



Clinical Tuberculosis

Editors: P.D.O. Davies, S.B. Gordon and G. Davies;
CRC Press; 477 pages; ISBN: 978-1444154344

Book review

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Despite advances in public health and chemotherapy, we remain far from the objective of tuberculosis (TB) control and elimination globally. There are more than 9 million new cases worldwide each year, with 1.5 million deaths. TB is second only to HIV/AIDS as the greatest worldwide cause of infectious death.

Against this backdrop, the fifth edition of *Clinical Tuberculosis* provides a comprehensive reference text covering key knowledge, perspectives and future directions in 28 chapters.

As would be expected from a book that has been successfully used for more than 20 years, it is superbly written and illustrated, fully up to date and provides contributions from leading international experts in their respective fields.

Although entitled *Clinical Tuberculosis*, which would imply a book targeted primarily at physicians and nurses on the frontline of TB care, the content is sufficiently academically rigorous and detailed to be of value to anyone involved in TB care or public health, and to laboratory staff or researchers. Some of the chapters I found most interesting were those that did not directly impact on patient care, such as the chapter describing the history of TB, and the chapters pointing to the future, including new and developing drug treatments. The book nicely explains the many facets of TB pathogenesis and histopathology, as well as the scientific basis underlying aspects such as drug action, drug resistance and vaccination. Clearly, the goal of the editors and authors is not only to provide a practical guide to managing TB, but also to provide the reader with a detailed understanding of the disease, the TB bacillus and the host response.

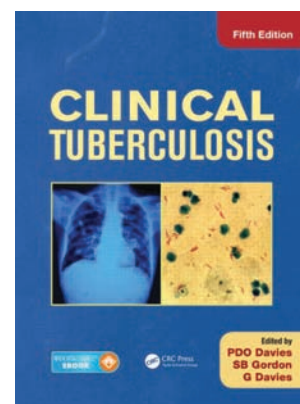
A great strength of the book is the involvement of authors from the global frontline against TB,

in India and South Africa, for example. The book takes an understandable and valuable global view of the disease, through the epidemiology, therapy and particularly the discussions around drug resistance. Some sections are, however, focussed on the UK, where the majority of authors are based. For example, the section on the role of the TB nurse specialist is heavily UK focussed.

The value of traditional textbooks is increasingly questioned; a danger of the textbook is that compared with online sources, they may rapidly become out of date. The great advantage of this book is the inclusion of a large amount of cutting-edge research perspectives, such as prospects for improved interferon- γ release assays and ongoing trials of TB vaccines providing a detailed view of the future. It is a real achievement of the editors that the book manages to be accessible for those with limited existing knowledge of TB, but also contains these aspects of cutting-edge science that will ensure that even experts in the field will find some new ideas and perspectives here.

A second potential weakness of traditional textbooks is the temptation to overload the reader with information at the expense of accessibility. In contrast, *Clinical Tuberculosis* feels relatively tight, having reduced the number of chapters from previous editions; the authors have clearly been exceptionally disciplined in describing very complex topics while keeping them accessible and brief, with a typical chapter length of 10–20 pages. Each chapter ends with a “learning points” box, which provides a chapter summary in “bite size” chunks.

Overall, this is an outstanding resource that will be valuable to anyone in respiratory medicine, microbiology or infectious disease, with a clinical or academic interest in TB.



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