

mon causes," which lists sputum retention, malposition of endotracheal tube, mechanical ventilation, postoperative (CABG [coronary artery bypass graft], upper GIT), carcinoma, adenoma, and foreign body." I am unsure if this was meant to suggest common causes of lobar pneumonia, and, if so, why inhaled bacteria is not listed, and I am not familiar with the acronym GIT, which the book does not define. Similarly, on page 138, under the subtitle "Diffuse Pulmonary Infiltrates," I found "NB: divide into acute or chronic." The term "NB" is used throughout this chapter with no explanation of its meaning or importance. Mixed into the list of abnormalities (that seem to be based on lesion and location), are items such as "lung infection," which is then given a brief differential diagnosis based on abnormal findings. On page 157, under the subtitle "Atrial Septal Defect," "mongolism" is listed as a potential cause of "RUL congestion." This is undoubtedly referring to an atrial septal defect in a patient with Down syndrome; but "mongolism" is not an acceptable term. Though there is a lack of consistency in the outline format (it switches from lists based on findings to lists of findings based on diagnosis and back again) and problems with word choice and acronyms, there are some useful lists, such as the one that delineates the differential diagnosis for mediastinal masses based on location. Overall, in this chapter the authors attempt to compile a differential diagnosis based on chest radiograph findings, or, alternatively, to list diagnoses followed by radiograph findings; however, there are no illustrations or radiographs, and the attempt to cross-reference is confusing. This chapter is poorly organized, poorly edited, and detracts overall from the rest of the book.

The appendix reviews, in some detail, the approach to reading a normal chest radiograph. There are accompanying images for skeletal and soft-tissue assessment, but not for the mediastinum, parenchyma, or pleura. Again, there is no review of lines and tubes. The index, where I checked it, appeared to be accurate and thorough.

In summary, **Chest X-Ray Made Easy** is a useful text for medical students, allied health professionals such as nurses and respiratory therapists, and new physicians who are learning to interpret chest radiographs or wish to improve this skill. However, the complete omission of any discussion of tube and line position is a serious drawback. There is sufficient detail, particularly on car-

diac and mediastinal evaluation, to be of interest to practicing physicians, but with the availability of other modalities that better image the mediastinum (CT or transthoracic echocardiogram), the chest radiograph and therefore the information in this book, though interesting, may be functionally obsolete. Lastly, the typographical, grammatical, and organizational problems detract from the book as a whole.

Denise M Wurth MD

Department of Pulmonary and
Critical Care Med
Boise Veterans Affairs Medical Center
Boise, Idaho

The author reports no conflicts of interest related to the content of this book review.

Cough: From Lab to Clinic. Juraj Korpas MD PhD DSc, Autar S Paintal MD FRCP FRS, and Ashima Anand PhD, editors. Kent, United Kingdom: Anshan. 2007. Hard cover, 368 pages, \$115.

Cough is one of the most frequent complaints with which patients present to primary care physicians. Although most coughs are due to viral infection, which induces upper-airway cough syndrome, patients who develop chronic cough can present with diagnostic challenges that frustrate both the clinician and (especially) the patient. A recent PubMed search for the word "cough" found 28,145 citations. Millions of health-care dollars are wasted each year on ineffective treatments and diagnostic procedures for cough because clinicians lack a systematic approach for diagnosing and treating cough. In 2006 the American College of Chest Physicians released a series of publications that addressed evidence-based guidelines for acute, subacute, and chronic cough in adult and pediatric patients.¹ However, for the specialist in allergy or pulmonary medicine, a diagnostic approach remains elusive.

Cough: From Lab to Clinic attempts to shed some light on approaches to diagnosis and therapy for a wide variety of reasons for cough. The editors added to the list of worldwide clinicians who instruct us in topics of medicine often forgotten in our world of technology. The 12 chapters cover diverse topics, including making sense of the wide variety of cough sounds, spectral analysis of cough sounds, diagnostic approaches to cough, and cough pharmacotherapies. For

the academician in us, there are chapters on expiration reflex, airway receptors that affect cough, neurologic control of cough, cardiovascular influences of cough, and the development of cough during ontogenesis and early childhood. Although the black, red, and gold coloring of the book's cover is not eye-catching, this is one book the contents of which you cannot tell by its cover.

The first chapter, "Causes of Cough," offers a litany of reasons our ability to diagnose cough is short-sighted. The second chapter offers an interesting perspective on cough-sound analysis with technology that could be easily obtained and adapted for office use. Imagine being able—without a stethoscope—to determine the spectra of cough and assess the cough's origin within the airway. In my opinion this could be as useful as tympanograms are in assessment of the ear drum or Doppler technology in vascular disease. Two of the most confusing aspects of cough are the relationships between cough receptors, and how experimentation on animals pertains to cough receptors in humans.

The next chapter, "Influences on Cough," provides a different opinion regarding whether cough may be stimulated by nasal, cardiac, and vagal (including reflux-induced) receptors.

Neurophysiologists will enjoy the chapter on "Central Control of Cough," which focuses on the control of cough by the brainstem and discusses a model for pattern formation that influences respiratory rhythm in the ventrolateral medulla. The intricacies of the relationships between (so far) identified causes and controllers of cough in the brainstem are well delineated. Perhaps as ignored by clinicians is the ontogenesis of breathing and cough, which is described in Chapter 7.

