This is a comprehensive textbook on Pulmonary Medicine. The book contains 34 chapters and in two volumes having 1834 pages. These two volumes contain valuable literature on chest medicine, which has been thoroughly up-dated with the latest available information on the subject. One of the important aspects of the book is the citation of Indian literature on various respiratory problems in India. The first edition of the book was published by Dr Behera about 15 years ago and the current one updates the newer developments that have taken place during this period. The book is well compiled with latest references and rich illustrations of radiology and pathology sections. Various sections have a good amalgamation of epidemiology, pathology, pathogenesis, diagnosis, investigations, management and prevention. There is extensive and vivid display of photographs in colour. There are nearly 631 photographs and 269 tables besides a number of appendices and annexures. The chapter on tuberculosis contains the RNTCP and various guidelines of the programme, which is a very welcome step. It also discusses issues of multidrug resistant and extensively drug resistant tuberculosis as rising problem along with human immunodeficiency virus (HIV). The text has given an extensive account of the programmatic management of these issues.

This new edition efficiently covers all aspects starting from history taking and clinical examination, various respiratory symptoms, anatomy and physiology of respiratory system, diagnostic methods used in handling various respiratory diseases and description of all types of diseases affecting the respiratory system. As an experienced teacher Dr Behera describes the approach to clinical examination of respiratory diseases in a very simple but in a vivid manner, which is still an important area of teaching clinical medicine in this country. In fact, medical teachers still give emphasis on this aspect. There is a chapter on pediatric lung diseases which is a brief but comprehensive description of problems in children which a physicians dealing with pulmonary diseases will find useful. The book has also efficiently covers the twin scourges of the 21st Century world, i.e. TB and HIV diseases. The author has made an attempt to fill the lacunae of insufficient literature in Indian context available on pulmonary diseases. It is a useful reference in management of problems for bronchial asthma, COPD, lung cancer, and other common respiratory problems along with answers to patient queries. The book also highlights growing incidence of bronchogenic carcinoma, its pathogenesis and newer therapeutic aspects. There is a unique discussion on the lung transplantation.

Dr Behera’s deep involvement with teaching, research and clinical practice of pulmonary medicine has laid to the compilation of this text solely aimed at helping the students in understanding the intricacies of different topics, and also guiding the medical fraternity in the management of pulmonary diseases.

The printing quality is excellent and gives a smooth and pleasant reading in good quality papers. An honest and sincere effort and attempt has been made by Dr Behera to provide thoroughly updated and relevant information, keeping in mind the readership, particularly the postgraduates, post doctoral and undergraduate students. It will be a handy reference for the busy clinicians. It covers all major conditions and disorders affecting the lung and the respiratory tract.

**Dr Raj Kumar**
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Differential diagnosis of COPD exacerbations includes pulmonary embolism, pneumothorax, left ventricular failure, worsening of bronchiectasis or exacerbation of asthma, and lower respiratory tract infection. Distinguishing between COPD and asthma may occasionally be difficult and even lead to a diagnosis of asthma-COPD overlap. Pulmonary disease is a common cause of respiratory signs in dogs. A thorough history and examination help localize the pulmonary parenchyma rather than other parts of the respiratory system. Signalment, clinical onset and progression, geographic location, and additional organ involvement can help prioritize differential diagnoses. Patients with pulmonary disease may exhibit coughing, increased respiratory rate, dyspnea, and/or exercise intolerance. This book published in two volumes. Both volume divided in twenty three sections, all sections and chapters are most important. The Textbook of Pulmonary and Critical Care Medicine also offers a unique exposure to the problems in many parts of the world. Tuberculosis, the number one treatable condition has been extensively covered; and special topics such as multi-drug resistance, directly observed therapy, TB prevention, nonpharmacologic approaches and extrapulmonary tuberculosis are particularly relevant. Many countries are facing a growing burden of noncommunicable respiratory diseases. Th
A pretty basic text in pulmonary medicine, but it starts with the basic anatomy and scientific principles and works up from there. A great reference book. Read more. It's a decent book in terms of anatomy, physiology and a bit of pathophysiology but a lot needs to be supplemented with a good internal medicine book. Read more. One person found this helpful. Principles of Pulmonary Medicine was first published in 1986 as a concise core reference that emphasizes pathophysiology and diagnosis as the basis for optimal management of respiratory disorders. Physiologic, radiologic, and pathologic features of diseases are correlated with clinical findings providing an integrated, comprehensive approach. We have also continued to include margin notes throughout the text, which summarize the major points and concepts and allow the reader to quickly review the material. x n Principles of Pulmonary Medicine. Appendix A Sample Problems Using Respiratory Equations 384 Appendix B Pulmonary Function Tests: Guidelines for Interpretation and Sample Problems 386.
Differential diagnosis of COPD exacerbations includes pulmonary embolism, pneumothorax, left ventricular failure, worsening of bronchiectasis or exacerbation of asthma, and lower respiratory tract infection. Distinguishing between COPD and asthma may occasionally be difficult and even lead to a diagnosis of asthma-COPD overlap. This book published in two volumes. Both volume divided in twenty three sections, all sections and chapters are most important. The Textbook of Pulmonary and Critical Care Medicine also offers a unique exposure to the problems in many parts of the world. Tuberculosis, the number one treatable condition has been extensively covered; and special topics such as multi-drug resistance, directly observed therapy, TB prevention, nonpharmacologic approaches and extapulmonary tuberculosis are particularly relevant. Many countries are facing a growing burden of noncommunicable respiratory diseases. Th Textbook of Pulmonary Medicine book. Read reviews from world’s largest community for readers. Let us know what’s wrong with this preview of Textbook of Pulmonary Medicine by D. Behera. Problem: It’s the wrong book It’s the wrong edition Other. Details (if other): Cancel. Thanks for telling us about the problem. Return to Book Page. Not the book you’re looking for? Preview – Textbook of Pulmonary Medicine by D. Behera.
About this book. Introduction. The Textbook of Pulmonary Vascular Disease combines basic scientific knowledge on the pulmonary circulatory system at levels of the molecule, cell, tissue, and organ with clinical diagnosis and treatment of pulmonary vascular diseases. State-of-the-art techniques and their potential applications in research, diagnosis, and treatment of pulmonary vascular diseases are also covered. Jason X.-J. Yuan, MD, PhD is Professor of Medicine, University of Illinois at Chicago, Chicago, IL. Joe McMaster Textbook of Internal Medicine. Kraków: Medycyna Praktyczna. https://empendium.com/mcmtextbook/chapter/B31.II.3.6. Accessed October 26, 2020. Differential diagnosis of COPD exacerbations includes pulmonary embolism, pneumothorax, left ventricular failure, worsening of bronchiectasis or exacerbation of asthma, and lower respiratory tract infection. Distinguishing between COPD and asthma may occasionally be difficult and even lead to a diagnosis of asthma-COPD overlap.