plished. Despite focusing solely on the tho-
rax, the authors do an admirable job of pro-
viding a complete overview of all topics one
may encounter in the intensive care unit re-

Each chapter contains black-and-white photographs that are clinically relevant and
that clearly identify the illness or injury in
question. The photographs are presented and
described so that they avoid reader confu-
sion. For example, the photograph on sono-
graphic detection of pneumothoraces clearly
identifies the findings of a pneumothorax
on the still image, but the description also
notes the limitations of the photograph and
provides an Internet address at which the
reader can see an in-motion sonogram of a
pneumothorax. In the book the numerous
photographs enhance the explanation of dif-
ficult concepts. The chapters also review
anatomy and surgical technique, which is
important for the practitioner who does not
regularly evaluate critically ill or traumati-
cally injured patients but who needs to re-
view the techniques.

The material is presented so that an in-
tensive-care nurse or respiratory therapist
could understand the concepts and utilize
the themes to assist in improving patient
care. The book’s charts and tables assist in
identifying key concepts. For example, in
Chapter 2.2, “Incisions and Approaches,”
the chart on page 51 is a quick guide to
surgical approaches based on the site of the
injury. Another example of the book’s good
use of charts is in Chapter 1.1, in which
the authors clearly present the various
trauma scoring systems and allow the
reader to identify which system best suits
his or her practice.

The book is bound in hard cover and is
visually appealing. Key concepts are high-
lighted throughout the text with bold and
italic lettering, allowing for easy identifica-
tion. The photographs are clearly marked
with descriptions. The book is offered at a
reasonable price.

My only complaint about this overall
good text regards the preponderance of typo-
graphical errors, starting in the first chap-
ter (eg, on page 3, “filed” should be “field”).
However, aside from such minor editing er-
rors, I found no major errors; the algorithms,
protocols, and procedural information are
precise and accurate throughout the text.
Good examples include the discussion of
approaches to treating penetrating cardiac
injury and the algorithms for ventilator man-
agement and weaning.

In summary, Thoracic Trauma and
Critical Care is an excellent overview of
thoracic trauma in the multiply-injured pa-
tient. Its concise format and writing allow
for quick reference by practitioners and non-
practitioners alike. In achieving its overall
goal of covering the critically ill patient with
thoracic injury, the text neglects extratho-
racic organ systems, which precludes this
book from being the sole source of informa-
tion for students interested in learning about
trauma as a whole. Aside from that, though,
this text is a good addition to one’s
library.

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Aeromedical Evacuation: Management
of Acute and Stabilized Patients. William
W Hurd MD MS and John G Jernigan MD,
Hard cover, illustrated, 373 pages, $95.

Aeromedical Evacuation: Manage-
ment of Acute and Stabilized Patients is a
comprehensive text for medical transport. It
covers many of the complexities involved
in transporting patients by air and addresses
both common and specialized aspects of
aeromedical evacuation.

The text relies heavily on the military’s
experience with medical evacuation and
transportation, which has long been a mili-
tary priority. Many medical evacuation and
transport techniques and logistics were pi-
oneered during wartime. The majority of
this book’s contributors are members of the
military, and many of the topics focus on
military applications, situations, and persp-
ectives. However, the information readily
translates to non-military medical transports.
The origin and evolution of civilian aero-
medical transport are directly linked to mil-
itary medical transport.

Although the text conceptually centers
on aeromedical transport, many of the tech-
niques may be applied to other forms of
medical transport.

The book is organized into 3 main parts.
Part 1 is entitled “The Need” and describes
the history of and need for aeromedical trans-
port. Part 2 is “The Means,” chapters that are
dedicated to the logistics of transport,
such as flight physiology, nursing care, trans-
porting contagious patients, and in-flight
emergencies. Part 3 is “The Patients,” which
covers patient- and disease-specific consid-
erations during transport.

The individual chapters are generally
clear, concise, and provide essential infor-
mation required for effective evacuation and
transportation. In summary, this is a com-
prehensive review that displays the collec-
tive experience gained through a long his-
tory of aeromedical transportation. The
target audience would include anyone with
an interest in the subject.

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Lung Cancer. Frank V Fossella MD, Rit-
suko Komaki MD, and Joe B Putnam Jr
MD, editors. (MD Anderson Cancer Care
Series, Aman U Buzdar MD and Ralph S
Freedman MD PhD, series editors.) New
York: Springer-Verlag. 2003. Soft cover, il-
ustrated, 316 pages, $59.95.

The latest release in the MD Anderson
Cancer Care series, entitled Lung Can-
cer, edited by Drs Fossella, Komaki, and
Putnam, reviews the diagnosis, staging,
treatment, and recent advances in prevent-
ion and early detection of lung cancer. It
is a great read, particularly for the respi-
atory therapist who has an interest in fur-
thering his or her knowledge of lung
cancer.

What I enjoyed most about this book is
that it provides a multidisciplinary approach
to lung cancer, from the perspectives of pul-
monary medicine, thoracic surgery, radia-
tion therapy, and medical oncology. MD
Anderson Cancer Center is one of the lead-
ning cancer centers in the United States, so it
is a treat to read the opinions of this group
of experts on how they manage this disease.
One of the most appealing aspects of the
book is that each chapter ends with a table of
key practice points that highlight, in one-
sentence bullet-items, the salient points
made in the chapter.

As a medical director of respiratory
care, I was particularly drawn to the chap-
ter on the role of clinical practice guide-
lines and clinical pathways for the hospi-
tal management of lung cancer patients. I
believe this chapter would be particularly
useful for respiratory therapists who care
for lung cancer patients in hospital wards
and intensive care units. The chapter in-
cludes preprinted order sheets and a very interesting “pathway to recovery,” which is a patient and family guide on what to expect during each day of the hospitalization for lung cancer surgery. As the profession of respiratory care has been at the forefront of respiratory-therapist-driven protocols, this fits nicely into the current state of our art.

My one criticism of this text is that some of its lung cancer treatment recommendations are not evidence-based but instead are the expert opinions of the staff of MD Anderson Cancer Center, and some of their recommendations differ from those in evidence-based guidelines on lung cancer. For example, the MD Anderson Cancer Center experts recommend that patients with locally advanced lung cancer undergo surgery in addition to chemoradiotherapy. Unfortunately, there is not yet sufficient data from a large, multicenter, randomized trial to support that recommendation. Overall, however, such differences in recommendations are infrequent in the text and do little to detract from the main message.

In summary, Lung Cancer is an easily readable, practical, relatively comprehensive guide for the diagnosis, staging, and management of lung cancer. It has important information for respiratory therapists and is worthy of a place on your bookshelf.

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Lung cancer remains the leading cause of cancer-related death in men and in women. It has surpassed even breast cancer according to the American Cancer Society in 2003.