

The challenge of making comparisons with this book is further complicated by a somewhat cumbersome cross-reference system and index. When cross-references to related sections are provided, the references do not include page numbers. Thus, in comparing minute meningothelial-like nodule with primary meningioma of the lung, one is directed from Chapter 20 to Chapter 24, Part 4, Subpart 4.5. Furthermore, many of the pages are not numbered. This can add up to a lot of page-turning to find things. The index can also induce some head-spinning, because the page numbers are frequently listed under acronyms. In looking for pulmonary hypertension, I started with hypertension, which directed me to pulmonary, under which I found hypertension, then primary, and then was directed to PPH, where I found a page number. I also discovered a few errors. The page number listed for *Coccidioides* in both the index and the table of contents directs you to a section on *Legionella* (although the heading was *Coccidioides*). The section on *Coccidioides* turned out to be in the fungal infection chapter, where it belongs, but under the heading *Acanthamoeba*.

The sections on reactive and inflammatory conditions are similar to those on neoplasms, in the high quality of the images and comprehensiveness. In the section on large airways I learned about “middle lobe syndrome” and “tracheobronchopathia osteochondroplastica,” as well as more common diseases such as chronic bronchitis, asthma, and allergic bronchopulmonary aspergillosis. The reactive and inflammatory conditions are more difficult to present than the neoplasms. The best understanding and diagnoses of these diseases are based on lung architecture, which makes low-power views and text descriptions critical. This is an area where the book doesn't quite meet its potential value. There are not enough low-power views in these sections, and not enough discussion of architectural features. For example, in the section on pulmonary hypertension, a brief review of the pulmonary microcirculation and comparisons of normal and abnormal vessels at different locations would be very helpful. As another example, the section on usual interstitial pneumonia would benefit greatly from a low-power view of a complete lobule, to show pleural and septal fibrosis with central sparing.

To sum up my impressions of this book in a few words I would choose “compre-

hensive,” “pretty,” and “some missed opportunities.” In the traditional genre of atlases, this one is excellent. Images are what atlases present, and this one does an outstanding job of that. There is an added bonus of helpful text to guide you in studying the images. The comprehensive content increases its utility relative to many atlases. As a study tool it is functional and pleasant. However, at the end of my review, I found myself still wishing for this atlas to take the next step toward even greater utility as a reference book that would help me understand and diagnose diseases. Maybe that is not to be expected from an atlas, but this book raises my hopes about what can be done. Filling more of the ample white space with pictures, diagrams, and cogent text might detract from the beauty, but it could tremendously enhance its educational value.

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Transbronchial and Endobronchial Biopsies. Philip T Cagle MD, Timothy C Allen MD JD, Keith M Kerr FRCPath, FRCPEd, editors. New York: Wolters Kluwer Health/Lippincott. 2008. Hard cover, 168 pages, illustrated, \$199.

In **Transbronchial and Endobronchial Biopsies** the authors focus on the pathology of bronchoscopic biopsies. The book is well organized, beginning with chapters that provide an overview and discuss artifacts and nonspecific changes, then proceeding through 38 chapters on specific lung pathologies, and finishing with a chapter on the legal aspects of interpreting biopsies. The book is intended to be a succinct, “hit the important points” reference, not an in-depth encyclopedia of all the facts. Each chapter is written clearly and is an easy read. The text is relatively brief. There are no major grammatical or typographical errors. All the chapters contain numerous sharply focused color figures that appropriately represent the lung diseases under discussion. Where fitting, the authors included tables that expand on, but do not repeat, material in the text. Finally, each chapter ends with a list of suggested readings, instead of references. The

book has 168 pages, including the table of contents, preface, and index. As stated in its preface, the text is published as a companion to the *Color Atlas and Text of Pulmonary Pathology*. The intended audience is practicing pathologists.

The first chapter is an overview of specimens from endobronchial or transbronchial biopsies. It is somewhat general in nature. A few more details would be informative, such as what constitutes a “good” transbronchial biopsy (seeing alveoli) and how many biopsies (ie, pieces of specimen) may be needed to accurately diagnose a given condition. Chapter 2 describes artifacts and non-specific changes in biopsies, and explains reasonably well how to identify them and their importance. What became apparent after these 2 chapters is that the authors do not use footnotes and references to support their statements. Instead, they provide suggested readings at the end of each chapter. This is true throughout the book. In my opinion that practice detracts from the book. Relevant footnotes and references evidence the scientific basis of statements and allow the reader to research deeper on particular points. This can be especially important in discussions of controversial topics.

The next 6 chapters cover malignant and benign airway tumors. Each provides an excellent, succinct picture of a specific type or group. Chapter 5 provides a superb description of immunostains and explains how they can help establish whether the lung is the primary malignancy site or a site of metastasis.

A problem that first becomes apparent in Chapter 3 and remains a problem throughout the book is that many of the figures lack pointers (eg, arrows) to clearly identify the aspect described in the legend. For example, in Figure 3.3C, which concerns the formation of a keratin pearl and intercellular bridges in squamous-cell carcinoma of the lung, an arrow to the features in question would have been helpful for less experienced pathologists and non-pathologists. Another example is Figure 3.6, regarding TTF-1 (thyroid transcription factor) and CEA (carcinoembryonic antigen) staining. In some instances the features of interest are obvious and markers are not needed (eg, Fig. 23.3, which shows lipid material and “foamy” macrophages). And in some instances the authors did include pointers: Figure 18.1 has arrows that point to granulation plugs in the airways in organizing pneumo-

nia. More pointers would make this book more helpful to non-pathologists.