The final third of the book is devoted to more clinical aspects of cough. Patients with tussive syncope exemplify cough's effect on cardiovascular function, and the next chapter reminds us of the depressed stroke volume and cardiac output associated with repetitive cough. A dry cough and its influence by J receptors is of interest in the next chapter. "Cough in Clinic" is next; it offers a review of the most common causes of cough. However, unlike Chapter 2, which focuses on the sound patterns that may help diagnose cough, "Cough in Clinic" focuses on traditional approaches, with technology and testing. Common diagnoses are reviewed, and there are no surprises or interesting insights that would promote a diag-

nostic algorithm. The use of capsaicin is described in the section on cough sensitivity testing, perhaps as a tool for assessing pharmacologic benefit. Cough sensitivity in patients with atopic disease and scleroderma are thoroughly discussed, although cough is often presumed to occur with reliable regularity in those patients.

The final chapter is devoted to what everyone wants to know from a textbook on cough: how to treat it effectively. Narcotics have been the mainstay of treatment for most causes of cough, but other drugs with different mechanisms of action are described in this chapter and provide alternatives for clinicians concerned about the addiction potential of narcotics. Guaifenesin is the most commonly used cough suppressant available without prescription, but its mechanism of action and efficacy still eludes us, and this chapter only reiterates that little is known about this medication. I found it curious that the book doesn't comment on diphenhydramine as a cough suppressant. The book's descriptions of using anxiolytics (diazepam) and antihistamines (clemastine) "intraperitoneally" as effective cough suppressants certainly differ from clinical use in the United States, where oral administration is favored by patients. The antitussive activities of benzonatate are described and provide useful insight as to why this medication remains a favorite among many clinicians. However, the authors' comment that certain bronchodilators have anti-inflammatory activity should be taken with caution. Anti-inflammatory agents such as inhaled corticosteroids and nedocromil,² surprisingly, received only very brief mention in the section on management of cough-variant asthma, whereas "phytotherapy of cough" received much greater attention. Perhaps this represents the alternative approaches to medicine in some other nations and for which proponents of this form of medicine may gleam. I also found it interesting that a favorite flavanoid with antitussive properties (due to theobromines) was not mentioned: dark chocolate!³ In my practice, patients are much more enthusiastic about the novelty of taking dark chocolate rather than about dried extracts of aloe or slime extracts. Nevertheless, this aspect of the book provides insight into a field to which many patients gravitate when traditional medicine has not helped them.

The text and graphics are all clear throughout the book. Although the authors are from Slovakia and India, the English

syntax reads easily. I found this book an interesting diversion from what has been so far published. It presents many ideas that may come to the forefront in a few years.

David R Weldon MD

Department of Allergy and
Clinical Immunology
Scott and White Healthcare
College Station, Texas

The author reports no conflicts of interest related to the content of this book review.

REFERENCES

1. Irwin RS, Baumann MH, Bolser DC, Boulet LP, Braman SS, Brightling CE, Brown KK, et al. Diagnosis and management of cough executive summary: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest* 2006; 129(1 Suppl):1S-23S.
2. Barnes PJ. Effect of nedocromil sodium on airway sensory nerves. *J Allergy Clin Immunol* 1993;92(1 Pt 2):182-186.
3. Usmani OS, Belvisi MG, Patel HJ, Crispino N, Birrell MA, Korbonits M et al. Theobromine inhibits sensory nerve activation and cough. *FASEB J* 2005;19(2):231-233.

Critical Care: Just the Facts. Jesse B Hall MD, Gregory A Schmidt MD, editors. New York: McGraw Hill Medical. 2007, Soft cover, illustrated, 455 pages, \$55.

In tertiary-care centers, the rapid expansion of critical care medicine led to the development of subspecialized units for the care of acutely ill medical, surgical, and neurological patients. However, in most hospitals, the intensivist must still care for acutely ill patients suffering pathology in any of the body's systems, making the intensivist a generalist who must make acute-care management decisions for a wide variety of disease processes. For intensivists in training, or those whose expertise is not critical care, this can be overwhelming. **Critical Care: Just the Facts** is a tight synopsis of the 2005 3rd edition of *Principles of Critical Care* by the same authors. **Critical Care: Just the Facts** targets the "essential" material in the parent publication, and is designed to be a quick reference for the clinician faced with an acutely ill patient, who may not have time to ponder the more thorough discussions of the larger text. **Critical Care: Just the Facts** is also promoted as a

"concise" tool for preparing for licensing examinations, recertification, and as a "clinical refresher."

The book has 12 sections and 140 chapters, each of which deals with a critical care issue related to a given organ system (eg, cardiovascular, respiratory, hematologic, renal/metabolic). Each chapter begins with a list of key points and a general introductory paragraph. The issues underlying each of the key points are then more thoroughly discussed in subsections on epidemiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and intensive-care management. The chapters are 3-5 pages, and I found they required an average of 10-15 minutes to read and review. An appropriately wide range of topics is covered, but the general focus is on critical care issues encountered in the medical ICU. The section titled "The Surgical Patient" is heavily focused on the management of trauma patients. A section on general postoperative management will be conspicuously absent for those practicing in that environment. Each chapter ends with a list of key references.

The book includes chapters written by approximately 55 authors, at several levels of training, including residents, fellows, and junior faculty. Though this led to some variability in the format, depth of content, and quality from one chapter to the next, the editors did a reasonable job of keeping that variability to a minimum, which improves the readability.

Important clinical trials, even recent ones (through the publication date in 2007), are succinctly described. For example, recent studies on low tidal volume ventilation for patients with acute lung injury/acute respiratory distress syndrome, pulmonary arterial catheters, transfusion thresholds, activated protein C, and glucose control are nicely summarized in adequate and accurate, but not exhaustive, detail.

The range of content is generally excellent. Those who read the text from cover to cover will appreciate a reasonable amount of repetition, which may help with retention and integration of concepts. Those who look up specific topics for a rapid orientation to a problem they are actively working to manage won't need to search through several sections of the book to find the information they need quickly. To this end, the book is well indexed and directs the reader to the primary chapter or section that deals with the topic of interest, rather than all locations