Spencer’s Pathology of the Lung

Sixth Edition

Edited by

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and

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PSH
To my wife for her infinite patience and understanding and to my children and grandchildren, whom I hope to now see more often.

DBF
To my wonderful parents Sally and Bill and truly exceptional wife Rita. For my terrific children Anna and Jonny.
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Foreword to the First Edition

At first glance the lungs may seem uncomplicated, but many wise men have gone astray in their labyrinths. When apparently "simplified" as in emphysema, they have remained refractory to analysis. Disease commonly results in a profound but variable revision of their architecture. Their tumors form a bewildering array and some exert profound metabolic effects unsuspected until recently. Blood comes to the lungs from both sides of the heart, in a proportion that may deviate considerably from the norm under particular conditions. The vessels reflect alterations in hemodynamics, and when themselves changed, they can profoundly affect the work of the heart. The pulmonary capillaries, lying as a filter astride the venous outflow of all other organs, must often suffer the consequences. With each breath, also, the innermost recesses of the respiratory tract are brought very much into contact with a sometimes hostile external environment. The lungs are thus vulnerable from all sides. That we are not more often disabled we owe to their marvelous capacity to recover from injury and to their large reserve.

A man’s medical history and the traces of his habits and his trade are often inscribed upon the lungs – for him who can read. Not since the monumental contribution of Fischer in the Handbook of Henke-Lubarsch have the lungs been so thoroughly or so well read, and the reading so well recorded as in this volume. Recent years have witnessed the identification, and even the introduction, of many new agents of pulmonary disease. Many other conditions such as "eosinophilic granuloma", while still of unknown etiology, have been defined in anatomical terms. Cardiopulmonary disease in the broadest sense is now much better understood than it was twenty years ago. The intelligent use of the cardiac catheter in man and in many ingenious experiments in animals and the development of cardiac surgery have greatly broadened our comprehension of this subject. Although the current exponential increase in knowledge indicates how much there is yet to learn, the time is surely ripe for a sound and comprehensive statement of what is now known. Doctor Spencer has supplied this need admirably, and with a fine sense of history. Only a rare concurrence of meticulous scholarship and discernment could have enabled the condensation of so much information into so little space. This work will long be of interest and value to all students of disease.

Averill A. Liebow 1962
Preface to the Sixth Edition

Medicine has drastically changed since Dr. Liebow introduced the first edition of this textbook 50 years ago. Otto Lubarsch and Friedrich Henke are unknown today to most practicing pathologists and “eosinophilic granuloma” is no longer of unknown etiology. Technological advances in radiology, immunohistochemical developments and molecular discoveries along with an ever-expanding therapeutic armamentarium have led to new clinicopathological disease classifications that have greatly impacted chest medicine. Our understanding and classification of interstitial lung diseases and, for example, the five categories of “angiitis and granulomatoses” have greatly evolved beyond mid-twentieth-century beliefs, and today a diagnosis of “non-small-cell carcinoma” is almost universally frowned upon, especially by chest oncologists! Specialized pulmonary hospitals were once rare, but now multidisciplinary disease teams in such institutions and other centers around the world effectively treat patients with respiratory diseases. Simply put, progress, although seemingly slow and uncertain, alters medical knowledge and patient care almost daily.

In this light, any attempt to produce an up-to-date educational and clinically useful tome is fraught with obstacles, not least of which is the threat of immediate obsolescence. However, to shirk from such a task would be in the best sense a disservice to those interested in updated concepts, and in the worst, nothing less than intellectual cowardice. This fiftieth anniversary edition demonstrates that the current generation of pulmonary pathologists accepts the task to update this veritable classic pulmonary pathology textbook.

It is interesting to note that the first edition comprised 23 chapters while this sixth edition contains 36 chapters. The current two-volume set includes focused discussions of clinical and radiographic presentations along with pathophysiology and clinicopathological correlations. Genetic and molecular findings are included for many diseases, but do not monopolize discussions. These expositions are invaluable for the pathologist working in a multidisciplinary care setting.

Given the international nature of medicine, experts in particular topics from around the world were recruited to contribute their time and knowledge. It was astounding how many of the contributors fondly remembered learning lung pathology from prior editions of this textbook and it is our hope that this tradition continues.

While some suggest that the days of multi-authored textbooks are cumbersome relics of the past, we believe this format offers bona fide expert discussions in one source. Since medical knowledge is no longer constrained to libraries and printed materials, or even personal computers, an electronic version of the textbook allows for the instant access many of us now need.

In closing, we hope, as Averill Liebow wrote in 1962, that “this work will long be of interest and value to all students of disease”.

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August 2012
Acknowledgements

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