Those readers of CHEST interested in serving as reviewers for “Bookshelf” are asked to notify the department editor, Lee K. Brown, MD, FCCP, at the following address: New Mexico Center for Sleep Medicine, Lovelace Health Systems, 4700 Jefferson Blvd. NE, Suite 500, Albuquerque, NM 87109. Please indicate your field(s) of expertise (pulmonary, cardiology, cardiothoracic surgery, critical care, or sleep), and include your curriculum vitae if available. In appreciation for completed reviews, authors may retain the book or software for their own use.

Clinical Exercise Testing

Clinical Exercise Testing is remarkable in that it accomplishes seemingly conflicting, yet equally important, goals. It is both an authoritative resource on a number of important subjects, and yet it is eminently readable. It is authoritative, because each chapter stands alone as a comprehensive reference on its own particular subject, written by seminal investigators in the field; at the same time, it never departs from an integrated presentation of the entire discipline. Its readability was apparent when, despite my inclination to skip over certain chapters of lesser apparent interest to me, I found them too engrossing to do so. The book is additionally remarkable in providing state-of-the-art information on clinical aspects of exercise testing that hold great promise, such as the use of tidal flow-volume loops, to evaluate limitations of ventilatory capacity, and exercise testing in evaluation and follow-up of heart and lung transplants and lung resection. Moreover, this information is presented in a clear, practical manner.

Inevitably, many important concepts and guidelines are addressed in more than one chapter. On the whole, the information is complementary and contributes to fuller understanding, reflecting on the attentiveness of the editors. I found these chapters to be particularly scholarly, informative, and authoritative: “Cardiovascular and Respiratory System Responses and Limitations to Exercise” (Rodman, Haverkamp, Gordon, and Dempsey); “Modalities of Clinical Exercise Testing” (Zeballos and Weisman); “Deconditioning and Principles of Training” (Troosters, Gosselin, and Decramer); “Methods for Cardiopulmonary Exercise Testing” (Beck and Weisman); “Exercise Limitation and Clinical Exercise Testing in COPD” (O’Donnell); and “Asthma and Exercise” (Tan and Spector). The physical arrangement and appearance of the book are attractive and effective. The subsections are clearly indicated by headings, and the figures and tables are clear and informative (not always the case when relationships between so many variables must be shown, as may be appreciated from review of the original research papers). The comprehensive and up-to-date listing of references after each chapter is an independent justification for the purchase of this book.

In view of the many concepts and procedures that are clearly described and definitively documented, it is perhaps understandable that I was unable to fill certain gaps in my own understanding of exercise testing. These included the following:

1. The important distinction between psychogenic hyperventilation and physiologic increased ventilation. Brief mention of VT/Vt was made, but this distinction requires a more definitive discussion.

2. The separation of metabolic myopathy from cardiovascular etiologies.

3. Definition of the “theoretical maximum ventilatory capacity” based on maximal inspiratory and expiratory flows.

In addition, there are occasional inconsistencies of abbreviations that prove distracting: VT vs VE vs VE, MVV vs MVC (thus Vt/MV at the chapter on IBD, VE/MVC in the chapter on COPD), and TL vs DL. A few unfortunately placed typographical errors are disconcerting (eg, “desaturation defined as ΔSpO₂ ≥ 5 mm Hg”).

In summary, Clinical Exercise Testing is a beautifully presented, eminently readable, and authoritative state-of-the-art text suited to be used both as a learning tool and as a reference resource.

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Practical Paediatric Respiratory Medicine
By M. Silberman and C. L. O’Callaghan, eds. London, UK: Arnold Publications, 2001; 302 pp; $49.50

Practical Paediatric Respiratory Medicine is a concise treatise that brings the reader in touch with the wide spectrum of issues encountered in the practice of pediatric pulmonary medicine. The book’s two parts encompass a broad range of primarily pulmonary topics as well as related topics in critical care, allergy, and immunology.

The chapters are generally well organized, with subtitles clearly delineating topics being discussed in the following text. Most chapters begin with background information on the subject being covered and end, after documentation of current knowledge and practices, with insights on future research. They conclude with appropriate references and recommendations for further reading. These will prove particularly helpful to the reader interested in further pursuing a career in pediatric pulmonary medicine.

The evaluation and management of acute respiratory emergencies, including the use of mechanical ventilatory support, is outlined in a manner that insures that the reader will be prepared to better deal with these issues when such problems are encountered in clinical practice. Important aspects of chronic pulmonary disease assessment are discussed in the chapter “Measuring Chronic Illness at Home and at School,” while management of chronic pulmonary disease is emphasized by dedicated chapters that focus on the various aspects of inhalation therapy, oxygen therapy, and physiotherapy. Inasmuch as the mere prescription of therapy is often not sufficient to guarantee patient and family adherence to treatment, important concepts related to improving doctor-patient communication and for enhancing patient compliance with therapy are outlined. Practical measures to reduce allergen exposure in sensitive individuals, as well as self-management guidelines for the asthmatic child, oxygen therapy weaning in chronic neonatal lung disease, and tracheostomy care are some of the topics discussed in relation to management of pediatric respiratory disease at home. Importantly, the last two chapters of the first part focus on certain crucial aspects of pediatric medicine that have received increasing recognition in recent years. These include the impact of chronic respiratory disease and its therapy on the child’s quality of life, along with management of behavioral problems that may surface as a result of the diagnosis and treatment of a chronic childhood illness.
Clinical vignettes are used throughout the book to aid in the understanding of important concepts. Illustrations enhance the reader’s comprehension of vital topics such as resuscitation and endotracheal intubation. Furthermore, illustrations of bronchoscopic findings, postural drainage technique, and radiologic imaging help the reader better recognize the role of these modalities in the evaluation and treatment of patients with respiratory disease. Respiratory structure and function are well described, when necessary, to aid in understanding diagnostic techniques. The algorithm for investigating chronic cough impressed me as particularly helpful for the reader who is new to the field of pediatric pulmonology.

Practical Paediatric Respiratory Medicine is a very good review by experts in this field. The authors have generally focused on the current state of the art and have been impartial where controversy exists (e.g., whether children whose only symptom is cough could have asthma), appropriately citing opposing views as published in contemporary literature. This book would serve as a good introductory resource for those who are interested in pursuing a career in pediatric pulmonology, such as pediatric pulmonary fellows, pediatric pulmonary nurses, and anyone else interested in a “bird’s-eye view” of pediatric respiratory medicine.

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