

Clinicians' Guide to Chronic Obstructive Pulmonary Disease. Timothy Q Howes MBBS MD, with a contribution from David Bellamy. London: Hodder Arnold/Oxford University Press. 2005. Soft cover, illustrated, 132 pages, \$48.50.

In the preface of **Clinicians' Guide to Chronic Obstructive Pulmonary Disease**, the author states that even though parts of the book will be outdated before its publication, he attempted to provide an abbreviated background on chronic obstructive pulmonary disease (COPD) for physicians in training and general practitioners, as well as for nurses, respiratory therapists, and health economists. The book is portable, lightweight, 132 pages, approximately 19 cm × 25 cm, and has a handsome, glossy cover. It is divided into 9 chapters, starting with a chapter on COPD's definition and pathophysiology and ending with a chapter of case studies. Preceding the chapters are a one-page table of contents and a two-page list of 55 abbreviations. Each chapter is announced by a bold, blue title and chapter number. The last 10 pages of the book present a thorough index.

The author comments in the preface that, "an attempt has been made to improve the flow of the text by removing references from the text and the ends of the chapters, and adding a reading list for those readers needing further information." However, this only served to dispel any misconceptions I had that the book might be an abbreviated textbook and something more than a "clinicians' guide." I also did not find that it improved the flow and readability of the text. On the contrary, as I read, I found myself jumping to the reading list, only to find no specific references to particular topics in the chapters. Unlike many texts referenced in this manner, the "references and further reading" citations are not annotated in a way that would assist the reader in choosing the most appropriate reference. To be fair though, the reading lists, while not always complete, are easy to navigate, the subheadings match those of the chapters, and they include 1–5 references on that particular topic.

Most of the chapters include boxes that encapsulate historical or bulleted informa-

tion on the chapter topic. The information often consists of diagnostic criteria, such as the Global Initiative for Chronic Obstructive Lung Disease (GOLD)¹ criteria for staging COPD, or critical information in that chapter, such as critical features in the history of a COPD patient. These boxes do make the chapters easy to scan and I think will help the reader retain critical information.

The text also has many figures and photographs that successfully augment topics that would be difficult to cover as thoroughly without the figures. Most of the tables and diagrams are in shades of blue, like the chapter headings, whereas the radiographs and computed tomograms are printed in the typical black-and-white. The few color photomicrographs are small but serve their purpose well. The photographs are in color and they add to the understanding of such topics as bronchodilator delivery systems, noninvasive positive-pressure ventilation, and available spirometry technology.

In Chapter 1 the British Thoracic Society, American Thoracic Society, and GOLD definitions of COPD are reviewed before moving on to a brief look at the inflammatory cells and mediators that contribute to the pathophysiology of COPD. The discussions of the definition and the pathophysiology highlight the differences between COPD and asthma. Alpha-1-antiprotease deficiency and oxidative stress, as they pertain to the pathophysiology of COPD, are discussed, with a review of the pathology at different stages of the disease.

Chapter 2 reviews the epidemiology of COPD and includes what we do and don't know about prevalence and risk factors in both developed and developing nations. Two paragraphs discuss mortality and morbidity figures, followed by the GOLD data on the economic cost of COPD in the United Kingdom, United States, and Sweden. The economic figures, which are given in British pounds rather than dollars, do allow comparison between countries, but the pound values will also make it slightly more difficult for United States readers to conceptualize the economic impact of COPD. A page dedicated to the British and Dutch hypotheses of pathophysiology and how they relate to the epidemiology of COPD clari-

fies many of the issues surrounding that debate.

Chapter 3 covers the clinical diagnosis of COPD, starting with a discussion of the overlap between chronic bronchitis, emphysema, and asthma. The basics of the typical signs and symptoms are reviewed, followed by a list of the critical elements of the history and physical that should not be missed when evaluating a patient who may have COPD. A useful "quick guide" of signs and symptoms of alternative diagnoses on the differential is also provided. Given the importance of spirometry in making the diagnosis, an appropriate amount of space is dedicated to reviewing the standards for normal spirometry values and the GOLD criteria for making a diagnosis of COPD. The chapter also dedicates a whole page to glucocorticoid and bronchodilator reversibility testing and encourages its use to differentiate COPD from asthma. Unfortunately, the author does not discuss the lack of data to support this practice, simply stating, "It seems likely that formal testing for COPD reversibility is in the process of going out of fashion." Other issues not discussed in the chapter include arterial-blood-gas testing, purified-protein-derivative testing, and when to check the alpha-1 antitrypsin level.

