ical students and junior residents. Basic information is presented first, followed by layer upon layer of information, until finally the whole idea comes together. This strategy of building from the ground floor up works very well in these sections, in large part because of the nature of the material being covered. There is little debate regarding how to calculate the mean arterial pressure or the location of the left subclavian vein, and that type of information is efficiently presented and well laid out.

The major issues in this book—those most likely to be of interest to medical students and junior residents—are presented in a clear, lucid manner; unfortunately, much of the rest of the book is littered with sections that seem out of place and off-topic. For instance, the generally well-written section on procedures contains a completely unnecessary section that details the proper way to perform bronchoscopy, the fine procedural details of which are unlikely to be of interest to a medical student or junior resident. Likewise, questions such as, "In 1918, what was the leading cause of death?" do not appreciably contribute to the book, and in fact distract from the flow of the text and thus slow the reader's effort to grasp the topic in its entirety. Too much clutter surrounds the good, meaty sections of the book that are most clinically relevant and most important to the reader.

Also, probably as a function of the format of the book, some controversial topics are presented as dogma. For instance, the section on ventilator management flatly states that synchronized intermittent mandatory ventilation is the most appropriate mode for post-surgical patients; the section on bronchoscopy suggests that the bronchoscope should be held with the left hand and that the bronchoscopist should stand at "the right side of the patient, facing the head of the bed"; and the hematology section states that "all patients with platelet counts less than 20,000/μL" should receive platelet-concentrate transfusions. Those statements are made without regard for the tremendous controversy surrounding ventilator management and weaning strategies, the fact that bronchoscopic technique differs widely from institution to institution, and the idea that, though there are guidelines that recommend transfusion of platelets to patients who have less than 20,000 platelets/μL, there are certainly instances in which platelets should not be given in that situation. Widely held opinions, regional practice preferences, and guidelines are presented as dogma and result in giving the incorrect impression that there is only one approach to these issues, without giving voice to the controversy that surrounds them.

If I were asked by a medical student, junior resident, ICU nurse, or respiratory therapist if **ICU Recall**, 2nd edition, would be a useful book for familiarizing oneself with relevant ICU issues, I would very quickly say *yes*. The book has great discussions of the ICU basics, and it would certainly help lay a good foundation on which more detailed understanding could be built. Everything the ICU novice needs to get started is contained in this book, and it is laid out in a readable, understandable fashion. Unfortunately, this book also contains some questions, passages, and sections that are not relevant or are answered in a manner that does not acknowledge other reasonable positions or standpoints. Perhaps if future editions contain less "chaff," the remaining relevant "wheat" will be easier to find, use, and appreciate.

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Cystic Fibrosis: A Guide for Patient and Family, 3rd edition. David M Orenstein MD and 9 contributing authors. Philadelphia: Lippincott Williams & Wilkins. 2004. Soft cover, 465 pages, $29.95.

Your assignment is to interview the family of a 1-month old infant, and the family nervously awaits you in the cystic fibrosis (CF) teaching center. The evidence is conclusive: the diagnosis is CF. The educational journey begins, and the family looks to you with worried, tired eyes: for this journey, you are the guide. You go to your files and begin to collect the dog-eared copies and pamphlets used in patient education, noting that some are copies-of-copies, in poor condition, outdated, and in some cases, illegible. You look to your clinic teammates and ask, "Now what do we do?"

David M Orenstein and 9 contributing authors have responded to this dilemma with the finely crafted text **Cystic Fibrosis: A Guide for Patient and Family**. This guide is a superb work that views patient education through the "tired eyes" of the concerned family member, and the narrative is aimed at creating dialogue between a multidisciplinary health care team and patients or family members who wish to learn about CF. Dialogue, in this case, suggests that well-informed patients and family members will ask better questions, resulting in the need for better-informed CF team members, medical staff, and educators on the issues that are daily confronted by people living with CF.

The book is affordably priced, and the 3rd edition is the benchmark against which all CF patient-education texts should be measured. It is one of those refreshing and rare assemblages of information that present CF for what it truly is: a chameleon-like disease with a constellation of potential issues that may or may not arise as the patient matures.

The authors do not use specific case-study methodology, but interestingly build vignettes around events most likely to emerge as the patient grows to maturity. The book is marketed and advertised as having been written for patients and families who wish to learn about CF, but it is also a must-read text for other audiences involved in all aspects of CF care.

