only on community-acquired and nosocomial pneumonia but also on elderly nursing home residents, patients in intensive care units who are receiving mechanical ventilation, patients with postoperative pneumonia, and various types of immuno-compromised patients, including those with cancer, transplant recipients, and those infected with the human immunodeficiency virus. When appropriate, the book covers children and adults separately. One interesting chapter discusses infections in immigrants and refugees. The approach in this section is based on the recognition that most physicians are unable to pinpoint a specific infecting organism initially; instead, they adopt a strategy that considers many factors related to the host and the clinical setting in order to arrive at a diagnosis.

The book next covers the most frequent specific infectious causes of pulmonary disease. It gives detailed information on epidemiologic factors, microbiology, clinical presentation, management, and prevention. These chapters are very well written and illustrated. The somewhat limited section on diagnosis stresses bacterial infections. These are well reviewed, but information on the diagnosis of other types of infection is scattered throughout the book. The excellent discussion of therapy summarizes data on the use of antibiotics (including inhaled antibiotics), chest physiotherapy, mucolytics, expectorants, and other adjunctive measures for the treatment of infection. New experimental agents, such as cytokine antagonists, are also discussed. The last part of the book covers prevention, including vaccines and antibiotics, as well as infection-control methods. It includes a nice discussion of the role of antibiotics in chronic bronchitis.

This book, by experts in the fields of both pulmonary medicine and infectious diseases, was edited by three physicians with extensive clinical experience. It should be invaluable, as both a book for reading and review and a reference book, to all physicians in training or in practice in these fields. Medical students, internists, pediatricians, and family practitioners will also find this a helpful and well-written reference. There is some variation in the quality of the chapters and some overlap (some is intentional); a few topics, such as the care of patients with bronchiectasis and the long-term sequelae of infections, are dealt with in a limited way. Overall, however, this excellent, up-to-date review of respiratory infections contains a wealth of clinical information.

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BOOKENDS PRO FOR THE MACINTOSH —
BIBLIOGRAPHY MANAGEMENT SYSTEM

Version 3.0.3. By Jonathan D. Ashwell. Diskette (3.5") with manual. Tiburon, Calif., Westing Software, 1994. System needed: Macintosh SE through Quadra series with System 6.05 or higher and at least 2 MB RAM (4 MB for System 7). $149 (single user).

Every user of MEDLINE has encountered the difficulty of storing and managing a large number of retrieved references. A bibliography-management software package makes it possible to create and maintain a personal bibliographic data base and to generate reference lists in accordance with the specifications of particular biomedical journals. The final out-

put is a list of properly ordered references, ready for inclusion in a manuscript. When submission of the paper to a different journal is considered, the program can, in a matter of seconds, reformat the citation list in accordance with the requirements of the new journal.

References can be entered into the data base either by typing them in from the keyboard (e.g., book citations) or by down-loading them from public data bases, either on-line or CD-ROM (e.g., various MEDLINE vendors or *Chemical Abstracts*). Once references have been entered into a personal data base, searching through them is like searching a MEDLINE data base.

Use of a bibliographic package is probably the only efficient way to store and keep track of references of interest on a personal computer. Researchers will find such a package helpful in generating reference lists in the form and style they desire.

Bookends Pro is a powerful, easy-to-learn reference-management program with a clear interface. Each field (author, title, and abstract) can contain up to 30,000 characters, and the number of references within each data base is limited only by the size of available space on the hard disk. Search strategies include the use of Boolean operators ("and," "or," and "not") that can be used in any combination of fields (e.g., title and abstract).

When one is preparing a manuscript on a word processor, citations are positioned within the text as codes representing a data-base entry. Bookends Pro scrutinizes the manuscript file and replaces these codes with sequential numbering or with references arranged by the author–year method. Simultaneously, the program prepares a list of citations in the background, using the punctuation and style requested by any of 90 biomedical journals. Additional formats can be customized for any combination of journal requirements. The current version lacks a standard screen showing multiple references, each condensed to a single row, nor does it include a split screen that makes it possible to show multiple references beside a detailed view of the highlighted reference. Version 3.0.4 is expected to run on the Power PC and on networks.

We highly recommend a reference-management package for filing references and constructing reference lists. Among the various packages on the market, we found Bookends Pro to be an excellent choice, thanks to its clear interface, ease of operation, and reasonable price.

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CORRECTIONS

Pheochromocytomas, Multiple Endocrine Neoplasia Type 2, and von Hippel–Lindau Disease (November 18, 1993;329:1531-8). On page 1534, in line 26 of the right-hand column, the phrase, "at the time of diagnosis were significantly younger," should have read, "at the time of diagnosis were significantly older."

Access to Specialty Care (October 27, 1994;331:1151-3). On page 1152, beginning with the sentence that starts in line 6 of the right-hand column, the rest of the paragraph should have read, "Practices that deter referrals and inhibit access to specialty care have been opposed by the American Medical Association and the principal organization that accredits HMOs, the National Committee for Quality Assurance.[23,24] However, their proposals are not specific. Neither contains standards for the optimal number and combination of generalists and specialists." We regret the error.