Disease prevention is covered in Chapter 4, which appropriately focuses primarily on smoking cessation, with brief mention of pollution and influenza vaccination. The 5 stages of smoking cessation, cost analysis of cessation programs, pharmacologic approaches, and practical tips for the clinician are all included in the review of smoking cessation.

Chapter 5 is the longest and reviews the medical management of stable COPD. Each class of medication and the modes of delivery are discussed, along with the GOLD recommendations for treatment. A table of bronchodilators, including some drugs not available in the United States, is provided. A fair amount of space is spent on oxygen therapy, but the discussion is somewhat limited for the United States reader by the use of kilopascal units for arterial blood gases and by the focus on United Kingdom guidelines. Adverse effects of oxygen supplementation, including suppression of respiratory drive and oxygen toxicity, are also some-

what overemphasized. Noninvasive positive-pressure ventilation and pulmonary rehabilitation programs are adequately covered. The 6-full-pages discussion on lung-volume-reduction surgery is thorough but somewhat out of proportion in length, especially when compared to the 4 lines dedicated to lung transplantation.

The review of COPD exacerbation in Chapter 6 covers the standard etiologies and treatments, including an excellent discussion on and practical approach to noninvasive positive-pressure ventilation. Limitations of this chapter include the lack of references to studies that support the use of systemic corticosteroids. The author's conclusion that "use of intravenous glucocorticoids is also controversial" is not supported by more recent studies. Theophylline is also not discussed, despite its use in one of the case studies in the last chapter.

The short chapter on outcome measures provides a good discussion of the limitations of traditional physiologic measurements in COPD and gives a good review and comparison of various health-related questionnaires. Chapter 8 explores the economic burden of COPD in the United Kingdom and some of the barriers to timely diagnosis and treatment of the disease. It discusses the importance of good spirometry technique, but, rather than reviewing appropriate technique, the author refers clinicians to spirometry courses. Self-management action plans similar to those used by asthma patients are briefly mentioned, but details are only referenced and not discussed.

The final chapter consists of 3 case studies, covered in 3 pages, with each case followed by a very short discussion. These are representative COPD cases, with typical problems and standard treatments. The author steered clear of any controversial issues and missed the opportunity to discuss such topics as inhaled and systemic corticosteroids, which frequently arise in the routine care of these patients.

Taken in total, **Clinicians' Guide to Chronic Obstructive Pulmonary Disease** is well written and relatively free of typographical errors. It does provide a good, broad overview of COPD that many respiratory professionals would find useful, especially if only a short, relatively inexpensive reference is needed. However, it probably does not provide enough detail or adequate references about some of the more controversial issues to allow a practitioner

to make an informed decision on the best treatment options for his or her particular patient.

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100 Questions & Answers About Chronic Obstructive Pulmonary Disease. Campion E Quinn MD. Sudbury, Massachusetts: Jones and Bartlett Publishers. 2006. Soft cover, illustrated, 175 pages, \$16.95.

In the introduction to this book, Dr Quinn purposefully defines the work as a reference text for patients with chronic obstructive pulmonary disease (COPD) and their families. What it is not, he declares, is a comprehensive narrative, but a bare-bones listing dealing only with useful, factual information and commonly asked questions about COPD. The words this prominent East Coast physician employs to sum up his objectives clearly limit the work's intended usefulness to that of an organized resource for patients in search of unvarnished counsel on facing their hard-to-define disease.

Who am I, then, to suggest that the book offers more than its author meant it to? More to the point is who I was—a professional writer/editor/critic, an inveterate traveler, a theater-lover, and a weekend haunter of antique shops and flea markets. Oh, and longtime smoker. Of cigarettes. Who I am now is a COPD patient, diagnosed some 5 years ago, but probably harboring the developing dysfunction at least a decade longer. As a native Texan living in Dallas, I am doubly fortunate in having continuing access to the myriad supportive resources required to help growing numbers of us survive by learning to live with a too-mildly-named disease—one that cannot be cured but only somewhat delayed in its progress.

