Idiopathic Pulmonary Fibrosis. Joseph P Lynch III MD, editor. (Lung Biology in Health and Disease series, volume 185, Claude Lenfant, executive editor.) New York/Basel: Marcel Dekker. 2004. Hard cover, illustrated, 772 pages, $235.

Volume 185 is an imposing addition to a distinguished line encompassing a varied list of subjects relating to, as the series' name indicates, lung biology in health and disease. Over the years these books have provided a comprehensive and integrated overview of many topics, bringing together disparate workers in the field and producing repositories of information that truly reflect the state of knowledge at that point in time. This one, on idiopathic pulmonary fibrosis (IPF), is particularly welcome, as the last to deal with pulmonary fibrosis was volume 40, and recent advances in the understanding of this condition make this especially timely.

This one is no less worthy than its predecessors in the scope of its coverage and is divided into 3 broad sections: the first covers clinical aspects of epidemiology, diagnosis, and functional evaluation; the second is the largest and addresses the rapidly expanding areas of the molecular and cellular studies in IPF; and the last, dispiritingly small, is devoted to therapy. After years of relative dormancy, the world of IPF treatment is in an unusually exciting state of activity, and it is not surprising that the most recent trials are not represented in this book. (This raises the inevitable question as to the purpose of such monographs. They represent much hard work and effort but in the end are the last remnants of a time of slower publishing cycles; the definitive replacements are still evolving, but the tactile gratification of the printed page is unlikely to remain seductive enough to stave off eventual replacement by instantly updateable digital formats.)

The 28 chapters that make up this book encompass a very comprehensive overview of IPF. Part I deals with clinical aspects and contains authoritative accounts of current knowledge, with chapters such as those on pathology and high-resolution computed tomography scanning. Others, like the discussion of imaging techniques such as nuclear and magnetic resonance scans, are almost unique, as no comparable equivalent seems to exist in current form. Yet others deal with subjects (eg, bronchoalveolar lavage in interstitial lung disease) that lie somewhere in the uneasy limbo between enthusiastic acceptance in the past, disillusionment in the present, and unclear expectation for the future. No account of IPF would be complete without a review of bronchoalveolar lavage, but the chapter deals primarily with diseases other than IPF and exemplifies the tendency across much of the book to drift between the designated subject and interstitial diseases in general. This is unavoidable in certain areas, such as the discussion on genetic aspects, but this represents a wide and potentially very promising field where increasing knowledge may permit far more focused application in the future. Some topics are notable primarily by their absence, and I found no mention of gastroesophageal reflux at all; if viruses as a possible cause merit 8 pages and surfactant-protein-related issues twice that, acid-reflux and aspiration injury probably qualifies for at least token representation.

Reflecting recent changes in classification, especially the widespread acceptance since 1994 of nonspecific interstitial pneumonia (NSIP) as an entity distinct from IPF, there is varying success in separating earlier data from that of the current era. There is certainly justification for the inclusion of an entire chapter on NSIP, especially since there is a clear attempt at contrasting this from usual interstitial pneumonia (UIP). Similarly a full understanding of IPF is impossible without consideration of the similar conditions seen in patients with connective tissue disorders. This too is dealt with in an expert manner, including an almost subversive *sotto voce* comment regarding placebo-controlled trials in scleroderma-associated lung disease.

In keeping with the literature in this field at large, there continues to be a potentially confusing lack of standardization in terminology, with UIP, IPF, UIP/IPF, IPF/UIP, and cryptogenic fibrosing alveolitis (CFA) being used interchangeably, sometimes with several terms appearing in the same sentence or paragraph. In part these represent a trans-Atlantic divide, and some editorial oversight may have helped contain this, but the degree of confusion, at least amongst pulmonary physicians, is probably less now than it was a decade ago, allowing some latitude in the use of these names.

