

and physiology of the respiratory system. Both are intended as review material and are necessarily very brief, but the author has managed to state the important points in a concise style that avoids the impression of superficiality.

A chapter on history-taking is adequate, and that on the physical examination is quite complete. The author notes the semantic confusion with the term "rale" and avoids it, but, at least in the United States, equal confusion surrounds "rhonchi," which he does use for wheezing sounds.

The chapter on pulmonary function testing emphasizes the information available from office-type instruments such as the Wright Peak Flowmeter and the Vitalograph Spirometer. However, the section on the rebreathing  $P_{50}$  is unnecessary, and the discussion of acid-base abnormalities is greatly limited by its dependence on the Astrup technique and accompanying plots.

The clinical disease portion of the book begins with chapters on acute viral infections and the pneumonias. Discussions are brief and to the point, although some may differ with the author's specific recommendations, e.g., "*Klebsiella pneumoniae* demands treatment with streptomycin . . . together with co-trimoxazole." The book is written with the British audience in mind, so that certain terminology, and particularly drug names, may be unfamiliar to readers in the United States. An example of a transatlantic difference occurs in the notation that BCG vaccination remains the policy in the United Kingdom. For tuberculosis therapy the author still lists streptomycin, INH and PAS as the "standard regimen," even though acknowledging that Ethambutol in place of PAS "is now customary."

The chapters are not referenced, but a brief bibliography at the end of the book is organized by topic and includes a helpful one-line annotation of each entry (primarily books and monographs, with a few review articles). Curiously, the author has cited the 1964 edition of Bates and Christie rather than the 1971 revision, although contributions from the author's publishing house are cited in their 1975 edition.

In summary, Brevis has succeeded quite admirably in his goal: "to present a concise review of respiratory disease." Aside from occasional differences in terminology and local practice, it should serve the needs of American as well as British readers. The price of \$13.00, however, is a bit excessive for a 241-page paperback book with line-sketch illustrations only.

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**Clinical Application of Respiratory Care.** By B. A. SHAPIRO, R. A. HARRISON, AND C. A. TROUT. Chicago, Year Book Medical Publishers, Inc., 1975. Pages: 454. Price: PNS.

Intended as a "synopsis," the first section of this text gives an adequate summary of cardiopul-

monary anatomy and physiology. It is followed by a brief account of the rationales for and clinical applications of various therapeutic modalities employed by the "respiratory practitioner." The authors elect not to discuss the controversial but relevant question of the efficacy of treatment, but fail to provide a bibliography sufficient for independent pursuit of this topic. The discussions of oxygen delivery systems, and of humidifiers and aerosols, are excellent, in contrast to the often confusing presentation of these topics in other sources. Unfortunately, pulmonary oxygen toxicity and ARDS (adult respiratory distress syndrome) appear to have been used interchangeably in this section. Statements such as "Acute biochemical oxygen toxicity is a process that may occur with any hypoxic episode to Type II alveolar cells" do little to clarify the subject.

The last section of the book provides brief explanations of the physiologic impairment and appropriate therapy of common pulmonary disorders. The discussions tend to repeat earlier sections, and some duplication might have been avoided by careful editing. Evaluation of cardiopulmonary reserve is found in three different sections of the book. Discussions of deadspace ventilation and alveolar ventilation, which should logically appear in sequence, are separated by a section on cardiac evaluation. In the discussion of cellular metabolic requirements, it is unfortunate that the term "functional demand disparity" was chosen to describe the simple concept of failure of oxygen supply to meet tissue demands. The loose definitions of hypoventilation and hyperventilation as  $P_{aCO_2}$ 's of 30 and 50 torr, respectively, expand the normal  $P_{aCO_2}$  range of 35-45 torr, and may be misleading.

Although the style of writing is somewhat confusing, the book is well conceived and will serve as a useful reference guide for the "respiratory care practitioner." The illustrations are uniformly excellent and add much to the overall appeal of the book.

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**Principles of Resuscitation.** Second edition. By S. FELDMAN AND H. ELLIS. London, Blackwell Scientific Publishers, 1975. Pages: 384. Price: \$12.00.

The authors of this slim text, an anesthesiologist and a surgeon from the Westminster Hospital, London, have collaborated in a second edition, intended for physicians, dentists and nurses involved in the management of patients with cardiopulmonary arrest, and also for those who instruct medical and paramedical personnel. They make a serious attempt to describe the pathophysiologic disorders that result in respiratory arrest and then to discuss the management of these problems. Unfortunately, instead of concerning them-