What Dr Quinn's book includes is several influences that bring softening warmth to the more chilling facts necessarily contained in his honest answers to COPD ques-

tions. Immediately following his steely introduction, for instance, is a prologue of deep personal intensity. Titled "COPD Is Not a Death Sentence," its writer, retired East Coast journalist Susie Bowers, touchingly recounts her own surprise midlife diagnosis as a patient with severe COPD, whose reduced life expectancy is being enriched by her deeper pleasure in making time to savor it. Ms Bowers is co-founder and editor of <http://www.copd-international.com>, and she writes a weekly online newsletter.

When the answer to the book's very first question involves a bald admission that there is no cure for COPD, a couple of italicized paragraphs appear, pointing out some of the ways the illness's progress may be slowed. Modestly referred to as "Cecil's Comments," subsequent similar interpretations appear frequently throughout the book when hopes seem thinnest. It goes unexplained who Cecil is; I assume he is an interested patient participant in Dr Quinn's practice. For the book's reading patients, in any case, Cecil's comments are a godsend.

The page layout format followed throughout is often useful. Straight copy blocks are set nearer the bound side of the pages, allowing unusually wide margins on the outside for brief drop-in definitions and clarifications of terms contained in the narrative. These terms are printed in smaller, boldface type that separates them cleanly from the text they explain. This placement offers time-saving relief from having to refer, say, to a footnote. Less effective, though, are the italicized marginal repetitions of statements lifted verbatim from the text alongside them, prompting pauses in continuity of subject matter. These might have been more effective left in their narrative position, possibly in bold type for emphasis.

Apart from such allowable idiosyncrasies, Dr Quinn's book seems to me to be exactly what he promised: a scrupulously chronicled catalog of 100 questions and answers about COPD. That he chose to divide the book into 10 parts seems instantly logical. So, however, is the discovery that parts do not break cleanly into 10-question segments; COPD, like the lungs it affects, is far too multi-branched to fit tidily into numbered cells of knowledge.

The first question grows from a simple one-sentence answer to varied listings of multiple causes, symptoms, and affected body parts and processes involved in the developing disease. Those that naturally fol-

low pick a revealing view through the mystery affliction's contradictions.

Is COPD the same as emphysema and chronic bronchitis? As asthma? Yes and no, with how and why. Is COPD serious? It is the fourth leading cause of death in this country and expected to move up to third in the next 15 years. Can COPD be cured? No. But, in the first genuinely heartening statement contained in this section, the doctor points out that in most cases its progress can be vastly slowed. This thin ray of sunshine, though, is clouded by the fact that the symptoms of COPD are obvious to those who have them—smokers, usually—who tend to feel that phlegm and shortness of breath are just part of smoking or aging, and who always detect their presence but without recognizing them as part of a disease. Almost bitterly, Dr Quinn points out the alarming fact that while 70% of smokers see a primary physician at least once a year for some reason, few of these clinicians bother to review the history of smoking and symptoms that would identify those who could be saved by early diagnosis.

If I may interject a personal bit of my own history here, I am prompted to mentally replay the mild passing counsel I heard from various clinicians in my own past, including those who kindly suggested I might try to give up smoking. Some even urged, gently, and almost all were willing to prescribe a patch or tranquilizer that might help me quit. None, however, had ever suggested testing for anything as specific as COPD. I heard the term only after an alert leader of the aquatic exercise program I finally tried to join referred me to a pulmonary program. I share Dr Quinn's bitterness more deeply than I can say.

Without laboring the point-by-point thoroughness with which they are developed, the 9 parts succeeding the first apply the same disciplined relevance to their subjects. Part 2's discussion on complications and associated diseases segues seamlessly into Part 3's discussion on lung-function monitoring and Part 4's discussion on living with COPD. In Part 5, Questions 54 and 56 correct myths about smoking and COPD and provide realistic advice for quitting. Part 6 explores medical treatment of COPD. Questions 57 through 73 define β agonists, steroids, and expectorants, and discuss specific treatment suggestions for the different levels of COPD. Part 7, on oxygen therapy for COPD, suggests general guidelines for proper care and safety of oxygen and oxy-

gen medical equipment, and defines oxygen-related therapy.

