

shows a structure of community support providing incentives at the top and government commitment providing funding and training through the National Tuberculosis Programme at the foundation. The other elements of treatment fill out this framework in order to reach the patient, at the center, with complete treatment. The second figure, the vicious circle of poverty and TB, shows the consequences of failure. Although this chapter and the following chapters on important aspects of treatment and management bring current and fresh perspectives and information to clinicians treating TB, these figures at the heart of a current major international textbook on TB may inspire individuals in positions of influence to recognize that the most important elements of TB treatment are public support and government commitment. Yew credits new public-private partnerships such as the Global Alliance for Tuberculosis Drug Development with developing effective infrastructures for supporting research and development of new TB drugs.

The chapters on Bacille Calmette-Guérin (BCG) and treatment of latent TB infection are very important and useful, since a long but unpredictable period of latency is one of the hallmarks of TB, and since these 2 interventions have been shown to have a protective effect. BCG vaccination for TB is currently administered to 100 million children worldwide. The author of this chapter, Hans Rieder, of the International Union Against TB and Lung Disease, presents the history and evidence supporting this intervention and the reasons for continuing it, in spite of its limitations, in resource-poor settings. BCG has been proven to help protect infants and small children from the most severe forms of TB. Clinicians in settings where BCG is not routinely used will find this chapter very useful in helping them work with patients who come with histories of BCG vaccination.

Chapter 18 is by the same author of the corresponding chapter in the previous editions, Richard O'Brien, recently of the United States Centers for Disease Control and Prevention (CDC) and now with the Foundation for Innovative New Diagnostics, in Switzerland. This chapter shows a point in the evolution of TB control in its title, "Treatment of Latent Tuberculosis Infections," acknowledging the principle that presentation may change practice more effectively than data. O'Brien's chapter in the 1994 and 1998 editions was entitled "Pre-

ventive Therapy." This change in terminology was adopted in 2000 in the United States in order to emphasize that latent TB infection (LTBI) is a condition that should be actively diagnosed and treated. Although treatment of LTBI has been shown to reduce the development of active disease by as much as 90% in large multinational studies since the 1960s, and widespread implementation is known to be necessary to achieve eradication of TB, acceptance of this intervention has been mixed. The most highly recommended regimens, a year after publication of the book, remain the same as those described in this chapter: 9 months of isoniazid in the United States and Canada, and 3 months of rifampin and isoniazid in the United Kingdom. However, the real and the perceived challenges of toxicity, adherence, and drug resistance have led to the development of shorter regimens. One of these showed tremendous promise in studies of HIV-infected individuals (2 months of rifampin and pyrazinamide), and it was still included among currently recommended regimens in the United States at the time of publication, though with strong caveats. Early cases of severe and fatal hepatotoxicity with this regimen are well-described and documented in this chapter, along with recommended precautions, showing the accumulation of evidence during an episode of transition in TB control. Updates to the 2000 statement on targeted testing and treatment of LTBI subsequently have been published and widely disseminated by CDC, advising, based on demonstrations that it is associated with unacceptably high rates of hepatotoxicity, that, "... this regimen should generally not be offered to persons with LTBI for either HIV-negative or HIV-infected persons."<sup>8</sup>

**Clinical Tuberculosis** presents the current state of the art in international TB control from the perspectives of well-recognized experts in the field. It reaches out to a wide range of audiences: to subspecialty physicians receiving referrals for diagnosis and treatment of TB as well as to interested non-specialists who might or might not see an occasional case, both in wealthy low-incidence countries and to the far more numerous community practitioners in high-incidence areas with minimal resources, who diagnose and treat new cases of TB every day. However, it has the potential to be most useful in the hands of members of the public who may not understand much of the technical detail but who have the capacity

to recognize the tragedy of the global TB epidemic. They will find this book to be an excellent current compendium of tools for fighting that tragedy and may find the inspiration and summon the energy and creativity to participate in the continuing story.

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**The Mold Survival Guide for Your Home and for Your Health.** Jeffrey C May and Connie L May. With a contribution by John J Ouellette MD and Charles E Reed MD. Baltimore, Maryland: The Johns Hopkins University Press. 2004. Soft cover, illustrated, 215 pages, \$18.95.

This is the second book from Jeffery May on indoor environmental hazards, following *My House is Killing Me! The Home Guide*

for *Families with Allergies and Asthma*,<sup>1</sup> a guide for the prospective homebuyer or homeowner with indoor air problems. That volume was a readable survey of home indoor issues that join the burgeoning literature on indoor air problems. This new volume focuses on one of the most controversial and litigated aspects of indoor air health complaints: mold. The book's publication is particularly timely, with the recent publication of the Institute of Medicine's report, *Damp Indoor Spaces and Health*,<sup>2</sup> which nicely summarizes the evidence that moisture and mold are associated with upper-airway complaints and asthma exacerbation.

