disease, bronchiectasis, small airways diseases, and chronic obstructive pulmonary disease. In this edition the authors moved the topic of cystic fibrosis from the chapter on congenital disorders to this chapter and expanded the text on the topic. The revised section on bronchiolitis reflects a better understanding of small airways disease, and the authors have added a subheading for neuroendocrine hyperplasia, an uncommon and recently recognized cause of constrictive bronchiolitis.

Chapter 13, "Neoplasms of the Lungs, Airways, and Pleura," has new information on population screening for lung cancer, the new World Health Organization classification of pre-invasive and malignant lung tumors, and expanded coverage of FDG PET in lung cancer staging. Survival data have been updated to include a large series from Japan, and a relatively recently described neoplasm, atypical adenomatous hyperplasia, has been added to the text. The topic of "missed" lung cancer is also presented. The lymphoma section has been restructured to include the new World Health Organization classification of Hodgkin lymphoma and lymphoid neoplasms excluding Hodgkin lymphoma, and staging of mesothelioma has been added.

Chapter 14 covers mediastinal diseases, including those of the thoracic aorta. There is a new section on differential diagnosis of mediastinal masses that has helpful tables for each mediastinal "compartment." The section on aortic disease has also been lengthened, and there are many new examples that highlight the role of magnetic resonance imaging in aortic disease.

Chapter 15 is a minor update on pleural disease, with newer, additional, and higher-quality images. Chapter 16 discusses congenital anomalies of the lungs and airways. Cystic fibrosis was appropriately moved from this chapter to Chapter 12.

Chapter 17 focuses on chest trauma. The authors clearly demonstrate the central role of CT in evaluating chest trauma, with numerous new illustrations and expanded text, particularly on the topic of traumatic aortic injury.

The shortcomings of the 4th edition of **Imaging of Diseases of the Chest** are few. There are very few typographical errors, and the information provided is up to date. Controversial issues are presented as such, and the authors, while expressing their own opinions, avoid a dogmatic tone or approach. A few of the older figures, despite having been reprocessed, are still less than ideal, and some figures are too pixilated or have too much contrast. The authors excluded the previous edition's chapter on thoracic interventions, which allowed them to fill those pages with more figures and longer discussions of other topics, which, in my opinion, will be more useful to the majority of radiologists. The topic of thoracic intervention may better belong on its own or in an interventional radiology text.

In summary, the authors of the 4th edition of **Imaging of Diseases of the Chest** have kept true to the aim of previous editions: to produce a single-volume comprehensive text on thoracic imaging. This book is by no means an introductory text on thoracic imaging and is best suited for individuals who have a good understanding of thoracic imaging and anatomy. Though targeted primarily at radiologists, many pulmonologists and thoracic surgeons may find it useful.

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High-Resolution Computed Tomography of the Lungs: A Pattern Approach. D Karthikeyan DMRD DNB. London: Hodder Arnold/Oxford University Press. 2005. Hard cover, illustrated, 223 pages, with CD ROM, $110.

High-Resolution Computed Tomography of the Lungs: A Pattern Approach attempts to provide an overview of lung disease, with an emphasis on high-resolution computed tomography (CT). Unfortunately, shortcomings in the book's organization, limited discussion of a pattern approach, dearth of high-resolution images, and the low quality of images included disappointed us. The paper, printing, and binding quality are fair.

The book has 3 sections and an appendix. The first section reviews anatomy and fundamentals of high-resolution CT. The diagrams of lung anatomy are clear. The illustrations of segmental and bronchial anatomy are especially good. However, the figures of airways and secondary lobule anatomy are small and grainy. The discussion on fundamental high-resolution CT is limited to basic protocol, indications, and technique.

The book's second (and shortest) section describes lung disease patterns and concomitant differential diagnoses and gives short descriptions of specific pathologies. This section is hampered by lack of CT images, though included schematics present the material adequately. As pattern of lung disease is the focus of the text, the second section proves to be the most disappointing aspect of the book, and, at best, it may be helpful as a primer for reading a more in-depth text.

The third section presents cases of commonly encountered disease. Though not exhaustive, the cases are of adequate scope and complexity for resident radiologists and clinical physicians. However, the images are of low quality, and many are not high-resolution, which is unacceptable, given the availability of modern printing techniques and digital technology. In addition, the organization could be improved. Rather than an alphabetical approach, specific subcategories would have been more helpful. The appendix is completely text, mainly consisting of differential diagnoses and pearls.

High-Resolution Computed Tomography of the Lungs: A Pattern Approach is worth reading after other similar texts have been perused. Its format is easy to read, but it lacks good organization. Its appeal is that it can be digested without a major time commitment. It should be recognized, however, that this is not an exhaustive text. Overall, this book has many shortcomings, compared to other comparable works.

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IASLC Textbook of Prevention and Detection of Early Lung Cancer. Fred R Hirsch MD PhD, Paul A Bunn Jr MD, Harubumi Kato MD PhD, and James L Mulshine MD, editors. Boca Raton: Informa/Taylor & Francis. 2006. Hard cover, illustrated, 396 pages, $149.95.

Lung cancer is the leading cause of cancer deaths, with over one million annual deaths worldwide. Despite decades of research and advances in treatment, lung cancer remains highly lethal; over 90% of lung