Part 8 discusses the steps in a pulmonary rehabilitation program and answers common questions on this important subject. Part 9 describes and explains surgical treatment of COPD, discussing candidacy for lung-volume-reduction surgery, lung transplantation, and bullectomy. Part 10 sets out nutritional guidelines for people with COPD, including the effects of deficient diets, anabolic steroids, alternative medicines, malnourishment, and the impact of nutrition on immunity.

Ultimately, Dr Quinn's altogether helpful book applies more specifically to its avowed subject matter than any other I've encountered that covers the same ground, with authority and conviction. His 100 questions and answers provide a multitude of correlating facts that call for further reading and research. To that end, the book includes an unusually extensive appendix, glossary, and index, which fill some 25 pages. In my opinion, the near-total lack of illustrations does not detract from the book's strong impact as a basic reference.

In conclusion, I'd like to thank Cheri Duncan RRT, Pulmonary Rehabilitation Coordinator for Baylor University Medical Center at Dallas, Texas, for recommending me as this book's reviewer; and the rest of the pulmonary staff for keeping me alive.

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Current Essentials of Critical Care. Darryl Y Sue MD and Janine RE Vintch MD. New York: Lange Medical Books/McGraw-Hill. 2005. Soft cover, 293 pages plus index, \$29.95.

Pocket reference books, designed to be a "peripheral brain" for health-care providers, are available for almost every specialty in medicine. A new critical care pocket reference guide, **Current Essentials of Critical Care**, is available from Lange Medical Books. Although the editors do not explicitly state their target audience, this hip-pocket-sized manual advertises itself as a "must for medical students, residents, internists, surgeons, anesthesiologists, nurse practitioners, and physician assistants." This paperback contains single-page reviews of 234 clinical syndromes that commonly occur in the critical-care setting. Each review addresses the diagnosis, differential diagnosis,

and treatment, using bulleted points, and concludes with a clinical pearl and a single citation of interest. The topics are grouped by organ system (eg, pulmonary, renal, cardiology) or conceptual grouping (eg, supportive care, pregnancy).

With its advertised audience including physicians, medical students, and clinical providers, this book may be courting too large a readership. The brevity and breadth of the topics make it useful to anyone working in a general intensive care unit (ICU) with both surgical and medical patients, but it lacks the depth that most physicians, physician's assistants, and nurse practitioners need. Its concise and digestible structure is ideal for students rotating through an ICU clerkship. Respiratory therapists might find this book helpful for understanding the clinical syndromes that necessitate mechanical ventilation, but they may be disappointed to see their role in the ICU summed up in a few bulleted pages.

The breadth of topics covered is the book's strongest point. They include standard critical-care pocket-book topics such as shock and acute respiratory distress syndrome, as well as some less-commonly covered topics such as critical care in pregnancy and end-of-life care. The dermatology chapter offers excellent coverage of germane and often overlooked dermatologic critical-care topics, such as miliaria, toxic epidermal necrosis, and drug reactions.

The book has a well-defined structure; each page covers a single topic with bulleted points, a clinical pearl, and a citation. This structure would make it perfect for a medical student trying to cram studying into a busy call night, or an ICU nurse who wants a quick review of botulism before a patient arrives from the emergency department. Unfortunately, the single-page format gives disproportionate weight to certain subjects while minimizing others. Ventilator-associated pneumonia (VAP) receives only a single bulleted page, as does iron-overdose and *Mycobacterium tuberculosis*. Both of the latter diseases appear infrequently in the critical-care arena, whereas VAP occurs in 10–25% of ventilated patients. Yet each topic receives a page in the book, which might cause inexperienced readers to overestimate the importance and frequency of certain diseases.

The quality of recommended management is excellent, although occasionally it is compromised by the constraints of the single-page format. In the page on acute

inhalational injury, carbon-monoxide poisoning is mentioned and supplemental oxygen is recommended, but there is no cross-reference to the page on carbon-monoxide poisoning, in which 100% inspired oxygen is recommended and the controversy of hyperbaric oxygen is addressed. In the same manner, the VAP page does not comment on the benefits of raising the head of the bed with ventilated patients, but a recommendation to raise the head of the bed is made in the page on enteral feeding, without referencing its importance in the prevention of VAP.¹

Each page sports a single citation of interest, most of which are reviews from top-tier journals, but a few landmark, high-quality randomized controlled studies are cited, such as the Acute Respiratory Distress Syndrome Network low-tidal-volume ventilation study.² The majority of the citations are prior to 2003. The editors promise an expansion of evidence-based recommendations as the critical-care-research field expands.