The second part, which is half the book, deals with the current state of knowledge in the molecular and cellular arenas. Much of this represents information that is new enough to not have a defined place in the overall picture, and this further adds to the excitement. The transition from a purely inflammatory view of pathogenesis to a construct that emphasizes fibrosis is evident, and there is at least the semblance of an emerging understanding of how injury, presently of undefined nature, may lead to IPF. The chapter on fibroblasts and myofibroblasts speaks to this in clear detail. Inevitably, there is overlap and duplication between chapters and sections. For example, transforming growth factor β is discussed in several areas, but its current preeminent presumed role in pathogenesis probably makes this unavoidable.

A particularly interesting chapter revolves around the emerging field of angiogenesis and CXC chemokines. Whether this represents an important waypoint that may lead to novel treatments or is merely a short-lived froth on the cup of knowledge remains very much to be seen.

From a clinical perspective, the entire book is prologue to the last section on treatment, and this is where one comes upon a sense of helplessness. Despite the preceding 600 pages of descriptive data and molecular biology, the last 100 pages force us to face the fact that no effective treatment exists for IPF. Several promising drugs and biological agents are under evaluation, but the path of therapy for IPF so far is littered with many failed and false gods. These have included corticosteroids, cytotoxic agents, and colchicine, among others. The interferon gamma-1b trial is alluded to, but data from that study were not publicly available at the time this book was completed; that trial has since been shown to have not met its primary goals and must therefore be considered yet another negative study. This lack of success in treatment accounts for the entire subject being dispatched in 25 pages and ending with the none-too-elevating recommendation that early assessment for lung transplantation be considered. No more is said about this option, which is something of an omission, but it is well known that only a minority qualify or live long enough to receive an organ transplant.

In the end this remains an excellent book, putting together the majority of what contemporary experts in the field consider important. It attempts and largely succeeds in presenting a comprehensive but balanced account authored by many instantly recognizable authorities. It does have a somewhat sparse and idiosyncratic index, with, for example, multiple entries for surfactant and none for diffusing capacity. There is a

small scattering of typographical errors that speak of our dependence on out-of-context spell-checking (eg, interference instead of interferon, NIP and NISP for NSIP, sci-70 for scl-70), but overall this volume is in full conformity with the high standards of this series, to which it is a solidly worthwhile addition.

It is somewhat churlish to find further fault in this excellent reference, but one shortcoming must be highlighted. This is the near-complete futility of presenting photomicrographs without color and the poor reproduction of all the computed tomography scan images, especially the 2 illustrating lymphocytic interstitial pneumonia. Both of these detract greatly from a work of this caliber and argue for a quick transition to digital media, which allow far greater flexibility in what may be included and how it is presented. A companion CD containing high-resolution images would have made a very welcome inclusion.

Sanjay Kalra MD
Division of Pulmonary and
Critical Care Medicine
Mayo Clinic
Rochester, Minnesota

Thoracic Imaging: Pulmonary and Cardiovascular Radiology. W Richard Webb MD and Charles B Higgins MD, editors. Philadelphia: Lippincott Williams & Wilkins. 2005. Hard cover, illustrated, 837 pages, $170.

Although the lungs and heart are anatomically close within the thoracic cavity, textbooks devoted to these topics have traditionally been separated by a wide chasm. Due to the explosion of cardiac imaging in recent years, as well as the inherent overlap between cardiac and pulmonary disorders, there is a growing need for a single textbook that integrates cardiac and pulmonary imaging. Richard Webb and Charles Higgins have responded to this need with the publication of **Thoracic Imaging: Pulmonary and Cardiovascular Radiology**. This 837-page text was written by 2 world-renowned radiologists and is primarily for radiologists and pulmonologists, as well as residents and fellows in both fields.

