

manent Pacemakers and Antiarrhythmia Devices,” and last but not least, “Evaluation of the Low-to-Intermediate-Risk Patient With Chest Pain: Chest Pain Centers.”

Not unbiased (by formation), I will also briefly discuss the virtues of the section “Pulmonary Problems in the ICU.” This section is well written, comprehensive, and spans the problem in a logical manner, from the physiology of gas exchange to the pathophysiology of respiratory failure of various causes. It covers institution and discontinuation of mechanical ventilation, and relevant issues pertaining to various conditions (eg, pneumonia, pulmonary embolism, and acute inhalation injury). Were the size of the book not of paramount importance (although I suspect it is), I would say that useful additions to this book would include more general and practical sections dealing with problems arising in the ICU, acute arterial desaturation, acute hypercarbia, airway management and related problems, ventilator waveforms, patient-ventilator synchrony, falling hematocrit scenarios, hypothermia, and hyperthermia (the latter two could be moved easily from their current section). A section on sleep medicine (including sleep in the ICU, obesity-hypventilation syndrome, and obstructive and central sleep apnea) is also needed because of increased awareness of and better therapeutic options for sleep disorders. Also warranted might be a more specific chapter on adrenal insufficiency of the critical ill patient; a chapter on the adrenal crisis; and in the endocrinology section, one on stress management of the patient on chronic steroid therapy, in light of the recent and very controversial literature that emphasizes the modes of evaluation of the hypothalamus-pituitary-adrenal axis, the possible roles of steroid-binding globulin, free and total random cortisol level assays, algorithmic approaches, and therapeutic options.

Making suggestions for possible additions to this book is really not doing justice to a well-designed, well-written, and well-executed smallish book on intensive care medicine, which is the fruit of conception of a large group of specialists who took their time, expertise, and energy to put together something that needs to touch major topics of the adjunctive textbook and to be practical, easy to use, and (how many times don't we need to sacrifice this?) short.

In summary, this is an easy-to-use, friendly, and useful portable-size manual of ICU medicine that introduces readers as di-

verse as medical students, house staff, attending physicians of various specialty, nurses, and respiratory therapists into this complicated world, enticing for more reading and delivering the essential information in a timely fashion.

Octavian C Ioachimescu MD

Cleveland Clinic
Department of Pulmonary, Allergy, and
Critical Care Medicine
Cleveland, Ohio

REFERENCE

1. International Liaison Committee on Resuscitation. 2005 International consensus on cardiopulmonary resuscitation and emergency cardiovascular care science with treatment recommendations. *Circulation* 2005;112 (22) Suppl 1.

Teaching Atlas of Chest Imaging. Mark S Parker MD, Melissa L Rosado de Christenson MD, Gerald F Abbott MD. New York: Thieme Medical Publishers. 2006. Hard cover, illustrated, 789 pages, \$149.95.

Thoracic-imaging educators face multiple and unique challenges. From lung-cancer screening, diagnosis, and staging, to critical-care imaging and occupational lung diseases, chest imaging remains one of the most complex subspecialties in diagnostic imaging. Our knowledge of teaching and the process of learning is constantly evolving, and it is clear that many of the traditional tools, including standard textbooks and didactic lectures, may not be the ideal educational instruments. In the exciting field of diagnostic imaging, there is increasing evidence that radiologists at all levels of experience, including residents-in-training, learn better from practice-case-based material, also known as problem-based learning. In fact, the current requirements for maintenance of certification emphasize a life-long learning process and the need for self-assessment.

The **Teaching Atlas of Chest Imaging** fulfills many of the currently accepted idioms for learning in the specialty of radiology. It is an eminently readable text that provides content related to the important categories of chest disease through a series of well-illustrated, case-based material.

The atlas begins with a review of normal chest radiography, computed tomography, and magnetic resonance imaging anatomy,

then presents cases that show a wide range of congenital, traumatic, and acquired thoracic conditions. Each disease entity and section opens with a representative case. Each case is typically illustrated with 4 images, complete with image captions, diagnosis, and differential diagnoses. Further, every case is supported by a discussion of the etiology of the disease, its underlying pathology, typical and unusual findings, treatment, and prognosis, in a concise, bullet format that provides a comprehensive overview of each disorder. Especially helpful features include “pearls” and “pitfalls” pertinent to each disease. There are additional figures included with each case that demonstrate additional imaging manifestations of the disease being discussed, and, in some cases, illustrations of related diseases. Each case discussion concludes with an excellent up-to-date list of suggested reading.