The subsequent chapters cover various infections, generalized alveolar damage, edema, intra-alveolar hemorrhage, eosinophilic and lipid pneumonias, pulmonary alveolar proteinosis, sarcoidosis, hypersensitivity pneumonitis, collagen vascular disease, drug reactions, inflammatory bowel disease, the pneumoconioses, the idiopathic interstitial pneumonias, lymphangioleiomyomatosis, intravenous drug abuse, and Langerhans cell histiocytosis. Two chapters each deal with lung transplant and pediatrics. There is one chapter each on non-neoplastic large-airways pathology and primary ciliary dyskinesia. The last chapter, which is on the legal aspects of interpreting endobronchial and transbronchial biopsy specimens, emphasizes that some diagnoses cannot be made conclusively because of the limited amount of biopsy material.

In general the chapters provide useful information in limited words. The chapter on fungi might benefit by including examples other than histoplasma, such as blastomyces, cryptococcus, and coccidiosis. I did not see much on the human immunodeficiency virus. Information on acute fibrinous and organizing pneumonia could have been included in the chapter on diffuse alveolar damage. When the authors discussed pulmonary hemorrhage, they could have included a figure of Wegener granulomatosis, which is a somewhat "common" vasculitis. The authors rightfully emphasize that diagnosing certain lung conditions (eg, pneumoconiosis, idiopathic interstitial pneumonias) requires more tissue than can be obtained via transbronchial biopsy (ie, requires surgical biopsy). The section on idiopathic interstitial pneumonias is another example of providing superb information in a concise manner. The authors clearly differentiate the various pathologies (usual interstitial pneumonia, nonspecific interstitial pneumonia, respiratory bronchiolitis-associated interstitial lung disease, desquamative interstitial pneumonia, cryptogenic organizing pneumonia, and acute interstitial pneumonia) and indicate when more than transbronchial biopsies are needed to make the diagnosis. A few more examples on acute lung transplant rejection, dealing with grades A4, B1R, and B2R, would round out that chapter. The section on endobronchial and transbronchial biopsies in the pediatric population is very informative.

The book contains a goodly amount of material on many lung pathologies and is arranged in clearly titled chapters. The book's unique feature is its focus on endobronchial and transbronchial biopsies. The text is informative and concise and usually complete, but lacks references to support the important, and occasionally contentious, points. The figures are of high quality and highlight the pathologies, but suffer from the lack of pointers such as arrows, which might dissuade a pulmonologist or other non-pathologist from buying it. Although the book's focus is bronchoscopically obtained biopsies, in some instances (eg, interstitial pneumonias, vasculitides) showing a surgically obtained biopsy alongside the bronchoscopically obtained one would help explain and emphasize the authors' points. Overall, **Transbronchial and Endobronchial Biopsies** provides a succinct, well illustrated guide to bronchoscopically obtained biopsies in a wide array of lung pathologies and should be a useful reference for the practicing pathologist.

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Respiratory Nursing: A Core Curriculum. Michele Geiger-Bronsky MSN RN APNP FNP-C, Donna J Wilson MSN RN RRT, editors. New York: Springer. 2008. Hard cover, 680 pages, \$85.

Breathing is critical to life; however, respiratory nursing has often remained in the background and has not received the same level of specialized training available to other nursing specialties. It is exciting to read a book where the major phenomena of respiratory nursing are brought together in one place. This book begins to define the scope of practice for the nurse who works with respiratory patients.

This book was originally conceptualized in 1999 as a project of the Respiratory Nursing Society (<http://www.respiratorynursingsociety.org>), a professional association for nurses interested in respiratory health and quality nursing care for those with respiratory disorders. The intention for the book was to create a core curriculum that would

eventually provide content for a respiratory nursing certification exam. This 657-page book was written by 55 contributors and 5 editors, with blinded peer review of each chapter by at least 3 experts. The author list is a "who's who" in respiratory nursing for the last 30 years. It is not surprising that a project of this magnitude, which was completed by a large number of professional clinicians and researchers who have busy personal and professional lives, took nearly a decade of dedication from initial project conceptualization until publication. It is a testimony to their dedication to respiratory nursing that these authors and editors persisted with the project and provided us with a thorough reference book.

This first edition of **Respiratory Nursing: A Core Curriculum** succeeds in the process of "identifying necessary skills, knowledge, and abilities for a designated group"—the goal of a core curriculum. The book is divided into 7 sections, including professional development, basic knowledge (primarily physiology and assessment), human responses to respiratory dysfunction (symptoms), common respiratory diseases and disorders (medical diagnoses), pediatrics, therapeutics, and ethical issues. Within each section, 3 or more chapters are dedicated to specific topics of interest to respiratory nurses. The majority of the book (268 pages) includes discussion of common respiratory diseases and disorders (medical diagnoses). Other major sections focus on symptoms and therapeutic modalities.

The book is written in outline format, similar to the well-established certified critical care nurse and certified emergency nurse core curriculum books. Each chapter devoted to a symptom, disease, or pediatrics includes a definition and sections on etiology, pathophysiology, incidence, considerations across the lifespan, assessment, and therapeutic modalities. Some chapters also include cultural considerations, relevant theories, complications, outcomes, and home-care considerations. Each chapter concludes with a list of references and/or suggested readings for more information, and if relevant Web sites are included, they are placed either under the interventions section or at the end of the chapter.

The book is attractive and sturdy, and the print and paper are of good quality and durability. The type is adequate and easy to read. The illustrations and tables are helpful for summarizing and clarifying the content, and more figures and tables would be ap-