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-
respecting surgical care of thoracic trauma.
The chapter in-
B OOKS ,F ILMS ,T APES ,&S OFTWARE
In summary, Thoracic Trauma and
Critical Care is an excellent overview of
thoracic trauma in the multiply-injured pa-
ient. 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
thorax 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: Management
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 per-
spectives. However, the information readily
translates to non-military medical transports.
The origin and evolution of civilian aero-
medical transport are directly linked to mil-
tary 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 preven-
tion 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-
ing 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.
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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