Thoracic Imaging: Pulmonary and Cardiovascular Radiology is written to provide a concise, yet rather complete, overview of pulmonary and cardiovascular imaging and the diagnosis of diseases comprised therein. The book has 37 chapters, 26 of which are dedicated to pulmonary imaging, and a detailed index. The preface outlines the aim of the book, which "is to provide in a single volume, a comprehensive but easy-to-digest discussion of the title topic and to review the use and interpretation of radiographs and advanced imaging techniques." The authors follow a simple, easy-to-read template throughout the book. Topics are distinctly separated and in bold. Key words are in italics. Images, tables, and schematics have generally been selected well and placed in proximity to related text material. Selected reading references are comprehensive and reflect recent publications. Typographic errors are virtually nonexistent. The index appears adequate. The paper, printing, and binding quality are excellent.

A feature of this text is that it encompasses both pulmonary and cardiac imaging—topics that are usually reviewed separately. The material is current and relatively comprehensive. Indeed, the timely nature of this work is evident throughout the text, images, and references. In the chapters devoted to pulmonary imaging, examples from digital radiographic techniques and multidetector-row computed tomography, including many reconstructed images, are provided; the latter also makes the imaging of pathology anatomy from cross-sectional imaging relevant to planar imaging. (The authors did not attempt to provide pathologic correlation for the imaging features). Chapters that are devoted to the normal mediastinum, lung cancer, pulmonary manifestations of systemic diseases (sarcoidosis), diffuse lung diseases, computed tomography, and magnetic resonance imaging of the thoracic aorta and acquired cardiac disease are particularly outstanding.

Thoracic Imaging: Pulmonary and Cardiovascular Radiology is richly illustrated with an appropriate distribution of computed tomography, magnetic resonance imaging, plain radiographs, and artist renderings. The figures are effectively annotated and captioned to elucidate the salient points of the images. A useful feature of the text is the inclusion of many lists in concise, shaded boxes that summarize pertinent imaging features and differential diagnoses.

There are a few minor shortcomings, which is to be expected given the daunting challenge of compressing a broad subject into a single, readable volume of 837 pages. For example, although the majority of topics are comprehensively addressed, a few subjects got relatively cursory coverage, most notably, the sections discussing valvular heart disease, emphysema, and chronic obstructive pulmonary disease. Some of the chapters are more lucid than others, some providing too much detail, some not enough. Some redundancy from chapter to chapter is to be expected and is not necessarily a detriment (at least to me). As an educator I wish that this text included a section about pulmonary and cardiac physiology. A more glaring deficiency is the limited discussion of cardiac and intrathoracic vascular imaging. Only 10 chapters (198 of 837 pages) focus on cardiac and vascular diseases. However, these slight limitations are strongly outweighed by the many merits of this text. Indeed, this text offers a remarkable array of valuable information in one affordable book. It provides a comprehensive source for radiologists, clinicians, and residents-in-training, with an interest in the "art" of chest radiology. At $170, the book is a good value and would be a treasured addition to a department or individual library.

Tan-Lucien H Mohammed MD
Division of Radiology
Section of Thoracic Radiology
The Cleveland Clinic Foundation
Cleveland, Ohio

Sleep Medicine in Clinical Practice. Michael H Silber MBCHB, Lois E Krahn MD, Timothy I Morgenthaler MD. London: Taylor & Francis. 2004. Hard cover, illustrated, 392 pages, $89.95.

Sleep Medicine in Clinical Practice is a concise but very complete primer on the clinical problems and corresponding standard treatment strategies that compose the practice of sleep medicine. The 3 physician authors are active in the clinical practice of sleep medicine at the Mayo Clinic in Rochester, Minnesota, and their collective clinical expertise is well documented throughout the various book chapters. The intended readership is clinicians who treat a wide gamut of sleep-related complaints. This book provides a sound basis for pulmonologists and other practitioners to become more familiar with sleep medicine or those who plan to specialize in this subject of expanding interest. It will also serve as an easily understood reference source for respiratory therapists who deal with sleep patients on the ward or in the sleep laboratory.

The field of sleep medicine is unique in that it encompasses components of the clinical practice of pulmonary medicine, neu-