sachusetts, and they bring both British and American perspectives to the covered topics. For example, in the chapter on community-acquired pneumonia, reference is made to the treatment recommendations of the British Thoracic Society, the American Thoracic Society, and the Infectious Diseases Society of America. One limitation with this approach is that confusion can arise with regard to drugs and practices that are used in one country but not the other. The authors duly note that rimantidine, used for the prevention and treatment of influenza in the United States, is not available in the United Kingdom. However, they fail to mention that viomycin, an aminoglycoside with second-line activity against mycobacteria, is not available in the United States. Similarly, there is a very nice series of photographs illustrating the grades of cutaneous response to the Heat test, a multipuncture technique for tuberculin testing that is widely used in the United Kingdom but is not recommended in the United States, because of the unpredictable quantity of tuberculin delivered. A visual aid to the interpretation of the Mantoux test would be of greater value on this side of the “pond.”

Physically, the book is sturdy and attractive. The paper is of high quality, the text is legible, and the illustrations are clear. The book has colored margin tabs and text boxes for each chapter, which facilitates navigation through the text. The index is complete and accurate.

The book contains a few errors. Figure 1.1 is labeled as showing right-lower-lobe consolidation, but it actually demonstrates opacification of the right middle lobe. It is incorrectly stated on page 105 that intravenous ribavirin has been successfully used for the treatment of Hantavirus pulmonary syndrome. In fact, ribavirin showed no efficacy for the treatment of Hantavirus pulmonary syndrome in 2 unpublished clinical trials. Mention is made in the final chapter of the *Legionella pneumophila* outbreak in “1966” but the sentinel, namesake epidemic occurred in 1976, during the bicentennial celebration of the American Legion at a Philadelphia hotel.

One can quibble with the authors over a number of issues. Dosages of antibiotics are given for antiviral, antituberculous, and antineumocystis agents but not for antibacterial drugs. Providing recommendations for antibiotic dosage and treatment duration in a consistent format would be helpful. Some of the references listed are out of date. For example, the only reference listed at the end of the chapter on pneumonia in immunocompromised patients is Pennington’s *Respiratory Infections: Diagnosis and Management*, the 3rd edition of which was published in 1994.

The chapter on community-acquired pneumonia is generally solid but has several minor limitations. The authors recommend a long list of initial studies for patients requiring hospital admission, including cold agglutinins, and acute and convalescent serologies for viruses, *Chlamydia, Legionella*, and *Coxiella*. These tests are of practical value in a small minority of cases. Vancomycin is listed as the treatment of choice for pneumococcal pneumonia caused by streptococci exhibiting high-level penicillin resistance, but the available evidence indicates that third-generation cephalosporins such as ceftriaxone and high-dose penicillin are effective against these infections. The treatment of choice in this setting is undefined. This book recommends intravenous erythromycin for confirmed *L. pneumophila* infection, whereas most experts would favor a fluoroquinolone for this indication. The brief discussion of empyema does not mention thoracoscopic drainage as an option. The chapter on viral pneumonias does not include cidofovir or foscarnet as secondary treatment options for cytomegalovirus pneumonia. The discussion of Hantavirus pulmonary syndrome does not mention the characteristic and diagnostically useful hematologic profile of this illness.

Although the book addresses most of the common issues in lower respiratory tract infections, a few important topics are missing. Most notably there is no chapter on fungal infections. Fungi are mentioned briefly in the chapters on human immunodeficiency virus and immunocompromised patients, but they warrant a separate discussion. Chronic and recurrent pneumonias also received little attention. Upper respiratory tract infections are not discussed.

Despite these limitations *Respiratory Tract Infection* succeeds as a user-friendly source of concise information and a practical guide to managing most lower respiratory tract infections.

**Shawn J Skerrett MD**  
Division of Pulmonary and Critical Care Medicine  
Harborview Medical Center  
University of Washington  
Seattle, Washington

**Ferri’s Clinical Advisor 2003: Instant Diagnosis and Treatment.** Fred F Ferri MD.  

This book is a quick reference on a wide variety of topics encountered in the care of patients. The text is divided into 5 sections, plus an appendix. Section I briefly describes 615 medical conditions, in alphabetical order, and gives the International Classification of Diseases, Ninth Revision (ICD-9) codes and basics of diagnosis and treatment. Section II outlines the differential diagnosis of 472 common signs and symptoms. Section III contains algorithms for 179 clinical topics, ranging from laboratory-measurement abnormalities to physical examination findings. Section IV discusses laboratory tests and includes normal values, current procedural terminology codes, and interpretation of abnormal results. Section V emphasizes preventive services. Patient teaching guides on a variety of topics are available on the accompanying CD-ROM. Although the target audience is primary care physicians, Section I will be as useful for respiratory therapists, nurses, medical assistants, or specialists who are looking for a brief description of a disease, symptom, or examination finding with which they are unfamiliar. A respiratory therapist caring for a patient with Bell’s palsy will find a concise description of the disease as well as an excellent drawing of the anatomy. The later sections on differential diagnosis and algorithms are better suited to physicians, nurse practitioners, students, and other clinicians.

