where the images are at the end of the chapters. This is a minor annoyance, but it made
for somewhat labored reading, with frequently flipping back and forth between
pages. However, the authors may have had no choice, as these pictures are quite large;
often a single set of pictures corresponding to a particular disease entity takes up a whole
page. Another welcome addition is the radiographs and thoracic computed tomo-
grams included in the chapter on chest radiology. These in particular are a good
example of the clinical focus of this text; this material is quite low-yield for the United
States Medical Licensing Exam (USMLE) step 1, and usually isn’t heavily emphasized
in 2nd-year courses, but will no doubt be useful to students in clinical rotations.
Overall, the figures in High-Yield Lung go beyond what is traditionally offered in review
books, and are an excellent educational re-
source.

The book begins with embryology, and
then moves through anatomy, radiology, his-
tology, physiology, pathology, microbiol-
yogy, and pharmacology. Basically, this is a
systems-based book on the lung, divided into chapters by basic science disciplines.
The approach seems to work well, and
should work especially well for the aspiring
student, from the start of medical school.
The book is detailed enough to be used for
some sections of an anatomy or embryol-
yogy class. Later the student could use it dur-
ing a discipline-based pathology course,
when dealing with lung pathology, or in a
systems-based pulmonary course, or during
3rd and 4th year rotations and electives. One
of the strengths of High-Yield Lung is that
the writing and presentation is conducive to
reading at various levels during a medical-
school career.

The physiology and pathology chapters
stand out for their excellence. The physiol-
ogy chapter uses a good combination of fig-
ures (included at appropriate points) and text,
and the writing is succinct but also explains
everything well, without drowning the reader in esoteric details. The pathology
chapter is also exemplary for its brevity and
thoroughness. Well-thought-out explana-
tions make it a fun read and provide suffi-
cient information for most 2nd-year pathol-
yogy or respiratory courses. These chapters
are great for the first 2 years of medical
school because they help identify the most
important knowledge from the many details
in the lectures and readings. This same com-
pliment applies to most of the other chap-
ters. I wish I had had this book during my
respiratory course.

Given its scope and the amount of detail,
High-Yield Lung will be useful for stu-
dents and clinicians at various levels, Fore-
most, the book will be useful for 1st and
2nd year medical students, which is one of
the author’s stated aims. It will also be use-
ful for 3rd-year students to review the pul-
monary system, and perhaps also for respira-
atory therapists seeking a basic, comprehensive review of the lung system,
but without too much depth.

I read the book repeatedly, and it is ob-
vious that a lot of time and care was put into it to make it accessible to students at dif-
ferent levels. This is quite different from
many other 2nd-year USMLE review books,
most of which are not very useful after the
student enters the clinical years, either be-
cause they lack enough detail or they in-
clude topics that aren’t so useful. Thus, the
details in this book are what make it a good
read for such a broad audience, from 1st-
year through 4th-year medical students.

However, the book’s stated aim of pre-
paring students for step 1 of the USMLE is
quite misleading; this book has far more
detail than is needed to pass the USMLE
step 1. This is my only major complaint
about this otherwise wonderful review book.
The large amount of detail which make the
book good for a broad audience also poses a ‘catch-22’ of sorts. On one hand, the
amount and depth of material covered in
this book is too much for the step 1 USMLE
examination, and on the other hand this book
entirely misses certain USMLE topics. For
example, the pharmacology section does not
discuss any adverse drug effects, which is
inexcusable, since the step 1 examination
has questions about adverse drug effects!
But the amount of detail in this book is far
too much for step 1 review; especially to
start reviewing for that test, the reading
would be overwhelming. The sections on
embryology and anatomy are particularly
laden with excessive detail that is not cov-
ered in the step 1 examination. While there
are some step 1 questions on radiology, the
questions ask for nowhere near as much
detail as is given in the chapter on chest
radiology. Though the information might be
clinically useful, this book lacks the brevity
that students appreciate when studying for
the USMLE step 1. And my criticism about
lack of brevity applies to the entire book. A
good USMLE step 1 review book, in my
opinion, presents the bare essentials neces-
sary to do well on the test, preferably pre-
sented in tables or in an outline format; this
book does neither. Though the bare essen-
tials are, for the most part, included in this
book somewhere, they are not as accessible
as they should be for step 1 test preparation.

Another criticism of this book is that in
some places it’s hard to read because of the
text size and layout. For example, the chap-
ter on microbiology is well-written, to be
sure, but I think the layout is not conducive
to review or first-time reading. Putting all
the details in one paragraph, in rather small
type, with occasional words in bold is a
great way to tire and frustrate even the most
dedicated and focused reader.

However, I only make these complaints
because the book claims to be good review
for the USMLE step I, which it is most
certainly not. However, considering the
book on its other merits, and relative to the
other claims in the introduction, it is an
excellent basic respiratory review that would
complement any medical school curriculum,
either systems-based or discipline-based. It
would be a good resource during all 4 years
of medical school, which is a rare attribute.
Perhaps its greatest achievement is combin-
ing basic science with relevant clinical de-
tails, in a book that can be read and enjoyed
by medical students at all levels.

