

Pulmonary Complications of HIV

Charles Feldman, Eva Polverino, and Julio A. Ramirez, editors

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Pages: 265; Price: US \$75.00 (paperback)

Pulmonary Complications of HIV summarizes current practices for diagnosing and treating common HIV-related pulmonary complications. It is a well-written, educational work that will interest anyone managing the care of HIV-infected persons. The content and amount of information packed into this easy-to-read textbook is impressive. Each chapter is well organized and well referenced, and important concepts and definitions are laid out clearly.

Since HIV/AIDS was first described, clinicians have found that the lung is the site most frequently affected and that pulmonary complications are a major cause of illness and death for HIV-infected persons. However, over the years, the discovery and use of antiretroviral therapy has increased life expectancy for HIV-infected persons, and the spectrum of infectious and noninfectious pulmonary complications has changed. For example, the incidence of opportunistic pneumonias has declined dramatically, whereas the incidence of bacterial pneumonia has not decreased proportionately. Furthermore, noninfectious complications, such as chronic obstructive pulmonary disease and lung cancer, are increasing. It is critical for anyone managing the care of HIV-infected persons to be aware of these lung complications and understand their diagnoses, possible treatments, and prevention. Pulmonary Complications of HIV does an excellent job discussing these aspects.

The authors are well-respected researchers and clinicians from throughout the world who work in the fields of pulmonary medicine and HIV-related lung diseases. The literature on HIV-related pulmonary complications is still lacking in certain areas, which most likely led to some chapters (e.g., Bronchiectasis) to be shorter and less comprehensive than others. Of the book's 19 chapters, the first 2 discuss the global epidemiology of HIV and current antiretroviral therapy guidelines, which will be useful for clinicians who might not regularly manage the care of HIV-infected patients. The third chapter discusses pulmonary immunity, a complicated topic but one the authors explain simply by emphasizing essential concepts. The next several chapters highlight various diseases and strategies for preventing them in the field, including vaccine guidelines. In addition, the authors cover a number of other key aspects to HIV care, such as pregnancy, pediatrics, and infectious and

noninfectious complications, completing a thorough review of the literature. Although infectious disease specialists and others who care for HIV-infected patients might consider the first few chapters too simplistic, the latter chapters on pulmonary complications will be relevant and instructive. Pulmonologists will find that the first few chapters discuss aspects of HIV care to which they are not readily exposed and the latter chapters provide information on the epidemiology, clinical manifestations, diagnosis, and management of common complications seen in HIV-infected persons.

Pulmonary Complications of HIV does an exceptional job summarizing the major pulmonary manifestations of HIV/AIDS and discussing the progress in overall HIV treatment. Because the book itself is fairly short (265 pages), it appears to be more of a simple paperback rather than a reference textbook. Regardless, it is worthy of a spot on your bookshelf. As a clinician, educator, and researcher in the field of HIV-related lung disease, I found the book to be informative, easy to read, and a quick and simple reference to have on hand. It would be valuable to any medical trainee or clinician who manages the care of HIV-infected patients.

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The Emergence of Tropical Medicine in France

Michael A. Osborne

University of Chicago Press, Chicago, Illinois, USA

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The idea of naval medicine as a specific and discrete art is richly illustrated in *The Emergence of Tropical Medicine in France*, Michael Osborne's historical account of French colonial medicine. For expanding European empires, the nineteenth century was a time when theories of tropical disease evolved as responses to distinct challenges on ships, in colonies, and in home ports. In France, a system of provincial medical schools was built by the navy

in the port cities of Brest, Rochefort-sur-Mer, Toulon, and Bordeaux. Each faculty held to and taught their own system of medical knowledge retained within the regional boundaries. As described in this book, beliefs on causality and therapeutic options remained divided among the discrete spheres among institutions. The lack of accepted curricula seems a distant reminder of the many gains made before evidence-based medicine. To enrich the perspective, most of the book's content is set in advance of the study of medical geography, which settled some longstanding misconceptions about ethnicity, location, and disease. Confusion reigned in colonial settings because of the similarity of causes implied during outbreaks of yellow fever, cholera, plague, typhus, and typhoid fever.

This book does not address the scientific advancements on infectious etiologies; rather, it provides the context for French innovation within colonial functionaries, clashing ideologies, and commercial considerations. Medical training played a pivotal role in French colonial activity, as in Madagascar in 1895, when expeditionary forces were decimated by the thousands from malaria. While the prevailing belief was that tilled and swampy land caused the illness, that belief was overturned, by persons with medical training, in favor of insect bites. Success in Madagascar, as well as other overseas colonies, depended upon knowing disease cycles and managing interaction in the human populations.

This book is a worthwhile investment for those interested in historical narratives on tropical medicine previously unavailable in the English language. Naval physicians like Charles-Adolphe Maher did remarkable studies while touring the tropics. In 1823, after having studied at Rochefort, he spent 2 years voyaging and encountered yellow fever outbreaks in Havana and Veracruz. Within the confines of his ship, Maher carefully compared the spectrum of symptoms. His conclusion on intermittent fever being a variety of malaria was far from correct, yet Mahler did initiate brave comparisons of therapies among patients, albeit with blood-letting and dietary privations. Maher's lifelong findings on medical statistics, *Statistique Medicale de Rochefort*, first published in 1874 and recently reprinted, recount the lively experiences of Mahler and many other persons investigating *médecine exotique*. Osborne's book provides key insight regarding influential persons who revolutionized notions of disease, recognizing their contributions as harbingers for the vast developments to follow in the twentieth century.

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The number of invasive pneumococcal disease reports was listed incorrectly in Risk Factors for Death from Invasive Pneumococcal Disease, Europe, 2010 (A. Navarro-Torné et al.). The article has been corrected online (http://wwwnc.cdc.gov/eid/article/21/3/14-0634_article).

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