Overall, the physical quality of the publication is good. The binding and typography are fine, and the color-coding of subsections for quick access and the outline format are useful. The book’s deficits include absence of a good index, absence of illustrations, and the book’s large size and weight.

This book might best be considered positively as either part of a large, all-encompassing endeavor involving print and electronic media or negatively as an incomplete respiratory compendium doomed to limited use.

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REFERENCE

1. Buller HR, Davidson BL, Decousus H, Gal-
lus A, Gent M, Piovella F, et al. Subcuta-
neous fondaparinux versus intravenous un-
fractionated heparin in the initial treatment

Interstitial Lung Disease, 4th edition. Mar-
vin I Schwarz MD and Talmadge E King Jr
illustrated, 941 pages, $175.

Drs Schwarz and King have long been
recognized as experts in the field of inter-
stitial lung disease (ILD), and thus it only
natural that they should collaborate on a
textbook on the subject. Interstitial Lung
Disease is their fourth such effort and up-
The text is geared primarily for clinicians,
but physiologists, radiologists, and pathol-
ogists with specific interest in ILD will also
find it a valuable reference. In it, clinicians
will find excellent reviews on the approach
to a patient with ILD, the pathophysiology
of ILD, and the specific clinical entities that
constitute the ILDs. Physicians who are in-
terested in the basic science of ILD will be
very pleased with the detailed chapters on
the mechanisms of ILD. Though some other
members of the medical field may not need
such a weighty book dedicated to ILD, se-
lected chapters will appeal to certain groups
of professionals. Respiratory therapists may
find the chapters on the physiology and pul-
monary function testing of ILD patients
helpful. The chapters on the more common
ILDs, such as sarcoidosis and idiopathic pul-
monary fibrosis, would be worth reading by
all professionals involved with patient care.

The organization of the book follows a
logical and easily understood format, and
the chapters are appropriately titled for easy
reference. Part 1, “Clinical Approaches,”
provides an overview of clinical, pathologic,
physiologic, and radiologic manifestations
of ILD. These chapters provide an excellent
framework for evaluating a patient present-
ing with an undiagnosed ILD. One should
not be too intimidated by the first chapter
on the approach to the evaluation and diag-
nosis of ILD, which presents 9 lengthy clas-
sification tables in the first 4 pages. One
of those tables, titled “Clinical Classification
of ILD: Occupational and Environmental
Exposure Related,” contains 40 subheadings
under the category of “Hypersensitivity Pneu-
monitis” alone. However, it is worth reading
through these tables; the diligent reader will
be rewarded by learning that copitic dis-
ease is caused by exposure to mummy wrap-
plings and suberosis is caused by inhalation
of mold spores from cork. Readers familiar
with the topic will recognize that ILD is a
“splitters’ disease,” and as such, these tables
of classification schemas are expected in the
first chapter of any book on ILD. Sub-
sequent chapters present a systematic re-
view of various aspects of ILD, such as anatomic distribution and histopathologic
patterns of ILD, radiological imaging, pul-
monary function tests, and bronchoalveolar
lavage fluid findings. Chapter 4, which cov-
ers the radiological imaging of diffuse pa-
renchymal lung diseases, contains many ex-
cellent chest radiographs and high-
resolution chest tomograms that illustrate
various findings. However, one of my few
criticisms of the text is that the quality of
the reproductions is inconsistent, and
throughout the book many of the photo-
graphs appear “washed out.” In addition,
readers will wish for color micrographs to
better illustrate pertinent histopathology
findings. Regardless, as the authors state in
their preface, the purpose of Part 1 is to
“provide the basis for recognizing the key
features that allow a specific diagnosis to be
achieved,” and that aim is certainly met.

The clinician will probably find Part 2,
“Basic Mechanisms,” more difficult to read
and less relevant to clinical practice. These
6 chapters review such topics as the role of
inflammation, alveolar epithelium, cyto-
kines, extracellular matrix, and immuno-
logic events in the pathogenesis of ILD.
These chapters are very well written and
emphasize advances in understanding of the
cellular and molecular biology involved in
the pathogenesis of ILD. The illustrations
and figures are very helpful and add to the
readability of these chapters. Readers with
an interest in the basic science will find these
chapters engrossing. Clinicians will defi-
nitely want to read the final 2 chapters of
this section, which both summarize Part 2
and circle back to clinical relevance. Chap-
ter 12 begins with a very interesting history
of the past 20 years of basic science re-
search into ILD and then uses sarcoidosis to
describe the current understanding of im-
munologic events in the development of
ILD. The final chapter of this section, “The
Future of Medical Therapy for Lung Fibro-
sis,” describes how the improved under-
standing of fibrogenic mechanisms has sug-
gested potential targets for new therapies.
This chapter engenders a sense of optimism
that Drs Schwarz and King will be able to
report stunning breakthroughs in the treat-
ment of pulmonary fibrosis in their next edi-
tion.

