

*Book Reviews***PULMONARY IMMUNOTOXICOLOGY**

*Edited by Mitchell D. Cohen, Judith T. Zelikoff,  
and Richard B. Schlesinger. 465 pp., illustrated.  
Boston, Kluwer Academic, 2000. \$175.  
ISBN 0-7923-7843-1.*

WHEN I first looked at the title of this book, I was both pleased and relieved. Pleased that an attempt had been made to consolidate the concepts of pulmonary immunotoxicology. Relieved that now I could turn or refer others to a single source of information about how a pollutant might affect susceptibility to infection, allergies, or other lung diseases associated with the immune system. Thus, I opened this book with great expectations, and for the most part those expectations were met. The editors and authors have done an excellent job of pulling together discussions of complex and diverse topics into a readable and informative book.

The book has four sections. The first two are divided into three chapters each and provide the basic background. The three introductory chapters orient the reader to the structure of the respiratory system, the pulmonary immune system, and the fate of inhaled gases and particles. The next three chapters describe what can happen to the respiratory system (primarily the lung) when the immune system is altered — that is, the allergic, fibrotic, or autoimmune diseases that can affect the lung. Pulmonary immunotoxicology is distinguishable from general toxicology and immunology in that it requires an understanding of pulmonary function, the deposition of gases and particles, the clearance of substances from the respiratory tract, and the relations between these processes and innate and acquired immunity. The complex and dynamic relations between respiratory-system function and defenses make this a challenging and exciting topic. The first six chapters provide the reader with an appreciation of the complexity of the topic, but the level of detail is such that immunologists and toxicologists appear to be the target audience. Indeed, a good working knowledge of these disciplines would be a prerequisite for understanding most of the topics covered in the book, although a background in pulmonary physiology is not needed.

The next 10 chapters give specific examples of immunotoxicants. All of the discussions would seem to have deficiencies to a reader who is working actively on any of these topics. But for the clinician or researcher who wants basic information about the pulmonary toxicity or immunotoxicity of a given compound or class of pollutants, this would be a good place to start. The chapters are well referenced, and one can easily find citations of sources of more detailed information if it is desired.

The final two chapters deal with risk assessment and biomarkers. They provide a nice summary of many of the topics that are covered, and they show how data regarding the exposure of animals and environmental assessment can be combined to promote understanding of complex topics. These chapters are most useful to the reader who wants an introduction to risk assessment and biomarkers, but they also demonstrate the use of pulmonary immunotoxicolog-

ic data in the assessment of environmental and occupational hazards.

The design of the book makes it somewhat cumbersome. The lack of chapter headings on each page of text makes reading more difficult than necessary. Frequently, when I tried to check references, I had to search page by page to find the references that went with the chapter I was reading. The figures and tables are not clearly set apart, so their captions and legends run into the text.

Nevertheless, this book is a useful general reference on an important topic. The chapters on specific topics may provide a useful source of information on subjects that are outside the reader's area of research. Overall, this book succeeds in its stated purpose of describing the ways in which occupational or environmental exposure to various substances changes immune function in the respiratory tract and how it may affect a person's health.

DANIEL M. LEWIS, PH.D.

National Institute for Occupational Safety and Health  
Morgantown, WV 26505  
dml1@cdc.gov

**PRIMARY PEDIATRIC PULMONOLOGY**

*Edited by Allen J. Dozor. 296 pp., illustrated. Armonk, N.Y.,  
Futura, 2001. \$88. ISBN 0-87993-464-6.*

THERE are at least four large, comprehensive textbooks on lung disease in children. *Primary Pediatric Pulmonology* is more a handbook of pediatric lung disease and focuses on evaluation and treatment of common disorders. Thus, the book is unique in concept, but does it achieve its goal?

The 14 chapters are by experts in the field. The first chapter, on the evaluation of chronic or recurrent respiratory symptoms in children, contains numerous practical points. Next comes a chapter on noisy breathing and stridor in infants, which contains fewer key points and is vague on the time required for spontaneous resolution of laryngomalacia. What do you tell the parents? However, there follows an excellent discussion of apnea in infants. The sudden infant death syndrome is discussed briefly, but there is no mention of the significant reduction in incidence when sleeping babies are placed in the supine rather than the prone position (the "back to sleep" initiative). This is an important practical point for the primary care physician.

Obstructive sleep apnea in children is well covered. The chapter on wheezing and croup in infants is also excellent; it contains a list of important questions related to wheezing and a useful algorithm for diagnosis. Discussion of the treatment of bronchiolitis is disappointing. The primary care physician needs to know what drugs to use and why as well as the dose, route of administration, and duration of treatment. This information could have been easily presented either by highlighted key points or in tabular form.

The next three chapters deal with childhood asthma. They discuss epidemiology, morbidity, mortality, and urgent and hospital care of asthma. The discussion of the management and prevention of asthma is practical and gives a stepwise approach to the use of "controller" and "reliever" drugs and guidelines for referral to an asthma specialist.

The final chapters discuss bronchopulmonary dysplasia, cystic fibrosis, pneumonia, and tuberculosis. The chapter on cystic fibrosis, one of the most thoughtful in the book, is written specifically for the primary care physician. The book ends with a novel chapter on pediatric office-based smoking intervention. Both active and passive smoking are major public health problems, and the addiction frequently has its origins in adolescence. Very useful "ask hints," "advise hints," and "assist hints" are found in the chapter.

This book, meant for primary care physicians, suffers from some of the problems of larger textbooks. Sometimes the main focus of the book seems lost, and there are important omissions, such as hyaline membrane disease, pneumothorax, meconium aspiration, bronchitis, and bronchopneumonia. I suspect that primary care physicians are more involved with such lung diseases than pulmonologists. Some of the individual chapters are outstanding, but overall I can give this book only a lukewarm recommendation.

