

of both media. The level of the material appears to be targeted to physicians, nurses, and respiratory therapists who are in the beginning of their education about physical examination or who desire a refresher. The CD allows easy playback of any specific sound, in contrast to audio tapes, which are difficult to cue up to the right spot.

On the Internet there are some free lung sounds sites, but few sites provide background equivalent to Dr Lehrer's text. There are Web sites that for a subscription fee provide color graphic analyses along with the sounds, but they cannot compare to the modest (\$49) price of **Understanding Lung Sounds**, which I would recommend to any educational program or hospital, medical, or department library. My only concerns relate to the author's use of British descriptive terminology—specifically, the omission of the controversial term *rhonchus*, as that term does appear on some American board exams. However, the CD does include a lovely *rhonchus* sound and it is described as “sonorous *rhonchus*” as well as “low-pitched wheeze.”

A summary table of all adventitious sounds and their associated pathologies would be helpful for both the text and the pamphlet accompanying the CD.

Over the years it seems that the overall value of chest auscultation has taken a back seat to chest radiography and other imaging techniques, but auscultation is a time-honored bedside technique that can provide immediate, cognitive, and sometimes life-saving information at low cost. As we listen to their bodies it can bring us closer to our patients.

**Jeffrey J Ward MD RRT**

Program in Respiratory Care  
University of Minnesota/Mayo Clinic  
Rochester, Minnesota

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**Patterson's Allergic Diseases**, 6th edition. Leslie C Grammer MD and Paul A Greenberger MD, editors. Philadelphia: Lippincott Williams & Wilkins. 2002. Hard cover, illustrated, 830 pages, \$125.

As a practicing allergist, I am always looking for an up-to-date summary of the latest developments in the diagnosis and management of allergic conditions. After thrashing the binding of the fifth edition of this series from heavy use during fellowship training, I was pleased to see this sixth edition released. The sixth edition is named for the late Roy Patterson, who was the Ernest S Bazley Professor of Medicine and the Chief of the Division of Allergy-Immunology at Northwestern University Medical School.

The book has an attractive black hard cover, with a solid binding and good-quality paper. The typeset is easy to read and the text in this edition is arranged in narrower, easier-to-read columns, which is a marked improvement from the fifth edition. Tables are well utilized and the black-and-white photographs of pollen and radiographs are clear. There are very few typographical errors.

The goal of the sixth edition is the same: to provide a current summary of the diagnosis and management of nearly every allergic condition encountered in a typical allergy practice. It addresses the common traditional topics of asthma, allergic rhinitis, sinus disease, food allergy, anaphylaxis, drug allergy, latex allergy, urticaria, angioedema, contact dermatitis, and atopic dermatitis. In addition it has chapters on less common conditions such as immunodeficiency, hypersensitivity pneumonitis, allergic bronchopulmonary aspergillosis, occupational lung disease, Stevens-Johnson syndrome, and eosinophilia. Chapters are

also devoted to more difficult clinical problems, such as wheezing in infants, sleep apnea, severe asthma, and asthma in pregnancy, as well as chapters on the use of allergy medications, such as antihistamines, corticosteroids, leukotriene antagonists, cromolyn, theophylline, and delivery devices for inhaled medications. One editorial deficit of the book is that the treatment of certain subjects is divided and separated; for example, the allergic rhinitis chapter and nonallergic rhinitis chapter are 9 chapters apart. The asthma chapter and the severe asthma chapter are 5 chapters apart. The asthma chapter and the asthma medication chapter are 11 chapters apart. Still, this is only a slight inconvenience, as the index is complete.

The clinical topics were well chosen, and I found it extremely difficult to think of a question that would arise in an allergy practice that is not addressed in this text. The chapters are loosely arranged into sections of epidemiology, pathophysiology, clinical manifestations, laboratory diagnosis, and treatment. There is some variability in the depth and order of these sections, which affects chapter length. For example, the urticaria and allergic rhinitis chapters have 1–2 pages devoted to pathophysiology, whereas the asthma chapter has 6 pages devoted to pathophysiology. The asthma chapter has an additional 6 pages on the classification of asthma. As a result of the variability in section depth, the asthma chapter and drug allergy chapter are each roughly 70 pages long, which will be helpful for a specialist or interested provider but might be challenging for a busy nonspecialist trying to obtain quick guidance during a busy clinic day. A more uniform chapter structure and a “key points” section (which was present in the fifth edition) might be helpful to limit repetition and shorten chapter length.

The asthma chapter begins with the epidemiology and pathophysiology of asthma. A clinical overview section presents information on history, physical examination, pulmonary function tests, radiologic findings, and complications. A 6-page classification section presents the differences between allergic asthma and other types of asthma. A detailed pharmacology section is followed by a clinical management section, which presents an approach to managing exacerbations, status asthmaticus, and respiratory failure. The recommendations are well supported and well referenced; there are over 300 cited references, though many

of them are at least 3 years old. Although the "stepped" therapy found in the National Asthma Education and Prevention Program guidelines is not explicitly presented, the management recommendations are based on those guidelines. There are additional chapters covering topics such as asthma in infants, severe asthma, and controller medications. A section summarizing points from the 7 separated asthma chapters might help those interested in a quick overview.