Part 3, “Clinical Entities,” composes the
majority of the book. This is likely to be the
most useful section for clinicians. Each of
the 18 chapters provides a detailed review
of a specific disease entity, including clin-
ical manifestations, radiographic patterns,
histopathologic features, and treatment op-
tions. The figures, micrographs, and radio-
graphs follow the text well and make the
intended points, but again, the reader will
wish for color micrographs. Fortunately, in
this section the quality of the radiographs is
more consistent, and it is very nice to see
serial radiographs from the same patient used
to illustrate radiographic progression of dis-
ease. The chapters on the common ILDs such as sarcoidosis and hypersensitivity
pneumonitis are thorough and well written.
The chapter titled “Miscellaneous Intersti-
tial Lung Diseases” contains the expected
hodge-podge collection of very rare dis-
eases, such as Erdheim-Chester disease. Is
the reader familiar with this disease? The
chapter also presents a nice discussion of
clinical entities more likely to be encoun-
tered in clinical practice, such as lym-
phangitic carcinomatosis and interstitial
pneumonitis after bone marrow transplanta-
tion. Dr King has contributed an excellent
treatise on the idiopathic interstitial pneu-
monias. Clinicians caring for patients with
idiopathic pulmonary fibrosis will be espe-
cially interested to read Dr King’s discus-
sion of the preliminary data from the much
anticipated multicenter randomized, double-
blind, placebo-controlled trial of subcutane-
ous recombinant interferon gamma-1b in 330 patients with idiopathic pulmonary fibrosis. (That important paper is not yet published.) My only complaint with this section is that the editors did not include a separate chapter devoted entirely to idiopathic pulmonary fibrosis. Surely, if lymphangioleiomyomatosis and Langerhans’ cell histiocytosis merit their own chapters, then idiopathic pulmonary fibrosis—the most common and deadly of the interstitial pneumonias—deserves a more thorough discussion. Regardless, this section does an excellent job of reviewing important clinical ILD entities and will be a useful reference source for all clinicians.

In conclusion, Interstitial Lung Disease is the authoritative textbook on the subject. It is well-written, well-indexed, and well-organized. The book easily accomplishes the goals stated by the editors in their preface: to provide an excellent framework for thinking through how to evaluate a patient presenting with an ILD, to update the current understanding of the pathogenesis of ILD, and to review the specific clinical entities that constitute the ILDs. This text deserves to be on the bookshelf of pulmonary physicians and all members of the medical profession with a particular interest in ILD.

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Occupational Disorders of the Lung: Recognition, Management, and Prevention.

The editors of this focused textbook are a distinguished group of clinical and research scholars with extensive expertise and international renown in occupational lung disorders and lung pathology. Drs Hendrick and Burge are based in the United Kingdom and Drs Beckett and Churg in North America. They gathered contributions from 62 authors from Europe, North America, and Australia, most of whom are well experienced and recognized in their fields.

The book is aimed primarily at physicians who evaluate and treat occupational lung diseases. However, its clear handling of the fundamentals of clinical entities and associated occupational etiologies also makes it useful for clinicians such as nurses, case managers, industry consultants, and respiratory therapists. It would also provide an excellent clinical complement for the library of an occupational (industrial) hygienist. In addition to the clinical sections, the sections on legislation and information technology give basic information that would be useful to anyone interested in staying up to date in this field and anyone who has to deal with the thorny issues of worker’s compensation, claims making, and removal from work.

The book has 40 chapters and is divided into the following sections: Introductory chapters (“Why This Book? How to Use It,” “Surveillance: Clinical and Epidemiological Perspectives,” and “How to Take an Occupational Exposure History Relevant to Lung Disease”); specific disorders of the Airways parenchyma and pleura; disorders associated with particular industries (automotive, chemicals and plastics, farming, health care, mining, welding, forestry, wood, paper, and printing); specialized disciplines (radiologic imaging, lung function measurement, occupational hygiene, mineralogical analysis of lung tissue); legislation controls and compensation (in North America; the Pacific, Far East, and Australasia; and Western Europe); and information technology (sources of information, centers for special diagnostic tests and knowledge in the aforementioned geographic regions). These sections work well to organize the material and facilitate the reader’s search for answers to specific questions.

The chapters on specific disorders begin with a brief list of contents and end with summary points. The chapters follow a uniform format, with sections on background, recognition, management of both the individual and the workforce, prevention in the workplace and from a national regulatory standpoint, and a discussion of a difficult case. Supplementary but necessary information that does not fit into the generic scheme is provided in boxes. For instance, the supplementary boxes in the asthma chapter include discussions on byssinosis, immunologic tests, and inhalation provocation tests. This format eases looking up information and also decreases the variability in writing style typical in a multi-author textbook. Each chapter is self-contained and can be read individually as needed. The supplements, authored by experts other than those who wrote the chapter, allow for a more complete and detailed discussion of important issues that would not otherwise fit in the flow of the chapters. I found these chapters accurate and complete, with good coverage of the challenging issues that diagnosis and management present. The summary points at the ends of the chapters are brief and vary in their usefulness, because they include generic comments that do not speak directly to the disorder.