I carefully read the book to discern the difference between it and other education resources touted as patient-focused. The primary difference is clear: Orenstein *listened*. And he dedicated the book "To all those patients and families who have so enriched my life, and have taught me so well." In the acknowledgments, Orenstein praised his mentors Leroy Matthews, Carl Doershuk, Bob Stern, Tom Boat, and Bob Wood, who stand among the giants of pulmonary medicine. The lessons Orenstein learned from patients in his practice were also evident in his willingness to listen to clinical colleagues and family members. This book restates those lessons.

The book was printed on fine paperback stock, and I found no mistakes or spelling errors. The radiographic images ranged in quality. The image on page 58 relies heavily on arrows to give the reader an idea of what happened to the deflated lung in the case of a pneumothorax. The infant chest radiograph on page 62 is an excellent picture of atelectasis. Chest radiographs on pages 73 and 74 clearly show the difference between a normal, well-aerated chest, compared to the hyperexpanded lateral chest radiograph. The radiographs were a bit hazy (probably due to reproduction), but they did provide an important visual prompt that will (along with the explanation) create meaning for the lay-

person who is less familiar with chest radiographs.

The tables, figures, and black-and-white drawings nicely illustrate the book, especially the discourse on "The Basic Defect" (Chapter 1, Figures 1.1 through 1.4) and percussion and postural drainage techniques and positions (Appendix C). The book, as I received it, included a loose errata sheet that warned the reader of potential problems when using head-down positioning of infants during chest percussion and postural drainage; the author stressed the importance of recognizing the risk of aspiration from gastroesophageal reflux disease. I appreciated that point and hope it is included in future editions of this excellent book.

The author's methods in writing this book focused on simplicity, clarity, and the use of vignettes. A reviewer may perceive a problem when a teaching manual does not include exhaustive citations of evidence-based texts and peer-reviewed journal articles. However, my review of this book centered on its readability and patient-friendliness, the flow of the chapters, clarity of explanation, minimal use of medical jargon, and the focus on clinical practice in CF centers, especially its explanation of how and why procedures are ordered.

I compared this guide to a contemporary medical text on CF diagnosis and treatment (a text intended for physicians and medical personnel engaged in CF care), also by Orenstein (with co-authors Rosenstein and Stern): *Cystic Fibrosis Medical Care*, Philadelphia: Lippincott Williams & Wilkins, 2000. I am pleased to report that the 3rd edition of **Cystic Fibrosis: A Guide for Patient and Family** reproduced and smoothly, seamlessly translated the peer-reviewed scientific data into lay language.

Family members will find the guide useful as a CF resource, and junior practitioners of allied health or medicine seeking clarity and consistency in CF-education programs will mark the pages for later reference and thumb through it when faced with a tough question or a sticky situation posed by a family member or patient.

To accentuate the importance of clear communication skills, the author listed clear and concise explanations (in Appendixes A and B) for many acronyms and "med-speak" terms that we inadvertently use (and frequently fail to define) during patient education. I must admit that, in review, some of the definitions and words escaped my recollection; the author thoughtfully cross-referenced many of the definitions and vocabulary words to the page numbers where they are used and explained in the book's narrative.

The chapters are ordered chronologically in regard to patient age, starting heavily with parental and familial information (Chapters 1–12), and then reaching out to the blossoming adolescent and the young adult in Chapters 13–17, and finally defining and further clarifying things in the Appendixes. The author speaks to the critically important issues of teenage and young adult questions about sexuality and reproduction, dating, and exercise regimens, including diet, warm-weather training, and hydration.

The appendix on CF medications and the table on lung-transplantation medicines are thorough and contain several calculations regarding duration of oxygen cylinders and indices for use of oxygen devices. I found that all calculations were precise when cross-checked with more sophisticated tank-duration calculations and formulae. The author objectively evaluated almost every empirical and experimental CF therapy, including aerosol therapy, bland aerosol therapy, and mobilization of secretions.

This book is the perfect platform to begin training patients and to begin making team recommendations for therapy; however, it is not as technically detailed as I would have liked. I would like it to include specific narrative instructions for metered-dose inhalers and spacers, dry powder inhalers, nebulizers, and breathing exercises. I hoped (playing the role of family member) to find instructions on how to do active-cycle-of-breathing technique and autogenic drainage, but these techniques were referred to European "physiotherapists" (akin to North American respiratory therapists). A future edition would benefit greatly by including (as a contributing author) a respiratory therapist from the author's clinic, to overview the techniques that are critical when teaching patients to optimize the efficacy of inhaled medication, and to enhance bronchial hygiene regimens with the many options available.