The book itself is quite large, weighing 8.5 pounds, and is thus not the ideal portable reference. It will be best suited for a primary care practitioner’s desk, nurse’s station, or respiratory therapist’s or respiratory technician’s office. Because of the overall organization of the book, initially I had difficulty finding what I was looking for. The guide inside the front and back covers and the detailed table of contents are burdensome. The index, however, is very detailed and can be used exclusively to find needed information. The book contains many excellent, useful anatomical drawings and black-and-white photographs. The layout of topics in Section I is very user-friendly. Each chapter contains a definition, synonyms, epidemiology, etiology, clinical presentation, differential diagnosis, work-up, treatment, and clinical “pearls” and
considerations. The subsections are bulleted and easy to find. This format works well for brief topics such as epiglotitis or impetigo, and this text can serve as “one-stop shopping” for those types of clinical problems. Broad topics such as diabetes are not as amenable to this condensed, outline format and further reading would be required for appropriate patient care.

Section II contains the differential diagnoses for various symptoms, many of which (eg, puritis) are in list form. Personally, I don’t find a list of 48 things that can cause itching all that helpful. Other topics, however, are written in a format that is very useful for the busy practitioner. The section on acute, painless vision loss, for example, outlines the key examination findings for each of the items in the differential diagnosis. The table on erythematous oral mucosal lesions discusses the location, characteristics, diagnosis, and treatment of each item in the differential diagnosis.

Section III is an interesting collection of algorithms. There are classic algorithms for laboratory-measurement abnormalities (eg, hyponatremia) and symptoms (eg, chronic diarrhea) as well as flow charts for domestic violence, code status determination, and the patient with ill-defined physical complaints. I am not sure that I would have thought to look in a book for guidance on any of the latter topics, but those who do will be rewarded with helpful information.

Common laboratory tests are outlined in Section IV. For each test the chapter provides the normal range, cost, and conditions in which the test result is above or below normal. As opposed to standard laboratory tests that simply list conditions associated with a single laboratory test, this section contains tables that put single test results into the perspective of the “big picture.” For example, a table on findings in thyroid function tests in various clinical conditions lists 7 different thyroid tests and the typical patterns of findings in 9 different thyroid disorders.

Section V lists clinical preventive services. Components of the age-specific periodic health examination and standard immunizations are outlined. There are special sections on travel immunizations, endocarditis prophylaxis, and occupational exposures.

One of the best features of this book is the collection of patient teaching guides on the accompanying CD-ROM. Patient handouts are available in English and Spanish, on a wide array of topics, from abscess to Zollinger-Ellison syndrome. Patient education materials can be hard to find, and this is the most comprehensive list of topics I have seen. They are generally well written and contain good patient education, with sections on Dos-and-Don’ts and When to Call Your Doctor. The handout on the common cold, for example, explains the role of viruses and the lack of efficacy of antibiotics. Providers should review individual topics before distributing them to patients. Some are written at a level that patients may find difficult to understand without additional explanation.

In general the information provided is accurate and up-to-date, but I did find several examples of recommendations that are not in keeping with standard practice. For example, the section on ankle sprains contains many very useful drawings but states that “plain radiographs are always needed.” However, the listed reference suggests the use of the Ottawa ankle rules, a commonly used clinical tool to reduce unnecessary radiography. The hepatitis C patient teaching guide recommends separate or disposable eating utensils for individuals with hepatitis C. The Centers for Disease Control acknowledges the need for separate personal-care items such as toothbrushes and razors but not the need for separate eating utensils. Such recommendations may unnecessarily heighten a patient’s anxiety regarding his or her condition.

I have been a primary care provider for over 10 years, but I still sometimes need a succinct reference to guide my work-up or treatment of unfamiliar problems, and I will use this book in clinic as a quick review of topics, including medical orthopedics, ophthalmology, and dermatology, because of the book’s breadth, brief and varied format, and the good quality of the drawings and pictures. Beginning practitioners will find much of the information helpful in day-to-day practice. The book does not pretend to be and should not be used as a comprehensive text of all medical topics. A wide variety of general and specialty texts, reports, and review articles must be used in the care of patients.

Deborah L. Greenberg MD
Division of General Internal Medicine
Department of Medicine
University of Washington Medical Center
Seattle, Washington

Thoracic Trauma and Critical Care.

