

content included far outweighs any criticisms. I applaud the author who took on this awesome task and the fine product she developed.

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Chest X-Ray Made Easy. D Karthikeyan and Deepa Chegu. Kent, United Kingdom: Anshan. 2007. Soft cover, 150 illustrations, 180 pages, \$27.95.

I recall the words of a prominent local surgeon who spoke at the ceremony marking my medical school class passage into clinical practice: "Learn to read a chest radiograph and learn to read it well." That was in 2001. Since then it seems that high-resolution computed tomography (CT) has replaced the chest radiograph as the basic mode of chest imaging, at least in my experience as a pulmonary physician. The authors of **Chest X-Ray Made Easy** aim to renew interest and competence in chest radiograph interpretation. Though I appreciate the clarity of a CT scan as much as anyone, I can argue that, in the interest of using health-care dollars wisely and minimizing radiation to our patients, reviving competence in reading a chest radiograph is a timely notion.

Chest X-Ray Made Easy is a 180-page, pocket-size reference with ample illustra-

tions and chest radiographs (many with corresponding, representative CT images) that demonstrate various normal and disease patterns. The book has 3 chapters, an appendix, and an index. The authors, both radiologists, identify medical students, physicians, and "various post-graduates" as the intended audience, although, at least one Web-link listed the book as "nursing genre," which indicates allied health professionals as another target audience. The glossy pages, font size, chest radiograph images, and color scheme are attractive, and, for the most part, easy to read. Accompanying the book is a miniature CD-ROM with every image and diagram in the book, which can easily be downloaded for inclusion in slide presentations.

Chapter 1, "Chest X-ray," consumes 94 of the book's 180 pages. It begins with explanations of and rationale for the various views and techniques, with both good and bad examples. The chapter systematically demonstrates normal anatomy visible on chest radiograph, using (generally) well-labeled images, as well as multiple diagrams to illustrate and simplify. One exception to this is Figure 1.37, which attempts to show mediastinal lines, but the lack of discernible color coding makes interpretation nearly impossible, although this is not a problem on the accompanying CD-ROM, where multiple colors are used. In the next section, normal variants are illustrated, followed by abnormalities such as air under the diaphragm and dextrocardia. After that introduction, the authors move on to interpretation of the chest radiograph, sagely beginning by recommending comparing the patient's newest radiograph with previous radiographs. This section is concise, well organized, includes posteroanterior/lateral interpretation, and reinforces the anatomy described earlier in the chapter, which is exactly what the beginning practitioner needs. The book's organization then becomes a bit less clear, in that the authors provide examples of various abnormal findings, which may have fit better in the next chapter, "Disease Patterns." Nevertheless, the authors do a fair job of illustrating various parenchymal findings such as silhouette sign, air bronchogram, consolidation (with a list of causes), collapse (complete with both radiograph and diagram examples of various collapsed lobes), and atelectasis shown on chest radiograph and representative axial CT slices. This is followed by abnormal pleural findings on posteroanterior, lateral, supine and

decubitus radiographs (with examples and lists of various causes of pleural effusion, pneumothorax, hydropneumothorax, pleural calcification/thickening, and pleural mass) and diaphragm perturbations. There is also a very detailed tutorial of cardiac diagnoses that can be made from (optimal) chest radiograph examination. Though I found this section quite interesting, and certainly benefited from carefully reading the section on pulmonary vascular assessment, I think it goes beyond "chest radiograph made easy" and perhaps beyond the practical usefulness of a chest radiograph, especially when transthoracic echocardiography is available. This section culminates with a flow chart, Figure 1.80, that illustrates "basic classroom approach" (presumably of cardiac diagnosis via chest radiograph), which I found quite difficult to interpret. Not addressed in this chapter (or elsewhere) is assessment of tube and line positions, which is exceedingly important in hospitalized patients. At a minimum the book should have addressed the desired position of an endotracheal tube and central venous catheter. Still, overall, this chapter was the strongest of the three.

Chapter 2, "Disease Pattern," encompasses pages 95 to 130. Whereas Chapter 1 moved logically through initial interpretation of the normal chest radiograph to abnormal findings, grouped anatomically, Chapter 2 is less well organized. It begins with a review of how to determine the relative density of tissue and a list of descriptive terms for lesions, based on size and shape, and then moves quickly to examples of various abnormalities, with chest radiograph examples (some with features overdrawn or better shown on axial CT images, and some that appear to be coronal reconstructions of CT scans rather than chest radiograph images). Chapter 2 seemed particularly plagued by numerous typographical and grammatical errors, such as "military pattern" (when referring to diffuse nodular opacities of < 5 mm) and the labeling of a chest radiograph as having "classical military modular pattern" or "classical batwing appearance." Overall, this chapter, though not as strong as the first, did not detract from the book as a whole.