This book could benefit from illustrations. Many topics, including the chapter regarding monitoring in the ICU, are more easily understood pictorially than in text. On the page on brain death there is sufficient space in which to review the oculocephalic reflex, for providers who rarely perform brain-death examinations. In addition, many critical-care pocket guides place frequently used formulas and drugs on a summary page for quick access. Without this amenity, the provider needs a second book or card to have everything at their fingertips. Though this book makes an excellent reference when the diagnosis is known and can be looked up in the index, it would not be the quintessential pocket guide for a critical care provider with questions at the bedside.

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Manual of Intensive Care Medicine, 4th edition. Richard S Irwin, James M Rippe, editors. Philadelphia: Lippincott Williams & Wilkins. 2006. Spiral-bound soft cover, illustrated, 920 pages, \$49.95.

Established as one of the most important bedside information sources in adult intensive care medicine, the 4th edition of the portable-size **Manual of Intensive Care Medicine** comes as a polished and improved version of the 3rd edition of the same format. This handbook is designed to complement and synthesize the hard-cover reference text *Irwin and Rippe's Intensive Care Medicine*, which is in its 5th edition.

The **Manual of Intensive Care Medicine** is intended to be a reference at the ICU front desk, on an accessible shelf or counter, or in the not-so-loaded coat pocket of a medical student, resident, fellow, respiratory therapist, or practicing specialist in various ICUs. Does it reach its goal? Splendidly, considering that it is only about 580 g, of pocket size, and with a single-spaced 8-point font. It is well chaptered, covers many facets of the ICU specialties, is user-friendly, and has a brief, annotated, and nicely formatted outline for quick and direct bedside referencing of the required information, plus an extensive (40-page) index.

The handbook is divided into 16 sections, including an extensive "Procedures and Techniques" part, several organ-system-format sections, covering cardiovascular, pulmonary, renal, gastrointestinal, biliary and pancreatic, endocrine, hematology-oncology, neurology, and surgical problems in the ICU; as well as infectious disease, shock and trauma, solid-organ and stem-cell transplantation, rheumatology, psychiatric, and ethical issues. Of note, the section on pharmacology, overdoses, and poisoning is substantially shorter in this edition, in part because of a more extensive review of the topic in another book by the same authors (and Christopher Linden), *Manual of Overdoses and Poisoning*, which was released in conjunction with the **Manual of Intensive Care Medicine** handbook, as a more specialized, in-depth publication on the topic.

Though in this new edition 6 sections have new editors, the general structure and format are similar to the previous edition. The editors' (well accomplished) task was to ask the authors to synthesize more and to present the problems in a very succinct, bulleted format, with bolded titles and subtitles, and with a shortened body of text and fewer references. Two brand new sections are welcome in this new edition: (1) "Echocardiography in the ICU," which I think calls for sections on general abdominal, thoracic, and vascular ultrasonography in the next edition, especially given the success of the American College of Chest Physicians latest introductory courses, and (2) a well-recognized problem, "Weakness in the ICU."

Each chapter in the section "Procedures and Techniques" includes general principles, elements of relevant anatomy, indications, descriptions of the procedure, post-procedure considerations (including complications and special situations), and selected readings. The anatomy and the procedure are succinctly described in the text, while good illustrative images, diagrams, and tables provide a valuable visual approach to the techniques and procedures. The authors also included special notes on recent advances in the instruments used for these procedures, such as catheters that have self-contained guidewires for arterial cannulation.

The section "Cardiovascular Problems and Coronary Care" starts with a short and relevant chapter on cardiopulmonary resuscitation, which emphasizes the algorithmic approach in various clinical scenarios, reviews the available drugs, and references several relevant articles. The reader should add to the reference list the latest landmark document, "2005 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations,"¹ which was published around the same time as this book.

"Pharmacologic Management of the Hypotensive Patient," another novel chapter in the new edition, deals with general principles (background and adrenergic receptor physiology), followed by a short overview of the main vasopressors and inotropic agents used in practice.