The quality of the imaging figures is excellent. A computer graphic artist produced pertinent illustrations for many sections of this book. Indeed, more than 1,000 high-quality images show normal and pathologic findings and their variations.

Overall, this book is a complete, hands-on guide to evaluating chest disease. It is ideal for reading cover-to-cover or as an illustrated reference of radiologic manifestations of common thoracic disorders. Radiology residents, thoracic imaging fellows, and practicing general radiologists (especially those involved in the process of maintaining certification) will find this easy-to-use book a valuable learning tool and reference. Though the text is directed toward radiologists and radiologists-in-training, it should also be considered a key resource for pulmonary and critical care medicine physicians, thoracic surgeons, and all interested in chest disease. Other practitioners may find the text too broad and detailed, but the introductory sections on imaging anatomy should be applicable to nursing and respiratory therapy professionals. With the **Teaching Atlas of Chest Imaging**, readers should be able to expand their chest-imaging-interpretation skills, learn to recognize abnormal findings, generate appropriate differential diagnoses, and better understand the underlying disease process. A total of 192 cases are included in this comprehensive atlas, covering the entire spectrum of chest disease.

Many of the authors and contributors of this atlas are thoracic imagers who have spent countless hours at the Armed Forces

Institute of Pathology in Washington DC. As expected, this text reflects their extensive knowledge and experience in the subject matter. The content is comprehensive and rigorous. The case material is excellent. I highly recommended the **Teaching Atlas of Chest Imaging** as a valuable addition to departmental and personal libraries of all those who share an interest in chest disease.

Tan-Lucien H Mohammed MD

Section of Thoracic Imaging
Division of Radiology
Cleveland Clinic
Cleveland, Ohio

Functional Lung Imaging. David A Lipson MD and Edwin JR van Beek MD PhD FRCR, editors. (*Lung Biology in Health and Disease*, volume 200, Claude Lenfant, executive editor.) Boca Raton, Florida: Taylor & Francis. 2005. Hard cover, illustrated, 635 pages, \$199.95.

This small-format hard-cover book is from a series of books entitled *Lung Biology in Health and Disease*. This textbook is number 200 from a collection of 208 topics in this valuable series. This textbook contains 28 well-referenced chapters, written by 50 contributors, with a total length of 635 pages, which includes a 14 page index. The book is made with very nice paper stock, and the numerous images, though rather small, are of high quality.

The book describes the physiologic basis of functional lung imaging, which is, by its very nature, a multidisciplinary field, involving radiologists, bioengineers, physicists, pulmonary medicine physicians, and surgeons. The book's stated goal is to describe the state of the art in the field of functional pulmonary imaging. The editors invited internationally renowned authors who are leaders in the fields of computed tomography, magnetic resonance in nuclear medicine, pulmonary medicine, and thoracic surgery.

As is often the case when such a varied collection of contributors is brought together for a focused textbook project such as this, the burden of contextual flow falls upon the lead editors of the book. This book is divided into 5 parts, starting with an introduction, followed by sections on computed tomography, magnetic resonance imaging, nuclear medicine, and clinical imaging. In this last part the editors bring together the elements of the prior parts of the book and translate them from the research arena to the clinical arena. The editors had mixed success in this regard, in terms of content flow and organization. For example, the chapter on the solitary pulmonary nodule, most of which is a general imaging review of the topic, contains very little functional information, other than a single paragraph on computed tomography and magnetic resonance nodular enhancement. The following chapter, which is a short review of imaging cystic fibrosis, also has very little on

the functional imaging nature of this disease. Similarly, several other of the clinical chapters seem to squeeze in brief amounts of information on functional imaging, almost as an afterthought rather than a primary emphasis.

The editors made a gallant effort to cover this field in its entirety, based on the state of the art at the time of the book's compilation. Some of the information will probably be new and interesting to readers who have a special interest in functional lung imaging, but much of it will be very familiar. In the end, this book, which tries to appeal to a very wide audience, and as such tries to be all things to all people, falls somewhat short of the mark. Although the overall topic seems quite focused, in the end it is a rather broad, multidisciplinary field, with a broad range of potential readers, few of whom will have the interest to read the book in its entirety, written by a select group of authors, each with a very narrow perspective. The individual chapters tend to be either too brief and broad, or too detailed and focused. Unfortunately, state-of-the-art books such as this frequently become outdated in the time interval between writing and publishing.

Eric J Stern MD

Department of Radiology
Harborview Medical Center
University of Washington
Seattle, Washington