Chapter 3, "Differential Diagnosis," was quite problematic in that the organization was difficult to discern, there were non-standard, unexplained abbreviations, and annotations that seemed incomplete. For example, on page 135, findings for lobar pneumonia are listed, followed by "com-

mon causes," which lists sputum retention, malposition of endotracheal tube, mechanical ventilation, postoperative (CABG [coronary artery bypass graft], upper GIT), carcinoma, adenoma, and foreign body." I am unsure if this was meant to suggest common causes of lobar pneumonia, and, if so, why inhaled bacteria is not listed, and I am not familiar with the acronym GIT, which the book does not define. Similarly, on page 138, under the subtitle "Diffuse Pulmonary Infiltrates," I found "NB: divide into acute or chronic." The term "NB" is used throughout this chapter with no explanation of its meaning or importance. Mixed into the list of abnormalities (that seem to be based on lesion and location), are items such as "lung infection," which is then given a brief differential diagnosis based on abnormal findings. On page 157, under the subtitle "Atrial Septal Defect," "mongolism" is listed as a potential cause of "RUL congestion." This is undoubtedly referring to an atrial septal defect in a patient with Down syndrome; but "mongolism" is not an acceptable term. Though there is a lack of consistency in the outline format (it switches from lists based on findings to lists of findings based on diagnosis and back again) and problems with word choice and acronyms, there are some useful lists, such as the one that delineates the differential diagnosis for mediastinal masses based on location. Overall, in this chapter the authors attempt to compile a differential diagnosis based on chest radiograph findings, or, alternatively, to list diagnoses followed by radiograph findings; however, there are no illustrations or radiographs, and the attempt to cross-reference is confusing. This chapter is poorly organized, poorly edited, and detracts overall from the rest of the book.

The appendix reviews, in some detail, the approach to reading a normal chest radiograph. There are accompanying images for skeletal and soft-tissue assessment, but not for the mediastinum, parenchyma, or pleura. Again, there is no review of lines and tubes. The index, where I checked it, appeared to be accurate and thorough.

In summary, **Chest X-Ray Made Easy** is a useful text for medical students, allied health professionals such as nurses and respiratory therapists, and new physicians who are learning to interpret chest radiographs or wish to improve this skill. However, the complete omission of any discussion of tube and line position is a serious drawback. There is sufficient detail, particularly on car-

diac and mediastinal evaluation, to be of interest to practicing physicians, but with the availability of other modalities that better image the mediastinum (CT or transthoracic echocardiogram), the chest radiograph and therefore the information in this book, though interesting, may be functionally obsolete. Lastly, the typographical, grammatical, and organizational problems detract from the book as a whole.

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Cough: From Lab to Clinic. Juraj Korpas MD PhD DSc, Autar S Paintal MD FRCP FRS, and Ashima Anand PhD, editors. Kent, United Kingdom: Anshan. 2007. Hard cover, 368 pages, \$115.

Cough is one of the most frequent complaints with which patients present to primary care physicians. Although most coughs are due to viral infection, which induces upper-airway cough syndrome, patients who develop chronic cough can present with diagnostic challenges that frustrate both the clinician and (especially) the patient. A recent PubMed search for the word "cough" found 28,145 citations. Millions of health-care dollars are wasted each year on ineffective treatments and diagnostic procedures for cough because clinicians lack a systematic approach for diagnosing and treating cough. In 2006 the American College of Chest Physicians released a series of publications that addressed evidence-based guidelines for acute, subacute, and chronic cough in adult and pediatric patients.¹ However, for the specialist in allergy or pulmonary medicine, a diagnostic approach remains elusive.

Cough: From Lab to Clinic attempts to shed some light on approaches to diagnosis and therapy for a wide variety of reasons for cough. The editors added to the list of worldwide clinicians who instruct us in topics of medicine often forgotten in our world of technology. The 12 chapters cover diverse topics, including making sense of the wide variety of cough sounds, spectral analysis of cough sounds, diagnostic approaches to cough, and cough pharmacotherapies. For

the academician in us, there are chapters on expiration reflex, airway receptors that affect cough, neurologic control of cough, cardiovascular influences of cough, and the development of cough during ontogenesis and early childhood. Although the black, red, and gold coloring of the book's cover is not eye-catching, this is one book the contents of which you cannot tell by its cover.

The first chapter, "Causes of Cough," offers a litany of reasons our ability to diagnose cough is short-sighted. The second chapter offers an interesting perspective on cough-sound analysis with technology that could be easily obtained and adapted for office use. Imagine being able—without a stethoscope—to determine the spectra of cough and assess the cough's origin within the airway. In my opinion this could be as useful as tympanograms are in assessment of the ear drum or Doppler technology in vascular disease. Two of the most confusing aspects of cough are the relationships between cough receptors, and how experimentation on animals pertains to cough receptors in humans.

The next chapter, "Influences on Cough," provides a different opinion regarding whether cough may be stimulated by nasal, cardiac, and vagal (including reflux-induced) receptors.

Neurophysiologists will enjoy the chapter on "Central Control of Cough," which focuses on the control of cough by the brainstem and discusses a model for pattern formation that influences respiratory rhythm in the ventrolateral medulla. The intricacies of the relationships between (so far) identified causes and controllers of cough in the brainstem are well delineated. Perhaps as ignored by clinicians is the ontogenesis of breathing and cough, which is described in Chapter 7.

The final third of the book is devoted to more clinical aspects of cough. Patients with tussive syncope exemplify cough's effect on cardiovascular function, and the next chapter reminds us of the depressed stroke volume and cardiac output associated with repetitive cough. A dry cough and its influence by J receptors is of interest in the next chapter. "Cough in Clinic" is next; it offers a review of the most common causes of cough. However, unlike Chapter 2, which focuses on the sound patterns that may help diagnose cough, "Cough in Clinic" focuses on traditional approaches, with technology and testing. Common diagnoses are reviewed, and there are no surprises or interesting insights that would promote a diag-