Several other chapters are also inspired additions to the 3rd edition, such as "Syncope," "Cardiac and Thoracic Trauma," "Complicated Myocardial Infarction," "Per-

manent Pacemakers and Antiarrhythmia Devices,” and last but not least, “Evaluation of the Low-to-Intermediate-Risk Patient With Chest Pain: Chest Pain Centers.”

Not unbiased (by formation), I will also briefly discuss the virtues of the section “Pulmonary Problems in the ICU.” This section is well written, comprehensive, and spans the problem in a logical manner, from the physiology of gas exchange to the pathophysiology of respiratory failure of various causes. It covers institution and discontinuation of mechanical ventilation, and relevant issues pertaining to various conditions (eg, pneumonia, pulmonary embolism, and acute inhalation injury). Were the size of the book not of paramount importance (although I suspect it is), I would say that useful additions to this book would include more general and practical sections dealing with problems arising in the ICU, acute arterial desaturation, acute hypercarbia, airway management and related problems, ventilator waveforms, patient-ventilator synchrony, falling hematocrit scenarios, hypothermia, and hyperthermia (the latter two could be moved easily from their current section). A section on sleep medicine (including sleep in the ICU, obesity-hypventilation syndrome, and obstructive and central sleep apnea) is also needed because of increased awareness of and better therapeutic options for sleep disorders. Also warranted might be a more specific chapter on adrenal insufficiency of the critical ill patient; a chapter on the adrenal crisis; and in the endocrinology section, one on stress management of the patient on chronic steroid therapy, in light of the recent and very controversial literature that emphasizes the modes of evaluation of the hypothalamus-pituitary-adrenal axis, the possible roles of steroid-binding globulin, free and total random cortisol level assays, algorithmic approaches, and therapeutic options.

Making suggestions for possible additions to this book is really not doing justice to a well-designed, well-written, and well-executed smallish book on intensive care medicine, which is the fruit of conception of a large group of specialists who took their time, expertise, and energy to put together something that needs to touch major topics of the adjunctive textbook and to be practical, easy to use, and (how many times don't we need to sacrifice this?) short.

In summary, this is an easy-to-use, friendly, and useful portable-size manual of ICU medicine that introduces readers as di-

verse as medical students, house staff, attending physicians of various specialty, nurses, and respiratory therapists into this complicated world, enticing for more reading and delivering the essential information in a timely fashion.

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Teaching Atlas of Chest Imaging. Mark S Parker MD, Melissa L Rosado de Christenson MD, Gerald F Abbott MD. New York: Thieme Medical Publishers. 2006. Hard cover, illustrated, 789 pages, \$149.95.

Thoracic-imaging educators face multiple and unique challenges. From lung-cancer screening, diagnosis, and staging, to critical-care imaging and occupational lung diseases, chest imaging remains one of the most complex subspecialties in diagnostic imaging. Our knowledge of teaching and the process of learning is constantly evolving, and it is clear that many of the traditional tools, including standard textbooks and didactic lectures, may not be the ideal educational instruments. In the exciting field of diagnostic imaging, there is increasing evidence that radiologists at all levels of experience, including residents-in-training, learn better from practice-case-based material, also known as problem-based learning. In fact, the current requirements for maintenance of certification emphasize a life-long learning process and the need for self-assessment.

The **Teaching Atlas of Chest Imaging** fulfills many of the currently accepted idioms for learning in the specialty of radiology. It is an eminently readable text that provides content related to the important categories of chest disease through a series of well-illustrated, case-based material.

The atlas begins with a review of normal chest radiography, computed tomography, and magnetic resonance imaging anatomy,

then presents cases that show a wide range of congenital, traumatic, and acquired thoracic conditions. Each disease entity and section opens with a representative case. Each case is typically illustrated with 4 images, complete with image captions, diagnosis, and differential diagnoses. Further, every case is supported by a discussion of the etiology of the disease, its underlying pathology, typical and unusual findings, treatment, and prognosis, in a concise, bullet format that provides a comprehensive overview of each disorder. Especially helpful features include “pearls” and “pitfalls” pertinent to each disease. There are additional figures included with each case that demonstrate additional imaging manifestations of the disease being discussed, and, in some cases, illustrations of related diseases. Each case discussion concludes with an excellent up-to-date list of suggested reading.