The drug allergy chapter is the one of the most comprehensive references available and is considered by many to be one of the premier sources of information. It details the epidemiology, classification system, and organ-specific signs and symptoms associated with drug allergy. A suggested diagnostic and management strategy is presented and is followed by a section discussing specific drug allergies. At roughly 70 pages it is an excellent resource for a specialist or a very interested primary care provider. A non-specialist trying to answer the question "Should I refer this patient for skin testing?" may want to refer to reviews of this specific clinical problem for additional guidance.

The chapter "Diagnosis of Immediate Hypersensitivity" is excellent and I wish it had been expanded in this edition. The listed questions to ask in the history are very helpful and are worth incorporating into a provider's list of questions. Allergy testing is somewhat a mystery for some referring providers, and spending more time on the specific techniques and details would have been helpful. Four pages were devoted to skin test technique, interpretation, and diagnostic performance characteristics. One page was used to discuss in vitro tests. Second-generation in vitro tests with improved sensitivity and specificity are available and specific guidance on the use of these tests might be helpful. However, since it is easy to obtain that information elsewhere, this does not detract from the overall excellent quality of this book.

Another excellent chapter that the non-specialist may refer to often is the chapter on immunotherapy. It contains an example of an immunotherapy schedule and an approach to managing systemic reactions. Although more information could be included in this chapter, allergists often provide information and guidance to primary care physicians who administer immunotherapy. In addition, the American Academy of Asthma, Allergy, and Immunology is in the process

of standardizing the administration of immunotherapy, and guidelines have been published.

The reviews on specialized topics, such as allergic bronchopulmonary aspergillosis, Stevens-Johnson syndrome, and idiopathic anaphylaxis, will be very useful to the specialist, because the coverage is comprehensive and the writing concise. These chapters help demystify the diagnosis and management of these less common conditions. For example, there are 2 excellent tables in the chapter on allergic bronchopulmonary aspergillosis: one describes diagnostic criteria and one summarizes management of this condition.

Although this book presents an extremely solid approach to diagnosis and management, it is important to realize that it is not necessarily the only approach. For example, the book recommends that "animal dander immunotherapy should be restricted to veterinarians and laboratory personnel whose occupation makes avoidance practically and financially impossible." That viewpoint is not universally accepted. Another example is the recommendation to wash bedding at 140° F. Some allergists recommend 130° F, or even 120° F, to prevent burns from hot water. However, all recommendations in the text are well referenced.

The book is addressed to specialists, fellows-in-training, and primary care providers, who will appreciate the extremely solid, well referenced material on the diagnosis and management of allergic conditions. The comprehensiveness and arrangement of the material makes it a bit challenging to use the text to make point-of-care decisions, unless one is familiar with the text's layout. Respiratory therapists and clinical nurses will find the chapters on allergy medications useful in educating patients. Patients with allergic conditions typically have many questions, as there is conflicting information available in the media and Internet. Residents and students interested in allergy as a field can get a sense of what allergists see and do, which can assist students in considering allergy and immunology as a career.

This book will find a comfortable niche in most clinicians' libraries as the incidence of allergic conditions and the need for readily available treatment information are rising at an alarming rate. The practice of allergy also changes at a rapid rate; during the time of the writing of this review, monoclonal anti-immunoglobulin E was approved by the Food and Drug Administration for the treat-

ment of asthma. Therefore, it is wise to use **Patterson's Allergic Diseases** in conjunction with updated databases and established journals in order to deliver the best care possible. As for my copy of the text, the binding is starting to strain and creak from heavy use, and I am depending on it to hold together until the release of the seventh edition.

In summary, **Patterson's Allergic Diseases** provides a solid, well-referenced approach to the diagnosis and management of allergic diseases. The book is comprehensive, especially in areas of asthma and drug allergy, the narrower columns make the text more easily readable than the previous edition, and the book offers concise reviews of specialized topics such as allergic bronchopulmonary aspergillosis. For the future edition I see the following opportunities for improvement: the coverage of a given subject should be organized in one section (not scattered in various sections); the sections on skin testing and in vitro tests should be expanded; and pediatric allergy topics should be discussed separately.

**Karna Gendo MD**

Northwest Asthma and Allergy Clinic  
Seattle, Washington

**Radiological Imaging of the Neonatal Chest.** Veronica Donoghue MD, editor. (Medical Radiology - Diagnostic Imaging and Radiation Oncology Series, AL Baert, HP Heilmann, F Molls, and K Sartor, editors) Heidelberg, Germany: Springer-Verlag. 2002. Hard cover, illustrated, 195 pages, \$99.

Dr Donoghue, a pediatric radiologist at the Children's Hospital in Dublin, Ireland, has, with the help of chapter authors from Canada, Ireland, England, Norway, and Switzerland, edited a broad overview of the imaging of the full range of neonatal chest abnormalities. The book primarily discusses chest radiography but also includes computed tomography, magnetic resonance imaging, and angiography. Following an initial chapter on the embryology and anatomy of the neonatal chest, an update on clinical management of various neonatal conditions is provided. There are chapters on neonatal respiratory distress syndrome (formerly known as hyaline membrane disease), transient tachypnea of the newborn, meconium aspiration, and neonatal pneumonia, followed by chapters describing various chest malformations, first from the antenatal im-