

Book Review

Kevin O Leslie, Mark R Wick: *Practical Pulmonary Pathology. A Diagnostic Approach*, 813 pp, Philadelphia, Churchill Livingstone (an imprint of Elsevier), 2005 (\$275).

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Let me not mince words—this book is truly to my liking. I liked even its title containing key words ‘practical’ and ‘diagnostic’ (which it really is!), its large size, its pleasing design, its beautiful color illustrations. However above all, I liked the pattern-based approach advocated by the editors. If they are right, and I do not see why not, almost all lung diseases could be subdivided into six morphologic categories. Admittedly, this reminded me immediately of Julius Caesar’s *Gallie War*, a book that begins with a similar apodictic statement: *Gallia est divisa in partes tres* (The Gaul is divided into three parts). Obviously, you could argue that *Gallia* could be divided into more than three parts and lung pathology into more than six, but sometimes, at least for didactic purposes, it is better to accept the things as they are and not challenge the authority. Thousands of young men were brought up on Julius Caesar’s writing, and learned to write and think clearly by following his example. Likewise, I would dare to predict that the approach of Leslie and Mark will teach many a pathologist to think more systematically and clearly about lung diseases.

This multiauthored book begins with the explication of the proposed pattern-based approach to diagnosis and a list of diseases that fall into each of the proposed six categories. These histologic patterns include acute lung injury, fibrosis, chronic cellular infiltrates, alveolar filling, nodules, and nearly normal lung. Each of these patterns is color coded. These colors are applied, for easier orientation, to the table of contents listing specific lung diseases. I tried out this diagnostic approach and found out that it really works. The system is most useful for constructing diagnostic algorithms and in the differential diagnosis of diseases that present with the same morphologic changes. Also it may serve as a framework for teaching pulmonary pathology to residents in pathology and pulmonology. Try it you may like it.

The introductory chapters deal with lung anatomy, optimal processing of diagnostic lung specimens and basic pulmonary radiology. These chapters are followed by an additional 17 chapters on specific diseases written by some 25 or so, mostly American contributors. The list of contributors is stellar and reads like a ‘who is who’ in pulmonary pathology. In itself it lends authority to the book and could be taken as a guarantee that all

chapters have been written by the leading authorities in the field.

Essentially all pulmonary diseases are discussed in more than adequate detail. In addition to the classic pathologic entities, the book deals also with the newly discovered diseases and emerging infections. For example, the pulmonary pathology of SARS is described in detail, although the epidemic caused by corona virus occurred only in November 2002. Even the fungus known to most of us as *Pneumocystis carinii* is listed under its new name as *P. jiroveci* (albeit mistyped with a capital letter as *P. Jiroveci* (sic) in Table 6.6). In case that you have not diagnosed yet the Aguyo–Miller neuroendocrine hyperplasia with occlusive bronchiolar fibrosis, a disease reported in 1992, you can get acquainted with it on page 296. I personally never used the term *lambertosis* before, but after reading this book I might use it now for bronchiolar metaplasia. Sounds much more sophisticated and I might even impress some of my colleagues or students. Also, how is it possible that a bookish nerd like me had to wait for this book to learn about the Lady Windermere’s syndrome?

There are also many useful lists and tables, the best of which, for me at least, was the table of drug reactions. The text is illustrated profusely with first class color figures and a CD-ROM containing these illustrations is included for your convenience.

I did not discover any major mistakes of commission or omission, but my excuse is that I am not an expert for lung pathology and also that I was too overwhelmed by the new things I learned to be critical enough. Some dilemmas I did not bother to clarify—for example is Caplan syndrome rheumatoid lung disease in coal miners or in silicosis as stated in the books. I also spotted a few inevitable typos and inconsistencies. On page 230 one may find Amoebi (they are actually in Latin of female gender, and the word should end in ae). Behçet should be with a cedilla under c—the name is printed sometimes with and sometimes without cedilla. Langerhans cell histiocytosis is in another chapter listed as histiocytosis X; its acute disseminated form is called Letterer–Siwe (not Letterer–Siwi—sic!) disease. Also, to voice my favorite peeve about the inconsistent use of Saxon genitives, please note that Langerhans’ name is used eponymically in some chapters as such and in others without the apostrophe s (ie, as Langerhans). I have managed to persuade the editors of the two major pathology book for medical students to abandon the apostrophe’s in eponyms, and if I continue writing more about it I might convert to my cause even some diagnostic pathologists. My suggestion is to follow the lead of Dr V McKusick, the editor of the large genetic disease compendium, who has discovered

that with eponyms you can never be consistent enough. For practical purposes we are better off without the Saxon genitive in eponyms!

These minor quibbles aside, let me finish this review with an unequivocal endorsement of this outstanding new book. In my mind it is unquestionably the best textbook of pulmonary pathology

currently available in the market and it deserves to be part of your library.

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