Thoracic Trauma and Critical Care, edited by Drs Karmy-Jones, Nathens, and Stern (who are all from Harborview Medical Center in Seattle, Washington), provides a succinct and well-organized guide to the management of thoracic trauma and thoracic surgery. The text supplies a large body of information in the format of brief, well-organized chapters. Each chapter gives a general overview on the chapter topic, followed by commentary and a discussion of current controversies. For example, Chapter 3.2 presents an explanation of blunt and penetrating injuries of the tracheobronchial tree, followed by comments on the difficulties of managing such injuries. The commentary sections provide important clinical “pearls.”

The text gives an excellent review of the critically ill patient, whether in the intensive care unit or the emergency department. The book’s focus is care of the chest, chest wall, lungs, and mediastinum. The book begins with a brief overview of resuscitation of the trauma patient and the assessments used to identify patients with severe injury. The early chapters identify the markers of adequacy of perfusion associated with resuscitation of the multiply-injured patient who presents with thoracic trauma. The book then reviews basic concepts and conditions (eg, tube thoracostomy and chest wall burns) and some of the most complex management problems (eg, acute respiratory distress syndrome, tracheobronchial injuries, and tracheoinnominate-artery fistulas). The chapters describe important diagnostic and treatment adjuncts that guide surgical and nonsurgical treatments of the injuries and diseases.

The information is concise and evidence-based. Information supplied in each chapter is presented in a manner that can serve as a guide for all, from the most junior resident to an attending surgeon looking for a quick review. The book, which is very readable, focuses on the thorax, which is unusual in comparison with traditional trauma textbooks, in which multiple organ systems are reviewed. This book’s aim was to review critical care, surgical practices, and treatment modalities of the multiply-injured patient who presents with concomitant thoracic injury, and that aim is definitely accom-
Filamentous fungi (Phalen and Moore 2003; Martins et al. 2006), zebra finch. (Martins et al.) In addition to clinical improvement and microscopic examination of droppings, PCR was used for the first time to evaluate treatment response in birds diagnosed with *M. ornithogaster*. Administration of amphotericin B via drinking water proved to be effective in more than 50% of cases, indicating a less stressful alternative to the oral administration of amphotericin B twice daily. This review on megabacterium and megabacteriosis emphasizes the newest knowledge regarding megabacteria which identifies them as fungi. Evidence also suggests that the strains of the organism investigated do not belong to a single taxon. This CD-ROM and book provide diagnostic and therapeutic information on a range of diseases and disorders in a format that allows quick searches and rapid information retrieval. The guides focus on what patients need to do after leaving the practitioner's office (how to speed recovery, prevent infection, administer medication and when to contact a physician if warning signs occur) and improve doctor-patient communication, patient satisfaction and quality of care. Bestselling author Fred F. Ferri, MD, FACP-known for his succinct, at-a-glance guidance in clinical decision making-offers The 5-Minute Clinical Consult Premium 2019. 5,314 Pages•28.58 MB•20,672 Downloads•New! A full-color case-based review of the essentials of pathophysiology covering all major organs and systems More than 130 Differential Diagnosis in Internal Medicine: From Symptom to Diagnosis. 1,143 Pages•72.68 MB•32,998 Downloads•New! No other quick reference comes close in covering the diagnosis and treatment of hundreds of diseases in dogs and cats. *Ferri's Fast Facts in Dermatology: A Practical Guide to Skin Diseases and Disorders*, 1e. 453 Pages•64.58 MB•4,321 Downloads•New! *Ferri's Clinical Advisor*. Instant Diagnosis & Treatment, 2003. 5th edition. by Fred F. Ferri. 0 Ratings. 0 Want to read. *Ferri's Clinical Advisor: Instant Diagnosis and Treatment, 2003* (Book with CD-ROM). July 15, 2002, Mosby-Year Book. Hardcover in English - Har/Cdr edition. zzzz. Not in Library. 2. *Ferri's Clinical Advisor: Instant Diagnosis & Treatment, 2003*. July 15, 2002, W.B. Saunders Company. Hardcover in English - 5th edition. Clinical Research Fellow Gastroenterology Guy's & St Thomas' NHS Foundation. Trust London UK. Diarmuid O'Donoghue. Evaluation, differential diagnosis, and subsequent management of inflammatory bowel disorders. However, when taken together with the history, endoscopic findings, and clinical course it may significantly help to make the case for one type of IBD rather than another [1,2]. Pitfalls occur with the too-oft practice of not providing the pathologist with an adequate history and endoscopic description, or with unrealistic expectations of what biopsy can do in management. An elegant review is available for those of us who are perplexed by the diagnosis of indeterminate colitis [2]. Conclusion.