VICTOR CHERNICK, M.D.

University of Manitoba  
Winnipeg, MB R3A 1S1, Canada

#### CLINICAL MANAGEMENT OF INFECTIONS IN IMMUNOCOMPROMISED INFANTS AND CHILDREN

*Edited by Christian C. Patrick. 654 pp. Philadelphia, Lippincott Williams & Wilkins, 2001. \$120. ISBN 0-7817-1718-3.*

**I**N 1992, Patrick edited a comprehensive textbook (*Infections in Immunocompromised Infants and Children*, Philadelphia, Churchill Livingstone). It contained a wealth of information in 56 chapters, spread over 850 pages. *Clinical Management of Infections in Immunocompromised Infants and Children* is similar to the earlier book but is more focused on clinical issues. It deals with the management of immunodeficiency states associated with prematurity, congenital immune deficiencies, and chemotherapy-associated immunosuppression in patients undergoing treatment for leukemia and lymphoma or organ transplantation. Other chapters take up the secondary disorders of host defense often seen in sickle cell disease, chronic renal failure, cystic fibrosis, malnutrition, asplenia, and burns. The book also includes a section on the sinopulmonary, enteric, central nervous system, and dermatologic manifestations of infections in immunocompromised patients. It also includes interesting chapters on childhood immunization and the use of antibiotics and immunomodulators in immunodeficient patients.

This excellent book is well written and clearly focused on clinical management. Several chapters include simplified management guidelines and algorithms for developing logical treatment plans. The reader will find them helpful as quick references during bedside care. The chapters on immunomodulators and antibiotic therapy provide relevant and up-to-date information on some of the new treatments for severe infections in immunocompromised patients. Overall, this is an excellent book and should be valuable to pediatricians, immunologists, hematologists, and oncologists

involved in the care of immunocompromised patients with infections.

PEARAY L. OGRA, M.D.

Children's Hospital  
Buffalo, NY 14222

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## NOTICES

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#### ASIAN EMERGENCY CARE AND DEFENCE MEDICINE

The "International Exhibition and Conference" will be held in Singapore, Sept. 27–29.

**Contact** Hyunju Park or Shirlyn Leow, PSA Exhibitions Pte. Ltd., Singapore Expo, 1 Expo Dr. #01-01, Singapore 486150; or call (65) 580-8381 or (65) 580-8377; or see <http://www.aedm-asia.com>; or fax (65) 580-8300; or e-mail [hjpark@hq.psa.com.sg](mailto:hjpark@hq.psa.com.sg) or [shirlynl@hq.psa.com.sg](mailto:shirlynl@hq.psa.com.sg).

#### 5TH ETNEAN EPILEPSY WORKSHOP

The workshop will be held in Taormina, Sicily, Sept. 27–29.

**Contact** Dr. Antonino Pavone, EEG, Epilepsy Unit, Neurology Dept., Ospedale Garibaldi, 95100 Catania, Italy; or fax (39) 95 31-21-52; or e-mail [hsepa@tin.it](mailto:hsepa@tin.it).

#### INTERNATIONAL PHYSICIANS FOR THE PREVENTION OF NUCLEAR WAR

A conference entitled "Aiming for Prevention: International Medical Conference on Small Arms, Gun Violence, and Injury" will be held in Helsinki, Finland, Sept. 28–30.

**Contact** Brian Rawson, IPPNW, 727 Massachusetts Ave., Cambridge, MA 02139; or e-mail [brawson@ippnw.org](mailto:brawson@ippnw.org); or call (617) 868-5050 ext. 208.

#### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ROAD MAP

The conference, presented by CMHC Systems, will be held in San Francisco, Sept. 29–Oct. 1.

**Contact** HIPAA Road Map, 570 Metro Pl. N., Dublin, OH 43017; or call (888) 848-8111; or fax (614) 799-3188; or e-mail [hipaaroamap@cmhc.com](mailto:hipaaroamap@cmhc.com).

#### UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

The following courses will be offered in Ann Arbor, Mich., unless otherwise indicated: "Pediatric Board Review" (Sept. 9–14); "Scientific Evidence in Cardiovascular Practice: A Tribute to Bertram Pitt, M.D." (Sept. 14); "Critical Clinical Issues in the Care of the Elderly" (Sept. 21 and 22); "Field of Dreams Cancer Symposium" (Sept. 29); "Update on Pulmonary and Critical Care Medicine" (Oct. 1 and 2); "Neonatology 2001" (Oct. 11 and 12); "Office Procedures" (Oct. 17 and 18); "Child Abuse and Neglect: Prevention, Assessment and Treatment" (Ypsilanti, Mich., Oct. 22 and 23); and "Otolaryngology for the Non-Otolaryngologist" (Oct. 29 and 30).

**Contact** Joyce Robertson, UMMS, Dept. of Medical Educ., P.O. Box 1157, Ann Arbor, MI 48106-1157; or call (800) 800-0666 (natl.) or (734) 763-1400 (Mich.); or fax (734) 936-1641.

#### PEDIATRIC FLEXIBLE BRONCHOSCOPY

The course, sponsored by the Children's Hospital Medical Center, Cincinnati, will be offered in Blue Ash, Ohio, Oct. 3–6.

**Contact** Dr. Robert E. Wood, Children's Hosp. Medical Ctr., 3333 Burnet Ave., Cincinnati, OH 45229; or call (513) 636-2775; or fax (513) 636-7734; or e-mail [rewood@chmcc.org](mailto:rewood@chmcc.org).