sure I was right about what it meant. The context makes that fairly clear, but why use it, or describe more than a dozen respiratory sounds for gran and gramp, who are unlikely ever to listen to anyone’s breathing, least of all their own, through a stethoscope? The authors suggest that, “If you put your fingers in your ears and breathe deeply, that is similar to the sounds we listen to hear,” but that is simply not so. And even if gran and gramp could hear their own breathing that way, what standard of comparison would they have? Right after the sound effects come jargon words for breathing speeds and patterns (eg, bradypnea, hyperpnea, Cheyne-Stokes), with good illustrations but nothing about what any of them means.

A central 46-page chapter on diseases and treatments lists the diseases alphabetically, which is fine, except that in doing that, and trying to be comprehensive, it forces gran and gramp to bushwhack, in the “P” section alone, through such rarities as psittacosis, Pickwickian syndrome, and paracoccidioidomycosis (a mucous membrane infection suffered mainly by South American coffee workers) to find the entries they’re really looking for, on, say, pleurisy or pneumonia. Surely some differentiation was possible here.

I also question the relevance, for 99% of the target readers, of such entries as scoliosis, myasthenia gravis, or severe acute respiratory syndrome (SARS). And why, in a manual for gran and gramp, include descriptions of bronchopulmonary dysplasia, congenital diaphragmatic hernia, epiglottitis, sudden infant death syndrome, and at least a half-dozen other ailments almost exclusive to newborns and infants? There is useful information in the diseases and treatments chapter, but finding it is a major undertaking. And along the way, for anyone slightly hypochondriac—and what heart or lung patient isn’t, at least a little?—there are all kinds of unnecessary temptations.

The whole chapter seems written by respiratory therapists for respiratory therapists, as a rough-and-ready reference; I imagine it might make a useful training tool. Ditto much else in the book. But that wasn’t the idea.

Living With Your Heart & Lungs has a publisher’s imprint on the spine (Lulu), but that turns out to be an online site for writers who want to self-publish. You supply the manuscript, choose what kind of binding you want, and so on, and they produce the book. What they do not provide—and what was desperately needed here—is an editor. Even a cursory skim by a literate friend would have caught most of the many typos and grammatical slips (eg, “it’s” for “its” and “curtsey” for “courtesy”). A fledgling editor would have fixed things like that thorax drawing with the explanations on the next page, and might also have flagged the many slips of voice, where the writers briefly remember gran and gramp and drop a bit of folksiness into an otherwise unfolkly passage (eg, “bacteria and stuff”) in a section on hazards associated with assistive devices, or, in a passage about the risk of getting an oxygen cannula too near an open flame: “I’ve only seen it one time, but the scars were not pretty.”

An editor with responsibility for the final product would have asked the tough questions, starting with, who is this book for: patients or junior respiratory therapists? If the former, heart patients or lung patients? In trying to serve both, Bryant and Obst short-change both. Most importantly, an editor would have asked, how do those people think about their condition? and what is their perspective? Instead, we get the accumulated knowledge of 2 clearly experienced respiratory therapists, plus a few sample le-

gal documents, but in a form meaningful only to them. Their “grass seed.”

Earlier issues of *RESPIRATORY CARE* have described better alternatives, notably *Coping with Chronic Obstructive Pulmonary Disease*, by Shimberg, reviewed in the May 2004 issue, and, with a title that all by itself shows one classic variation on the “their lawn” approach, *100 Questions and Answers About Chronic Obstructive Pulmonary Disease* by Quinn, reviewed in the September 2006 issue. Not exactly an original editorial approach, but at least someone had to think about the reader.

Charles Oberdorf
Toronto, Ontario
Canada

Thanks to respirologist and researcher Roger Goldstein, Graduate Faculty, Institute of Medical Science, University of Toronto, Toronto, Ontario, Canada, for suggesting that I review this book, and to his inspired staff at West Park Health Care, Toronto, for keeping me alive and writing and editing for the last 5 years.

The author has disclosed no conflicts of interest.

Sleep Disorders: Diagnosis and Therapeutics. SR Pandi-Perumal MSc, Joris C Verster PhD, Jaime M Monti MD, Malcolm Lader MD PhD, and Salomon Z Langer MD, editors. London: Informa Healthcare. 2008. Hard cover, 718 pages, \$399.95.

A phenomenal growth in our understanding of the public health burden posed by sleep disorders is the engine driving an unprecedented level of interest and demand for educational resources in sleep medicine. Specifically, pharmacotherapies for sleep disorders have had a tremendous growth in development of new class agents, fueled by a growing demand for sedative-hypnotics by the rising insomnia burden in our stress-laden societies. The cost of sleep disorders and their consequences to society, in the form of increasing health-care costs, poor quality of life, and lost work productivity, justify the need for a comprehensive source of information for sleep pharmacotherapies.

This book’s timely release promises to fill an important niche as an authoritative text for clinicians and researchers. The editors state that the intended audience includes psychiatrists, psychopharmacologists, neuroscientists, and experimental and clinical pharmacologists, and I believe this volume would be an important reference manual in every sleep disorders center. However, it is

not meant to be a day-to-day manual or single resource for respiratory therapists and sleep technicians. Also, at face value, the book's title is a bit misleading, appearing to have a broader appeal, whereas the content is heavier on pharmacotherapy for sleep disorders.

