
Basic interpretation of chest radiographs remains an important skill for physicians, nurses, and respiratory therapists. In the foreword to the second edition of Chest X-Ray Made Easy Dr John Moxham appropriately states, “The clinical decisions affecting the management of patients are often made before the chest radiograph has been formally reported by radiology departments.” With hospitals becoming ever busier, developing this skill remains an important part of the education of health care professionals. Chest X-Ray Made Easy addresses this need by providing a simple, concise introductory approach to the interpretation of chest radiographs, as well as giving brief differential diagnoses for common chest radiograph findings.

The book is targeted at medical students rotating on the in-patient medical wards, as well as junior physicians, but it will also serve as a basic review for physicians at later stages of training. In addition, nursing and respiratory care professionals will find the material very manageable and appropriate to their level of expertise.


The first chapter, “How to Look at a Chest X-Ray,” discusses a step-by-step approach to chest radiograph interpretation. This includes the common algorithm of checking the name, date, direction in which the image was taken (posteroanterior, anteroposterior, or lateral), and the quality of the image, as well as finding the abnormality. Specific attention is given to the process of “scanning” the posteroanterior radiograph; the authors suggest a comprehensive, systematic approach to identifying abnormalities. Despite the myriad of ways to describe abnormalities found on chest radiographs, this book’s simplistic system of classifying all abnormalities as “too white,” “too black,” “too large,” or “in the wrong place” is a memorable approach that seems to work well. Chapter 2 describes how to use findings on the posteroanterior and lateral radiograph to anatomically localize specific abnormalities.

Chapters 3 through 9 provide the main substance of the text, illustrating some of the most common abnormalities seen on chest radiographs in medical practice. Each chapter is broken into sections that discuss specific abnormalities. For example, in Chapter 3, “The White Lung Field,” pleural effusion and consolidation, among others, are considered in separate sections. Each section shows example chest radiographs that illustrate the specific abnormality in question. A cartoon schematic of the chest radiograph is shown at the top corner of the page with each example, to further illustrate the finding. In an outline format the authors then guide the reader through the diagnostic process, based on the appearance of the abnormality. It is in these sections on the diagnostic process that the book shines. At the end of each section a brief differential diagnosis is presented, usually in table format, for each of the radiographic findings, and although not comprehensive, they include the most common etiologies and provide a starting point in determining the cause of the finding.

Overall, the chapters are brief, full of example radiographs, and have accurate high-yield tips regarding commonly encountered problems such as consolidation, coin lesions (nodular opacities), pulmonary edema, hilar masses, and pneumothorax. A few uncommon diagnoses with “classic” chest radiographs are also touched on, such as varicella pneumonia, Westermark sign in pulmonary embolism, and mesothelioma.

Despite the authors’ aim of including commonly encountered findings in chest radiographs, the book does not address the assessment of invasive devices or foreign bodies within the thorax. Devices such as pulmonary artery catheters, nasogastric tubes, central venous catheters, endotracheal tubes, and chest tubes are commonly encountered in many hospitalized patients, and a discussion of these devices would not be outside the scope of this book. Chest radiographs play a vital role in the correct positioning of these devices, and proper identification is an important skill for all physicians, nurses, and respiratory therapists. Mediastinal wires, surgical staples, and other foreign bodies are also common and could briefly be discussed for a more complete introduction to chest radiography. To their credit the authors do spend a few pages discussing ways to determine the position of prosthetic heart valves.

A self-assessment section would have been a helpful and appropriate addition to the book as well. After having read and digested the approach to radiographic abnormalities in the beginning of the book, readers could then test their knowledge with practice radiographs at the end.

The book is a mere 127 pages and approximately 19 × 12.5 cm, so it can fit into most any laboratory coat pocket. The print is easy to read and the glossy paper is of high quality. The flow of the text is natural and the outline format never inhibits the conveyance of the radiograph. There is a paucity of typographical errors throughout the book.

The book is not referenced, so we are left at the mercy of the authors’ expertise to give credence to the material. That being said, the principles presented are basic and grounded in common clinical teaching and will be familiar to most medical students and physicians in training.

Overall, as a resident in internal medicine, I enjoyed the book and found it an easy-to-read, excellent review of an approach to chest radiographs, and applicable to my everyday practice. It nicely summarizes the appropriate way to interpret a chest radiograph, and it reviews (although incompletely) differential diagnoses for common radiographic findings, providing a useful reference for junior physicians.

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Jonathan Corne, Mary Carroll, David Delany. *Childhood Brain & Spinal Cord Tumors*, the most complete parent guide available, includes detailed and precise medical information about both benign and malignant brain and spinal cord tumors that strike children and adolescents. In addition, it offers day-to-day practical advice on how to cope with procedures, hospitalization, family and friends, school, social and financial issues, communication, feelings and, if therapy is not successful, the difficult issues of death and bereavement. Woven among the medical details and the practical advice are PhD - Doctor of Philosophy. The highest academic degree in most fields, not just philosophy. Usually takes about 10 years after high school including the bachelor's degree and often a master's. A professional degree in the medical profession generally considered equal to the MD but concentrating less on medications and more on the whole body. 4 years after the bachelor's degree plus an internship and residency. Differences between the MD and the DO are mostly imaginary distinctions made by DO advocates. With the exception of a minority of DOs who are backsliding towards the superstitious "whole mind/body" and "cranial therapy" roots of earlier generations of DO quacks, today's DO's are scientific and treat patients using the same modalities as MDs. AbeBooks.com: *Chest X-Ray Made Easy* (9780443070082) by Corne MA PhD MB BS FRCP, Jonathan; Pointon MRCP FRCR, Kate; Carroll, Mary; Delany, David; Brown, Ivan and a great selection of similar New, Used and Collectible Books available now at great prices. It describes the range of conditions likely to be encountered and guides the user through the process of examining and interpreting the film based on the appearance of the abnormality shown. It then helps the user determine the nature of the abnormality and points toward possible differential diagnoses. It gives advice on how to examine an x-ray, how to check its technical quality, and how to identify lesions. All x-rays are accompanied by a simple line diagram outlining where the abnormality is located.