The title of Chapter 13, "The Teenage Years," heralds a paragraph addressing what I think is the most critical component of patient education among adolescents with CF: "Your Medical Care: Who's in Charge?" (pages 244–245). The author took a firm stand and suggested that a positive outlook, optimism, determination, and establishing autonomy through the adolescent "grabbing control" (pages 246–247) of the treatment regimen was a healthy response to the diagnosis. Likewise, the author suggested that this might be the cure for overly protective parents or well-meaning but "nagging" guardians (page 246). The author emphasized that establishing trust is a critical component in the treatment regimen, both for the caregiver and patient.

The use of vignettes created "word pictures" and illustrated various discussion topics, such as sex and the CF patient (page 269), a discussion (in Chapter 13, "The Teenage Years") on "Your Parents, Prenatal Testing for Cystic Fibrosis, and Abortion" (page 246), and the "good-night kiss" and coughing (page 251). Orenstein presents an understandable explanation of the basic genetic defects of the disease (Chapters 1 and 11) and responds to issues of interest to anyone working with CF, including insurance problems and quality-of-life issues (pages 299–301).

This book, as I expected, spent a great deal of time on the respiratory system (Chapter 3). Chapters 4 and 6 strongly emphasize growth, nutrition, enzymes, and supplements, and Appendix D, "Some High Calorie Recipes," includes a list of inviting recipes generated by patients, family members, and collaborators.

The health professional charged with advising transplant candidates will learn from the thorough discussion of lung transplantation in Chapter 8. In Chapter 15 the author provides poignant and sensitive views on death and cystic fibrosis. Chapter 16, "Research and Future Treatments," discusses, among other things, airway fluid and mucus composition (page 287). Chapter 17 discusses the present and future work of the Cystic Fibrosis Foundation.

Despite the seriousness of the subject matter, I was delighted to note Orenstein's clever addition of humor, including the analogy of bran tasting like "rabbit food" (page 336), the "bad taste" of cod liver oil (page 337), the "sibling pain" that may be encountered by CF patients (page 246), and the undesirable effects of steroids on CF patients, including "disqualification from the Olympics" (page 332).

I was honored to review this book and recommend it for anyone engaged in CF patient care, research, or allied health education. It offers clear, concise, up-to-date CF knowledge for the family physician, the respiratory therapist serving as caregiver and patient educator, the physician extender, the

school nurse, the public health nurse screening children in the county health department, or the bedside pediatric intensive care nurse who treats and advises CF patients and their families.

This book will help you better understand your CF patients, and you will become a better communicator in your role as a health care provider and educator. It covers the basics, and has everything you need to teach and assist CF patients and their loved ones. The serious team member of a CF center will read this book at home, cite it in the classroom, and (even if you must sew a bigger pocket onto your lab coat!) carry it as a reference in the clinic. The 3rd edition of **Cystic Fibrosis: A Guide for Patient and Family** should be considered the foundation of a CF patient-education library.

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The Washington Manual: Allergy, Asthma, and Immunology Subspecialty Consult. Barbara Capes Jost MD, Khaled M Abdel-Hamid MD PhD, Elizabeth C Friedman MD, and Alpa L Jani MD, editors. (The Washington Manual Subspecialty Consult series, Tammy L Lin MD, series editor). Philadelphia: Lippincott Williams & Wilkins. 2003. Soft cover, illustrated, 166 pages, $29.95.

The Washington Manual: Allergy, Asthma and Immunology Subspecialty Consult provides a comprehensive introduction to the field of allergy and immunology, as would be expected of an entry to the generally solid *Washington Manual* series. When the book arrived for my review, I was immediately delighted at its diminutive size, seemingly designed specifically for toting around in the ubiquitous white-coat pockets of medical students and residents. This soft-bound edition (without spiral binding) will add to its durability and ease of transport. It came as no surprise then, to read in the preface that the book is designed primarily for interns, residents, medical students, and primary care practitioners, but it would make an excellent quick reference for any medical provider. Do not be surprised, however, if the book itself is not visible, because a version is also available in a form suitable for handheld computers.

The book's 21 chapters provide an extensive overview of allergy, asthma, and immunology. Most of the chapters are brief enough to be read in only a few minutes. The chapters are organized in an outline form. Each topic is presented with a brief introduction, typically followed by causes, presentation, and management. The chapters conclude with salient key points that highlight pearls contained within. Scattered throughout each chapter are tables and algorithms that effectively summarize and complement the text. Some of the chapters offer specific references of information, but all chapters include at least a suggested reading section. The selected references are well chosen and among the most germane to allergy and immunology, specifically the citations for the practice parameters of allergen immunotherapy, chronic urticaria, and anaphylaxis.