An impressive 5-member editorial team assembled 125 knowledgeable and preeminent experts in sleep disorders and pharmacology. All aspects of diagnosis and therapies of sleep disorders are well represented. There are 55 chapters and 10 appendixes, which provide a tour de force through sleep pharmacology. The book has a durable and attractive hard cover, and crisp schematics, tables, and figures. The page and font setting are easy on the eyes, and the index is comprehensive and functional.

As a newcomer to the gamut of books in the sleep field, this book carves for itself a nice niche in sleep pharmacology. The editors and authors must be commended for their excellent efforts in dealing with 2 rapidly changing fields: sleep and pharmacology. There are many strengths to this product. This book serves as a "one-stop shop" for any questions a prescribing physician, therapist, or technician may have regarding an agent that the patient is receiving or a prescription the clinician intends to write. In particular, there are separate chapters dedicated to each class of drug, such as sedative-hypnotics or stimulants, that a sleep physician or psychiatrist would prescribe.

Special emphasis on certain areas, some of which are novel, makes this book an interesting read. The chapters on chronopharmacology; geriatric psychopharmacology; and effects of hypnotics on balance, driving, and steadiness lend a certain uniqueness to this book. Similarly, the one on sleep and dreaming was intriguing; however, I am not certain that a chapter on cyclic alternating pattern was deserving of a standalone chapter. Other aspects make this edition a comprehensive text, such as the primers on pharmacokinetics, sleep disorders, appendixes, and approach to patients. Specifically, the algorithmic approaches to patients with sleep complaints were well thought out and elaborate, but remain confined to one page, with clear schematics.

There are some criticisms that I do have, as there is no such thing as a perfect book! Philosophically, I believe that there should have been more balance in space allocated to various therapy categories. In the current form, sedative-hypnotics appear to be over-

represented, whereas stimulants and non-pharmacologic therapies, such as cognitive-behavioral therapy (a treatment alternative for insomnia), seem to be under-represented. There is also a certain redundancy; for example, obstructive sleep apnea appears in a chapter on neuropsychology, and later on its own. But such repetitions appear to be very minimal for such a large text. Lastly, some topics are categorized under disease headings, whereas others are categorized under therapeutic interventions. More structure with regards to categorization of the chapters into sections would have lent more organization. The listed price seems better suited to a facility's budget than that of an individual. But these aspects do not detract this reader from using this text as a valuable sleep laboratory and office resource.

In sum, this well written and very readable text secures for itself a unique niche in sleep pharmacology. **Sleep Disorders: Diagnosis and Therapeutics** belongs on every shelf of a sleep center or prescribing physician.

Sairam Parthasarathy MD

Section of Pulmonary and
Critical Care Medicine
Southern Arizona Veterans Affairs
Health Care System
Tucson, Arizona

The author has disclosed no conflicts of interest.

Respiratory Medicine: Clinical Cases Uncovered. Emma Baker, Dilys Lai. (*Clinical Cases Uncovered* series.) Hoboken, New Jersey: Wiley-Blackwell. 2008. Soft cover, 272 pages, \$39.95.

This book is a good reference for respiratory medicine and the understanding of common respiratory problems encountered by subspecialty practitioners, general practitioners, and medical students. It provides in-depth understanding of commonly encountered pulmonary problems, utilizing a didactic approach to common questions and their answers, and incorporates the patient as a whole in the search for clinical diagnosis and medical decision making.

The book is divided into 3 main sections: the basics, cases, and self-assessment.

The first part of the book emphasizes the basic science related to the respiratory system and takes the reader from anatomy and physiology to understanding and evaluating major respiratory complaints through physical examination and additional investiga-

tive modalities that aid the physician in the diagnosis and management of different respiratory problems. This section provides a specific area of approach to the patient where the most common respiratory complaints are described in detail, including clinical definition, common causes, and risk factors that may contribute to their development. It also contains tables in which the most pertinent information about the topic under discussion is emphasized and easily recognized. These tables are useful throughout the book, and there is back-reference to them when important points of basic science are relevant during the case reviews.

There are also charts and pictures that promote understanding through a direct visual approach to anatomy, physiology, physical examination, and medical thought-processing. Some of these even provide clinical-pathological correlations so that the reader understands the relevance of each clinical or pathological finding. The physical examination is presented with detailed descriptions of the "how to" and is aided with pictures that emphasize important examination techniques as well as pathological and non-pathological findings.

The first part of the book also presents the different diagnostic tools, such as chest radiograph and spirometry, which aid the clinician in making proper diagnostic and management decisions. It explains how they are obtained, how they function, and even explains the proper way of interpretation. Finally, it provides a general idea for treatment options for patients with respiratory ailments.

The second part of the book contains 29 different cases of commonly encountered pulmonary problems in medical practice. In each of these cases, questions pertinent to each problem are answered directly and with the aid of tables that exemplify general medical knowledge regarding the particular problem. Each case is presented in a methodological question-answer format that outlines relevant factors of the history of present illness, important findings of the clinical examination, insight to relevant diagnostic techniques, and final clinical decision making regarding the management and treatment of each case. Most importantly, the cases are presented with questions that permit the reader time to reflect upon the different stages of the clinical investigation.

At the end of each case there is a case review that summarizes the most important aspects of presentation of illness, diagnosis,