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to the content of this book review.

Clinical Manifestations and Assessment
of Respiratory Disease, 5th edition. Terry
Des Jardins ME RRT and George G Bur-
ton MD FAARC. St Louis: Mosby/Elsevier.
2006. Soft cover, illustrated, 654 pages,
$62.95.

I have taught from Clinical Manifesta-
tions and Assessment of Respiratory Dis-
 ease, by these 2 seasoned writers, since the
second edition was published. The latest
edition included Beverly Ervin MSA RRT as a
contributor. I was honored when asked to
review the latest edition of this well-known
lung disease book.

What makes this book unique is the for-
mat used throughout the chapters on lung
disease. Each disease is presented in the fol-
lowing format: an illustration and discus-
sion of the disease’s major anatomic alterations, pathologic mechanisms, clinical manifestations, and treatment options. Each chapter follows a set sequence of sub-topics: etiology, clinical manifestations, treatment and management, case study, and self-assessment test. The primary focus of each chapter is the overview of clinical manifestations, which describes the common clinical signs and symptoms. This assists the reader to gather relevant data, make an objective evaluation, identify the desired outcomes, and design a safe and effective treatment plan. Without this understanding of disease management, the clinician would merely go through the motions of performing therapies without adequate understanding of their effectiveness or when to adjust therapy.

The case studies provide realistic scenarios of patients suffering with disease, manifestations of the disease, and notes from the subjective/objective/assessment/plan (SOAP) method. The case studies in the chapters and at the end of the book are brief enough to be used in the classroom, for group discussion or small-group work. I found the cases realistic, accurate, and a good teaching tool.

The book’s first section is dedicated to assessing the cardiopulmonary system and the data from common laboratory tests and special procedures. The chapters on patient interviewing and physical examination are particularly thorough. Although the topics covered in this first section (which accounts for 130 pages of the book) are often included in other lung disease books, what is unique here is the authors’ attempt to tie in the assessment data and findings to normal physiology. In addition, in the chapters that cover specific diseases, the clinical manifestations of each disease are discussed with a reference to pages in this first section, which introduces related concepts. Again, the authors bridge the normal physiology and the pathophysiology.

Two additional topics are covered that are not typically found in disease-related books. Chapter 9 covers therapist-driven protocols, with discussion on the knowledge base and assessment skills needed to implement a protocol. Examples of appropriate protocols are included. And Chapter 10 covers recording skills and how to collect and organize assessment data and therapeutic outcomes. This chapter will assist students in developing good documentation skills. The Health Insurance Portability and Accountability Act is also discussed.

What I found particularly useful in the disease chapters was how the suggested treatment plans for each disease are referenced to the therapist-driven protocol in Chapter 9. This tactic minimizes redundancy between chapters.

The color illustrations of the diseases are useful for scanning into presentation software for use in the classroom. A 2-color version of each photograph is also provided at the beginning of each chapter.

Parts II through XIII cover the lung diseases a respiratory therapist will encounter. Most are thorough and have been updated since the 4th edition. I did find a few chapters that omit key concepts or material. For example, I was surprised that the definition of chronic obstructive pulmonary disease, in Chapter 11, omitted reference to the Global Initiative for Chronic Obstructive Lung Disease, which redefined COPD and developed new standards of care. Chapter 15 has less than a page on community-acquired pneumonia and ventilator-associated pneumonia, which are timely topics that need further discussion. Chapter 17 on tuberculosis omits environmental control measures for the hospitalized patient with active tuberculosis. The chapters on sleep apnea, lung cancer, and acute respiratory distress syndrome cover these topics superficially. However, the remaining chapters are thorough and offer the detail appropriate for students in either an associate or bachelors degree program.

A few other minor issues I noted include: using the outdated term “hronchi” to describe lung sounds; interchanging the terms “emergency room” and “emergency department” in most of the case studies; and gastroesophageal reflux is not discussed beyond a sentence or two in Chapter 13, on asthma, whereas it is covered in depth in Chapter 15, on pneumonia.

The book concludes with 10 additional practice case studies, with sections to have the student complete his or her own SOAP notes; the authors’ answers are provided elsewhere in the book. These cases lend themselves well to class discussion or having students in small groups complete the SOAP notes. The appendixes and glossary are thorough.

To accompany the 4th edition the authors wrote a book of case studies tied to that edition. I hope they provide a similar partner book for this 5th edition. However, instructors may find adequate the 5th edition’s emphasis on SOAP notes and its supplemental cases at the end of the book.

This book has evolved over the past 5 editions to become a staple in the respiratory care classroom. The book uses a number of andragogical principles that will assist the student in developing a good understanding of the concepts.

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