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.”

**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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**REFERENCES**


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, 1 a
guide for the prospective homebuyer or
homeowner with indoor air problems. That
volume was a readable survey of home in-
door issues that join the burgeoning litera-
ture on indoor air problems. This new vol-
ume 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 pub-
lication of the Institute of Medicine’s re-
port, Damp Indoor Spaces and Health, 2
which nicely summarizes the evidence that
moisture and mold are associated with up-
per-airway complaints and asthma exacer-
bation.

The Mays have peppered The Mold Sur-
vival Guide with fascinating personal an-
ecdotes from their experience as home in-
spectors. 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 condo-
minium owners facing mold and moisture
problems. The book may also be helpful to
alert practitioners who must address this in-
creasingly common complaint in their prac-
tice 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 in-
surance industry,” and “will help you de-
fend 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 au-
thors’ vast field experience inspecting and
documenting mold contamination is exhib-
ited 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 aforemen-
tioned Institute of Medicine report, and
would benefit from references (there are
none). It leaves the raging controversy over
nonrespiratory complaints (often neurolog-
cal) to one sentence, noting that such ef-
efforts “are still being debated.” The Institute
of Medicine found insufficient evidence for
such effects. The final chapter of this sec-
tion nicely outlines why “the mold land-
scape is in chaos,” with legal and scientific
wrangling and the emergence of congress-
ional action demanding research and guide-
lines to help the public navigate this land-
scape. 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 descrip-
tions 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 haz-
ards 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 in-
spectors 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-
found. There are good discussions on
crawl spaces, along with ventilation, heat-
ing, 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 pro-
fessionals will probably disagree with me.”
In clinical practice, despite the absence of
accepted safe or dangerous levels, mold
measurements will be taken, and the chap-
ter does aid in interpretation. Another re-
cent source for clinicians is, Guidance for
Clinicians on the Recognition and Manage-
ment of Health Effects Related to Mold Ex-
posure and Moisture Indoors, 3 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 rec-
ognize 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 eco-
nomics) impacts of cleaning up after mold
and water damage. It provides the home
owner with a rough guide of when to call
for professional help when dealing with your
own personal flood or “black mold” intru-
sion. The section is organized by cleanup
task (eg, furniture, carpet, stored goods) and
also includes advice on talking to your in-
surance 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 read-
able, not sensationalized, and reasonably
well referenced, with a useful index. The
volume is most timely, as health profes-
sionals 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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