

**Oxford American Handbook of Pulmonary Medicine.** Kevin K Brown MD, Teofilo Lee-Chiong MD, editors. New York; Oxford University Press. 2009. Soft cover, 900 pages, \$42.95.

The **Oxford American Handbook of Pulmonary Medicine** provides a succinct summary of important topics in pulmonary and critical care medicine. It is primarily geared toward pulmonary and critical care physicians, and it can serve as a great resource for pulmonary fellows and medical residents. Shortly after I received it for review I took it with me on clinical rounds for a test run. Despite its 900 pages, it was sufficiently small to fit comfortably in my coat pocket. I found it easy to navigate for specific topics regarding patient care, it was easy to read, and I found the boxed items particularly concise reference guides.

The authors aimed to provide a general summary of pulmonary medicine topics and some basic aspects of critical care medicine. The handbook is divided into 4 sections: Clinical Presentations, Clinical Conditions, Supportive Care, and Practical Procedures. The sections have anywhere from 10 to 34 chapters. The first section provides a systematic approach to evaluating the most common pulmonary signs and symptoms, including dyspnea (in all patients and in pregnant or postoperative patients), cough, hemoptysis, respiratory failure, pleural effusion, parenchymal disease (including alveolar hemorrhage and pulmonary infiltrates in both immunocompetent and immunocompromised patients), and sleep disorders. The chapter on pleural disorders, however, did not clearly present the traditional Light criteria (pleural fluid protein/serum protein ratio  $> 0.5$ , pleural fluid lactate dehydrogenase [LDH]/serum LDH ratio  $> 0.6$ , pleural fluid LDH  $>$  two thirds the upper limit of the laboratory's normal serum LDH) or modified criteria (pleural fluid protein  $> 2.9$  g/dL, pleural fluid cholesterol  $> 45$  mg/dL, pleural fluid LDH  $> 0.45$  times the upper limit of the laboratory's normal serum LDH) that are currently used in clinical practice to distinguish exudates from transudates. The preoperative assessment section is a very useful reference for evaluating surgical patients; however, it would

benefit from additional information regarding preoperative assessment of lung cancer patients and evidence-based clinical practice guidelines for evaluating lung cancer patients being considered for resection surgery.

The second section provides a very useful reference for specific clinical conditions. The chapters on asthma and COPD are comprehensive, include recent expert-based and evidence-based guidelines on diagnosis and management, and have reference charts and illustrations that are easy to read. The chapter on pneumothorax provides a very easy to read flow-chart algorithm for managing pneumothoraces. In the chapter on pulmonary thromboembolic disease, box 32.1, which summarizes the Wells criteria, requires revision. Using the modified Wells criteria, 4 points makes a pulmonary embolus likely if any of the following are met: 3 points for symptoms of deep venous thrombosis and no alternative diagnosis better explains the illness; 1.5 points for tachycardia with pulse  $> 100$  beats/min, immobilization of 3 days, or surgery in the previous 4 weeks, or history of deep venous thrombosis or pulmonary embolism; and 1 point for hemoptysis or malignancy.

The chapter on lung cancer presents the 6th edition of the TNM (tumor, nodes, metastases) classification for non-small-cell lung-cancer staging, but acknowledges that the 7th edition is forthcoming. The chapter on interstitial lung diseases was easy to read and provides a succinct review. The chapter on vasculitis and the lung also provides very useful summaries. The chapter on altitude sickness, though accurate, would benefit from including consensus criteria for the diagnosis of chronic mountain sickness and high-altitude pulmonary hypertension. The last two sections and the appendix contain very useful and practical information, and summarize quite nicely the essential acid-base formulas and provide easy-to-follow steps for determining acid-base disturbances. I also found the computed tomograms of thoracic anatomy a quite useful, quick visual reference.

Overall, I believe this handbook reaches what it sought to achieve: a practical, succinct reference guide for the practicing pulmonary physician. The book is easy to carry

and read; I found no typographical errors; the figures are also very easy to read; the boxes and tables provide very useful, concise summaries; and the table of contents and index are easy to navigate. Although an online or mobile-device version would make the information more accessible, I plan to keep my paper copy in my coat pocket.

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**Paediatric Bronchoscopy.** Kostas N Priftis, Michael B Anthracopoulos, Ernst Eber, Anastassios C Koumbourlis, Robert E Wood, editors. (*Progress in Respiratory Research* series, volume 38. CT Bolliger, series editor.) Basel, Switzerland: S Karger. 2010. Hard cover, 212 pages, \$188.

Pediatric bronchoscopy is a relatively young procedure that has rapidly evolved over the past 30 years into a fundamental diagnostic tool in the evaluation of respiratory disease in children. The first flexible fiberoptic bronchoscope small enough to be useful in infants and children was introduced in 1980, roughly the same time that pediatric pulmonology emerged as a distinct subspecialty in pediatrics. Over the subsequent 3 decades, flexible fiberoptic bronchoscopy matured as a technique and is now indispensable in pediatric clinical practice and research, and is a core competency required of pediatric pulmonary medicine trainees around the world. It is also used by pediatric anesthesiologists, otolaryngologists, and critical-care physicians as an adjunctive diagnostic tool, and it requires skilled assistance from pediatric respiratory therapists and nurses. **Paediatric Bronchoscopy**, the 38th volume in the *Progress in Respiratory Research* series, is a first-edition review and the first English-language review dedicated exclusively to bronchoscopy in children.

The editors' stated goal is to present a state-of-the-art review, rather than a traditional textbook. To accomplish this aim the editors assembled an international group of