The quality of the imaging figures is excellent. A computer graphic artist produced pertinent illustrations for many sections of this book. Indeed, more than 1,000 high-quality images show normal and pathologic findings and their variations.

Overall, this book is a complete, hands-on guide to evaluating chest disease. It is ideal for reading cover-to-cover or as an illustrated reference of radiologic manifestations of common thoracic disorders. Radiology residents, thoracic imaging fellows, and practicing general radiologists (especially those involved in the process of maintaining certification) will find this easy-to-use book a valuable learning tool and reference. Though the text is directed toward radiologists and radiologists-in-training, it should also be considered a key resource for pulmonary and critical care medicine physicians, thoracic surgeons, and all interested in chest disease. Other practitioners may find the text too broad and detailed, but the introductory sections on imaging anatomy should be applicable to nursing and respiratory therapy professionals. With the **Teaching Atlas of Chest Imaging**, readers should be able to expand their chest-imaging-interpretation skills, learn to recognize abnormal findings, generate appropriate differential diagnoses, and better understand the underlying disease process. A total of 192 cases are included in this comprehensive atlas, covering the entire spectrum of chest disease.

Many of the authors and contributors of this atlas are thoracic imagers who have spent countless hours at the Armed Forces

Institute of Pathology in Washington DC. As expected, this text reflects their extensive knowledge and experience in the subject matter. The content is comprehensive and rigorous. The case material is excellent. I highly recommended the **Teaching Atlas of Chest Imaging** as a valuable addition to departmental and personal libraries of all those who share an interest in chest disease.

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Functional Lung Imaging. David A Lipson MD and Edwin JR van Beek MD PhD FRCR, editors. (*Lung Biology in Health and Disease*, volume 200, Claude Lenfant, executive editor.) Boca Raton, Florida: Taylor & Francis. 2005. Hard cover, illustrated, 635 pages, \$199.95.

This small-format hard-cover book is from a series of books entitled *Lung Biology in Health and Disease*. This textbook is number 200 from a collection of 208 topics in this valuable series. This textbook contains 28 well-referenced chapters, written by 50 contributors, with a total length of 635 pages, which includes a 14 page index. The book is made with very nice paper stock, and the numerous images, though rather small, are of high quality.

The book describes the physiologic basis of functional lung imaging, which is, by its very nature, a multidisciplinary field, involving radiologists, bioengineers, physicists, pulmonary medicine physicians, and surgeons. The book's stated goal is to describe the state of the art in the field of functional pulmonary imaging. The editors invited internationally renowned authors who are leaders in the fields of computed tomography, magnetic resonance in nuclear medicine, pulmonary medicine, and thoracic surgery.

As is often the case when such a varied collection of contributors is brought together for a focused textbook project such as this, the burden of contextual flow falls upon the lead editors of the book. This book is divided into 5 parts, starting with an introduction, followed by sections on computed tomography, magnetic resonance imaging, nuclear medicine, and clinical imaging. In this last part the editors bring together the elements of the prior parts of the book and translate them from the research arena to the clinical arena. The editors had mixed success in this regard, in terms of content flow and organization. For example, the chapter on the solitary pulmonary nodule, most of which is a general imaging review of the topic, contains very little functional information, other than a single paragraph on computed tomography and magnetic resonance nodular enhancement. The following chapter, which is a short review of imaging cystic fibrosis, also has very little on

the functional imaging nature of this disease. Similarly, several other of the clinical chapters seem to squeeze in brief amounts of information on functional imaging, almost as an afterthought rather than a primary emphasis.

The editors made a gallant effort to cover this field in its entirety, based on the state of the art at the time of the book's compilation. Some of the information will probably be new and interesting to readers who have a special interest in functional lung imaging, but much of it will be very familiar. In the end, this book, which tries to appeal to a very wide audience, and as such tries to be all things to all people, falls somewhat short of the mark. Although the overall topic seems quite focused, in the end it is a rather broad, multidisciplinary field, with a broad range of potential readers, few of whom will have the interest to read the book in its entirety, written by a select group of authors, each with a very narrow perspective. The individual chapters tend to be either too brief and broad, or too detailed and focused. Unfortunately, state-of-the-art books such as this frequently become outdated in the time interval between writing and publishing.

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