The Mays have peppered **The Mold Survival Guide** with fascinating personal anecdotes from their experience as home inspectors. The book brings a complex and fascinating science alive and is accessible to most readers. As in the previous volume, this one is directed toward home or condominium owners facing mold and moisture problems. The book may also be helpful to alert practitioners who must address this increasingly common complaint in their practice and the building contractors who are considering adding mold remediation to their repertoire. The book does provide some helpful references, from both the lay and scientific literature, but it is not meant as a reference guide to mold biology, exposure assessment, or health effects. As the authors note, it will help one stay "abreast of the news in medicine, legislation, and the insurance industry," and "will help you defend your physical and economic health against mold."

The book is organized into 3 parts. Part I, "The World of Mold," provides a survey of mold biology and health effects. The authors' vast field experience inspecting and documenting mold contamination is exhibited in Part II, "The Search for Mold," and they appropriately finish with "The Cleanup," describing what options one has for safely addressing the problems identified in Part II.

Part I is a succinct introduction to the problem and review of mold biology and health effects. The health effects chapter is a brief, reasonably balanced summary of immune response, focusing on respiratory effects. It is consistent with the aforementioned Institute of Medicine report, and would benefit from references (there are

none). It leaves the raging controversy over nonrespiratory complaints (often neurological) to one sentence, noting that such effects "are still being debated." The Institute of Medicine found insufficient evidence for such effects. The final chapter of this section nicely outlines why "the mold landscape is in chaos," with legal and scientific wrangling and the emergence of congressional action demanding research and guidelines to help the public navigate this landscape. It points out the evolution of concern at the National Institute for Occupational Safety and Health, which has increased its percentage of "sick building syndrome" cases caused by microbiological exposure from 5% to 35–50% in recent years.

Part II entitled, "The Search for Mold," demonstrated the authors' enthusiasm for the detective work required for moisture and mold remediation in homes. Their descriptions of what to look for and where are easy to follow. There are many stunning color photographs and horror stories involving water intrusion and subsequent structural damage. In addition to description of hazards in living spaces, the authors spend even more time focusing on those out-of-sight-out-of-mind areas of housing where mold problems can be missed by incompetent inspectors and fester for years before being noticed. The chapters include "What Lurks Below," "Mold in the Mechanicals," and "The Spaces We Don't Live In." As visible damage is often the tip of the iceberg of mold problems, this emphasis is well-founded. There are good discussions on crawl spaces, along with ventilation, heating, and air-conditioning-system pitfalls. The final chapter of the section wades into the controversy over mold measurement. The authors do recognize the uncertainty in this matter and note when referring to the lack of importance of mold speciation, "and here mycologist and indoor air quality professionals will probably disagree with me." In clinical practice, despite the absence of accepted safe or dangerous levels, mold measurements will be taken, and the chapter does aid in interpretation. Another recent source for clinicians is, *Guidance for Clinicians on the Recognition and Management of Health Effects Related to Mold Exposure and Moisture Indoors*,<sup>3</sup> which was published after **The Mold Survival Guide for Your Home and for Your Health** went to press. Each chapter in this part ends with

a helpful question-and-answer section to help one address common problems and recognize and avoid shoddy contracting. The question-and-answer format gives a "real-world" character to the more didactic text. Much of the content here is drawn from Jeffrey May's first book and amply informs this subject matter as well.

The final section is aptly named "The Cleanup." These chapters briefly address frequent concerns about the health (and economic) impacts of cleaning up after mold and water damage. It provides the homeowner with a rough guide of when to call for professional help when dealing with your own personal flood or "black mold" intrusion. The section is organized by cleanup task (eg, furniture, carpet, stored goods) and also includes advice on talking to your insurance company. A question-and-answer section for this part of the book would be very helpful.

**The Mold Survival Guide for Your Home and for Your Health** is an excellent effort and puts into perspective the public's fears and uncertainties about mold. It is readable, not sensationalized, and reasonably well referenced, with a useful index. The volume is most timely, as health professionals are beginning to get mainstream guidance on what should be done with their patients who are concerned and sometimes made ill by the mold that "lurks within."

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Connie L. May, Jeffrey C. May, Charles Reed. Number of Pages. 240 Pages. It's a scary, mystifying and shudder inducing word The Mays explore what mold is, where and why it grows, how it flourishes, and how it may or may not cause health problems. Readers learn how to identify mold, how to prevent it from spreading and when to call an expert." Lccn. Yours for ever John Keats. What's your thoughts? Join the conversation by commenting. We make sure to reply to every comment submitted, so feel free to join the community and let us know by commenting below. Get more Poetry Analysis like this in your inbox. Subscribe to our mailing list and get new poetry analysis updates straight to your inbox. Ibsen Henry Cuyler Bunner Henry David Thoreau Henry Kendall Henry Reed Henry Scott Holland Henry Vaughan Henry Wadsworth Longfellow Herbert Williams Herman Melville Hermann Hesse Hieu Minh Nguyen Hilaire Belloc Hilda Doolittle Hone Tuwhare Huw Menai Ian Duhig Imtiaz Dharker Ingrid de Kok Isaac Rosenberg Ishmael Reed Isobel Dixon J.C. Squire J.R.R. Tolkien Jack Gilbert Jack London Jack Prelutsky Jackie.