The industry section reviews the disorders associated with given industries. It focuses on the occupational setting rather than on the disorders, which are discussed fully in the previous section. The section on industry is much-needed, to help practitioners understand the patient’s working environment. For example, in the chapter on the automotive industry the process of making a car is elucidated in clear, easy-to-follow diagrams that name the exposures and show the associated disorders. This demystifies what workers are likely to be doing in their jobs, what their potential exposures are, and what disorders to look for.

An added feature in most of the disorder and industry chapters is the discussion of a difficult case. This feature consists of a case chosen for its illustration of a challenging issue in management, occupational attribution of etiology, or interaction of exposures. Opinions from all of the book’s contributors were elicited, and a concluding comment on the case reflects that input. This is an excellent and innovative feature: it reflects the complexities of real-life clinical practice and allows the reader to review the opinions of the book’s expert contributors on controversial subjects.

The legislation and information technology section aims to lessen the burden for practitioners working without the benefit of an experienced staff to determine exposures, interpret the sampling levels, and identify the relevant regulations. It lists resources that are available on-line or by phone. The section is helpful and, although it does not substitute for the input of an experienced industrial hygienist, it allows a practitioner to begin the process.

The discussion on legislation provides sound basic information, and the overview of disability determination is helpful. This section would have been well served by a discussion of a difficult case of disability determination or an example of an outline of a complete independent medical examination. It would add value to this section to briefly discuss legal activities that may follow involvement in a clinical case, criteria for removal from work, and prescription of respiratory protection.

This is not a bulky manual and it has an easy-to-read type. The chapter headings and subheadings are clear and useful (especially with their contrasting color background), as
The term interstitial lung disease (ILD) comprises a diverse group of diseases that lead to inflammation and fibrosis of the alveoli, distal airways, and septal interstitium of the lungs. The ILDs consist of disorders of known cause (e.g., collagen vascular diseases, drug-related diseases) as well as disorders of unknown etiology. The latter include idiopathic interstitial pneumonias (IIPs), sarcoidosis and a group of miscellaneous, rare, but nonetheless in-teresting, diseases. In patients with ILD, MDCT enriches the diagnostic armamentarium by allow-ing volumetric high resolution scanning, i.... Talmadge E. King, Jr., MD Julius R. Krevans Distinguished Professorship in Internal Medicine Chair, Department of Medicine University of California San Francisco San Francisco, California. Stephen C. Lazarus, MD Professor of Medicine Division of Pulmonary, Critical Care, Allergy, and Sleep Medicine Director, Training Program in Pulmonary and Critical Care Medicine Associate Director, Adult Pulmonary Laboratory Senior Investigator, Cardiovascular Research Institute University of California San Francisco San Francisco, California. This book and the individual contributions contained in it are protected under copyright by the Publisher (other than as may be noted herein). Marvin I. Schwarz, MD. Interstitial lung diseases comprise a significant part of any respiratory medicine practice. This timely second edition of Diffuse Lung Disease is a practical clinically-oriented resource, covering all the major advances in diagnostic techniques and therapies. Harold R. Collard and Talmadge E. King Jr. 85. 7. WA, USA Marvin I. Schwarz, MD Division of Pulmonary Sciences and Critical Care Medicine, University of Colorado at Denver, Aurora, CO, USA Moisés Selman, MD Instituto Nacional de Enfermedades Respiratorias “Ismael Cosio Villegas”, Mexico D.F., Mexico Oksana A. Shlobin, MD, FCCP Advanced Lung Disease and Transplant Program, Inova Fairfax Hospital, Falls Church, VA, USA. Marvin I. Schwarz MD and Talmadge E. King Jr MD. Hamilton, Ontario, Canada: BC Decker. 2003. Hard cover (with CD-ROM), illustrated, 941 pages, $175. Anne M Mahoney. Respiratory Care February 2004, 49 (2) 208-209; Anne M Mahoney. Division of Pulmonary and Critical Care, Harborview Medical Center, University of Washington, Seattle, Washington. You are going to email the following Book Review: Interstitial Lung Disease, 4th edition. Marvin I Schwarz MD and Talmadge E King Jr MD. Hamilton, Ontario, Canada: BC Decker. 2003. Hard cover (with CD-ROM), illustrated, 941 pages, $175. Author: Talmadge E King, Jr, MD. Section Editor: Kevin R Flaherty, MD, MS Deputy Editor: Helen Hollingsworth, MD. All topics are updated as new evidence becomes available and our peer review process is complete. Literature review current through: May 2017. Statins and interstitial lung disease: a systematic review of the literature and of food and drug administration adverse event reports. Chest 2008; 134:824. 20. Glazer CS, Newman LS. Occupational interstitial lung disease. In: Interstitial Lung Disease, Schwarz MI, King TE Jr, (Eds), Mosby Year Book, St. Louis, 1993, p.255-270. Graphic 56668 Version 3.0. 21 de 31 19-06-17 16:55 Approach to the adult with interstitial lung disease: Clinical eva https://www.uptodate.com/contents/approach-to-the-adult-with