

second chapter deals with patterns of breathing dysfunction (in particular, hyperventilation). Chapter 3 deals with “biochemical aspects of breathing,” and the following chapter addresses “biomechanical influences” on breathing, in which both chemical and neuromuscular aspects of respiratory control are covered in reasonable depth. Subsequent chapters pertain to psychological and emotional interactions relevant to disordered breathing, osteopathic assessment and treatment, physiotherapy in the context of pulmonary rehabilitation, and self-regulation of breathing. The chapters on osteopathic and physiotherapy approaches to assessment and treatment will probably be far more useful to practitioners in those fields as opposed to a more general readership. On the other hand the chapters on psychological issues and self-regulation are insightful, clearly written, and characterized by enormous empathy for what patients experience when breathing goes awry. They should be required reading for anyone inclined to dismiss as cranks or malingerers patients with acute or chronic hyperventilation and other forms of disordered or distressed breathing who have a problem that is “all in their heads.”

The last 2 chapters include a mixed bag of “other breathing issues” and self-help approaches and exercises that had “no natural [ie, conceptual] home” (page 223) in the foregoing chapters. The “other issues” chapter is wide-ranging and covers such issues as hyperventilation during air travel and exercise, paper-bag rebreathing (with appropriate cautions), sleep-disordered breathing, Buteyko breathing exercises, as well as a brief overview of traditional Chinese medicine and acupuncture in relation to dysfunctional breathing. The authors state unambiguously that inclusion of a particular method in that chapter does not imply their endorsement; rather, they justify devoting a chapter to arguably “fringe” methods because there already are practitioners who employ such techniques in practice and “we felt it important to provide at least a thumbnail impression of the methodology and underlying concepts, and, where necessary, a word of caution” (page 223). Despite the disclaimer it is entirely possible that practitioners of such techniques will claim that their inclusion in a respectable text is, in some sense, legitimizing, whereas more mainstream readers may find much of this material highly speculative and lacking evidence of efficacy.

At a more concrete level a similar criticism may attach to the final chapter, which is a compilation of various breathing exercises and self-help techniques in the form of brief summaries that the authors intend for use as handouts for individual patients (and for which duplication is expressly permitted). According to the authors some of the techniques (eg, autogenic training) are, “well-researched while others have proved themselves in practice to the satisfaction of one or more of the authors” (page 241). Whether practitioners interested in using such techniques make scrupulous distinctions between data-based evidence and expert opinion is an open question.

One limitation of the book that I found rather surprising was a relative lack of attention to how primary pulmonary diseases such as asthma, chronic obstructive pulmonary disease, and intrapulmonary restrictive conditions affect breathing patterns in ways that contribute to alveolar hypoventilation. Rather more attention is devoted to extrapulmonary sources of restriction such as kyphoscoliosis and other postural abnormalities. There also is surprisingly little material on the psychophysics and physiology of dyspnea. On balance, however, the strengths of the book outweigh those limitations. By elucidating an alternative, nonallopathic framework for understanding disordered breathing, the authors persuasively argue that—to paraphrase Hamlet—there is far more to both normal and disordered breathing than, perhaps, many of us have “dreamt of” in our “philosophy” of assessment and treatment.

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Radiology of the Chest and Related Conditions. Fred W Wright MA DM. New York: Taylor & Francis. 2002. Soft cover, illustrated, unpaginated (with CD ROM), \$280.

A number of different texts are available on chest radiology. They are primarily of 2 types: those designed to be all-inclusive and

those that focus on a particular facet of chest radiology. **Radiology of the Chest and Related Conditions** is in the former group. Most often the disadvantage of a comprehensive textbook is its large size, often spanning multiple volumes. Fred Wright has condensed the essence of cardiopulmonary radiology into a single volume, measuring a mere 18×26×5 cm. And the entire text plus supplementary images are included on the companion CD-ROM.

In the preface Wright indicates that his intended audience is “radiologists and chest physicians (especially those in training), medical students, technologists, and radiographers.” Indeed, there is something for everyone. A medical student or intern would benefit from the introductory chapter on normal chest anatomy. The technologist could learn from the short section on technical variables and radiation physics. The physician would use this book as a reference when encountering an unknown or unusual disease process of the chest.

As with any text there are positive and negative attributes. The book does present a wide range of topics within chest radiology but some are given only token mention. The style in which the topics are presented is unique and allows for its compact size, although it also creates shortcomings.

The book is bound in an esthetically pleasing soft cover with a matching rigid cardboard box. The paper quality is good and the type face is very readable. Except for a single color picture (of Saint Ansanus) inside the front cover, the only illustrations in the book are (numerous) black-and-white line drawings. All the radiographs are on the CD-ROM. The text is not consecutively paginated from beginning to end; rather each individual chapter is paginated.

The book is in 24 chapters, beginning with basic anatomy, ending with lung cancer. The chapter organization is somewhat awkward, as some chapters are divided by anatomic location (veins, arteries, chest wall, pleural space, and esophagus), whereas others are divided by appearance or pathology (eg, lung consolidation, cavitation). Chapters 3 and 4 discuss common and atypical lung neoplasms. Later Chapter 17 discusses metastasis of chest tumors to the abdomen. Chapter 24 examines the etiology, classification, and management of lung cancer. Lymphangitic carcinomatosis is discussed in Chapter 8, along with pulmonary edema and acute respiratory distress syndrome. Overall the book has a somewhat disjointed

feeling, although, being a single volume, skipping around is not overly cumbersome.

Within the chapters individual subtopics are presented in a fairly intuitive and fluid order. For example, Chapter 2 discusses signs of consolidation, followed by atelectasis, air-trapping, and emphysema. Simple line drawings are used to illustrate. The references are not listed at the end of each chapter but instead are interspersed within different sections of each chapter, with a slightly smaller font. Chapter 2 has 18 different reference sections. In each section the references are for the subjects discussed in the preceding paragraphs. The citation lists the author and year, and some citations include a synopsis of the article. This format does somewhat detract from the overall flow of the text, although it also makes finding citations for a certain topic much easier.

The book uses simple line drawings to illustrate the discussion. The drawings are quite primitive, although are quite effective in illustrating particular findings. However, access to a detailed anatomic or radiologic atlas is occasionally needed for thorough comprehension. The images on the CD-ROM are linked (with bold-face, all-capital-letters file names) to topics in the chapters. There are 8,660 images, taken from teaching files of the author and others. The pictures are easily viewed with software included on the CD-ROM, which runs on either the Windows or Macintosh operating system. For me the program ran without difficulty in the Windows-XP operating system.

One particular highlight of this text that is not included in many other chest radiology books is the historical perspective. Often when introducing a disease process,

the author describes the original case, how it was diagnosed, and the evolution of its treatment. The sections on the histories of tuberculosis and lung cancer are especially interesting. Many of those classic cases are included in the CD-ROM teaching file.

In conclusion, **Radiology of the Chest and Related Conditions** should be a welcome addition to any radiology or chest disease library. A wealth of information and historical perspective is included in a single compact volume. And it is portable because the entire text and excellent teaching file are on a single CD-ROM. The primary limitation is the absence of radiographic images in the printed book.

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