The subject content is both vast and detailed, with the intent to give a useful clinical overview rather than overwhelm the reader with immunologic mechanisms. Diseases of allergy are weighted most prominently. There is a single section on basic immunology underlying allergic reactions and one on in vivo and in vitro diagnostic allergy testing. Though detailed, both sections are well written and are clearly designed as a practical reference, since the materials and methods are described as if one were reading a training manual. In addition to the mainstays of allergic diseases, pulmonary diseases are also well described; there are chapters on asthma, occupational asthma, hypersensitivity pneumonitis, and pulmonary function testing. Inexplicably, the chapter on pulmonary function tests does not graphically depict any flow/volume curves or spirometry, but obstructive and restrictive physiology is otherwise explained concisely in narrative form. Ocular and dermatologic diseases are also discussed and, rest assured, the challenging subjects of eosinophilia and primary immunodeficiencies are well written.

In future editions, I would recommend separating allergic rhinitis and sinusitis into separate chapters, which would allow expansion of these sections to cover other relevant material, including seasonal pollen analysis and conservative treatment of sinusitis with discriminate use of antibiotics.

The obvious strength of the text lies in its descriptive tables and algorithms, which provide information in a condensed and educational form. A handy table contains the time required to withhold medications before bronchoprovocation studies. Other favorites include a table on cross-reactivity of β-lactam antibiotics and another on latex-containing household products. The algorithm for interpretation of pulmonary function testing and indications for additional testing is clear and simple to follow. The explanation of the diagnostic approach to patients with suspected primary immunodeficiencies is almost intuitively clear. A series of tables leads the practitioner through physical examination findings and infection history to narrow the focus to which subset of immunodeficiency should be considered. By following through the recommended tests and interpretation of results, the reader is directed to the potential diagnosis. Other extraordinarily useful items include a list of historical questions for the workup of drug allergy, and an additional set of questions, along with a diagnostic flowchart, for an occupational asthma evaluation. Finally, any medical student or house staff officer should appreciate the thorough lists of differential diagnoses for elevated immunoglobulin E, sinusitis, atopic dermatitis, anaphylaxis, and eosinophilia, to name a few.

The appendixes contain useful tables on (age-related) laboratory values and potencies of topical steroid formulations. However, the remainder of the medication charts and guidelines are unacceptable and incomplete because of the omission of dosing guidelines for pediatric patients. The subspecialty of allergy and immunology is composed rather equally of internists and pediatricians, and thus the readership of this book is likely to be similarly divided. The chapter on anaphylaxis also should have presented treatment guidelines regarding the nuances of epinephrine dosing for pediatric patients.

A final issue for discussion relates to a challenge for the field of allergy and immunology in general. Many experts disagree on management principles, which makes the consensus statements and practice parameters that have been developed all the more valuable. A multiple-author text is expected to have a few different viewpoints, but inconsistencies should be avoided whenever possible. To their credit, the editors have generally succeeded with that difficult task. For instance, the book suggests exercising caution with patients who are taking

David M Orenstein MD and 9 contributing authors. Philadelphia: Lippincott Williams & Wilkins. 2004. Soft cover, 465 pages, $29.95. Douglas E Masini. Respiratory Care March 2005, 50 (3) 392-394; Douglas E Masini. Cystic Fibrosis Clinic, Department of Pediatrics, Cardiopulmonary Science Program, East Tennessee State University, Elizabethton, Tennessee. Find this author on Google Scholar. Find this author on PubMed. Search for this author on this site. Article. References. Info & Metrics. Details. Platform: Ovid Publisher: Lippincott Williams & Wilkins (LWW) Product Type: Book Author/Editor: Orenstein, David M.; Spahr, Jonathan E.; Weiner, Daniel J. ISBN: 978-1-60-831753-0 Specialty: Internal Medicine Pulmonary Medicine Language: English Edition: 4th Ed. Pages: 416 Illustrations: 58 Year: 2011. Collections. Cystic Fibrosis: A Guide for Patient and Family. Lippincott Williams & Wilkins Classic Book Collection. Lippincott Williams & Wilkins Total Access Book Collection. Nutrition in Cystic Fibrosis: A Guide for Clinicians (Nutrition and Health). Elizabeth H. Yen. 5.0 out of 5 stars 1.Â We travel over four hours to attend a CF clinic with these authors/physicians at Children's Hospital of Pittsburgh. Dr. Jonathan Spahr is an incredible clinician, and I am sad that he took a position at Geisinger Medical Center in Danville PA. It's their gain but our loss. Dr. Spahr is listed as the second author.Â i was given this book as a 'free' gift from a drug company that makes cystic fibrosis medication. my son diagnosed was diagnosed at age 5 when he had his pre-k physical. yes...it was very useful after my husband and myself could not find any detailed UPTODATE material on cystic fibrosis...thank goodness more helpful information and websites on cf are.