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Clinical Critical Care Medicine (textbook and CD-ROM). Edited by Richard K. Albert, M.D., Arthur Slutsky, M.D., Marco Ranieri, M.D., Jukka Takala, M.D., Ph.D., and Antoni Torres, M.D. Philadelphia, Mosby-Elsevier, 2006. Pages: 722. Price: \$139.00.

Emulating a film critic's approach to commentary, the reviewers supply two thumbs up for *Clinical Critical Care Medicine*, a beautifully illustrated, first edition, internationally multiauthored textbook. These impressions represent the thoughts of a neuroplastically facile, recently certified, intensive care unit (ICU) attending trained in medicine, pulmonary, and critical care who is currently completing an anesthesiology residency, complemented by those of a gray-bearded, balding senior attending who remains active as an intensivist, internist, and anesthesiologist. The senior reviewer also has coedited two multiauthored *Critical Care Medicine* textbooks, appreciates what an undertaking that is, and has had the pleasure of contributing to or reviewing several other ICU books.

We base our humble opinions on visual assessment, weight, format, readability, and utility of addressing important concepts as well as securing commonly accepted factual knowledge. Like any text, this one has a few deficiencies, but it packs a tremendous amount of information and expertise into a fairly modest sized package that will not deplete mitochondrial adenosine triphosphate stores when it is pulled from the shelf or carried from an office. The utility of the book was tested further by the first author reading it as part of her preparation for board certification while the other reviewer did the same as part of his maintenance of certification program.

Visually, this is a pleasing and impressive book that supplies a plethora of highly informative pictures, radiographs, tables, graphs, boxes, diagrams, and flowcharts. There is often more information contained within the visual assets than in the text. Chapters are well edited, easily read, and formatted in a fairly consistent manner, given the voice of more than 110 authors who represent a multidisciplinary view of critical care practitioners that is almost universal, lacking mainly in representation from the continent of Antarctica and medical centers north of the Arctic Circle. Each chapter starts with a Key Points introduction that highlights features and take-away points contained in the chapter. Chapters are modestly referenced using a suggested reading format. References seem to be readily available and for the most part timely, although it is always a challenge to remain up to date. The book has a publication date of 2006, but there are no references later than 2004 and few beyond 2002. Therefore, several recent sentinel pieces such as the American Thoracic Society's position paper on "Guidelines for the Management of Adults with Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia" are not included or were not available at the time of production.¹

The textbook is a "tweener" in size and weight. It is not a handheld or pocket, soft cover text, nor is it a comprehensive tome potentially associated with shoulder dislocations or rotator cuff tears. The book is composed of 10 sections, 7 of which are rather classic system-based presentations directed toward frequently encountered ICU problems and pathologies such as gastrointestinal hemorrhage, pancreatitis, and acute liver failure in the Gastrointestinal section. The opening section on Basic Biology of Critical Care Medicine provides a unique starting point for the textbook and consists of five superb chapters on the common mechanisms that drive life-threatening illness, including a brief overview of genetics/genomics, a burgeoning area of investigation that is likely to play an increased role in individualizing care of the acutely ill and prognosticating outcomes.

The remaining two sections focus on global therapeutic, diagnostic, and procedural interventions and the unique aspects of ICU organiza-

tion, medical ethics, and end-of-life care. The discussion in the free-standing chapter on hemodynamic monitoring comments strongly on the lack of benefit derived from pulmonary artery catheterization, but interestingly, this may be the first ICU text that fails to present even a basic figure of a central venous pressure or pulmonary artery pressure tracing or, for that matter, any discussion on arterial waveforms.

The focus of the book is on adult critical care with minimal if any reference to children, with the exception of very brief comments on pediatric trauma resuscitation. The chapter on critical care management of pregnant patients is outstanding, however, and rivals those presented in any other text.

Despite the use of first-rate visual aids, there are occasions when various equations and attempts to condense complex principles into succinct tables or figures require the reader to be very attentive. For example, the chapter on acid-base presents a challenging topic and tries to incorporate elements of three schools of thought on how best to approach metabolic, respiratory, or mixed pathologies. The reader has to read the text, evaluate equations, and carefully review tables, graphs, and boxes, some of which lack clear identification of abbreviations, while trying to sort out the Stewart, Boston, or Copenhagen approach to acid-base determination.

This moderately priced overview of critical care will be well received by students, residents, fellows, and practitioners. *Clinical Critical Care Medicine* also includes a CD-ROM version formatted in a readily navigated style that allows access to all visual materials as downloadable slides. The book will compete favorably with, and may even supplant, some current texts in the non-tome book market. The visuals are its greatest strength and definitely meet the goal of the editors to "emphasize a visual, as opposed to a textual, presentation of material." We added it to our libraries and encourage Journal readers do so as well.

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Reference

1. American Thoracic Society Documents: Guidelines for the management of adults with hospital-acquired, ventilator-associated, and healthcare-associated pneumonia. *Am J Resp Crit Care Med* 2005; 171:388-416

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Principles & Practice of Mechanical Ventilation, 2nd Edition. By Martin J. Tobin, M.D. New York, McGraw-Hill, 2006. Pages: 1,442. Price: \$189.95.

The second edition of *Principles & Practice of Mechanical Ventilation*, as the editor states in his preface, is not a simple restyling. The first edition has served as an authoritative guide for more than 10 yr; now, along with additional chapters, figures, and diagrams, the book continues to illustrate the techniques, illnesses, and appropriate methods of bedside ventilatory management. After 12 yr, the content has been substantially revised, including 24 new chapters. Emphasis is placed on novel subjects, e.g., ventilator-induced diaphragmatic damage, inhaled antibiotic therapy, liquid ventilation, and inhaled nitric oxide. This book is unrivaled in its comprehensive scope, focusing on the subject and practical implications. The detailed and accurate description of pathophysiology provides insight into the etiology of

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different clinical conditions. This textbook contains the physiologic and practical fundamentals of everyday clinical activity for pneumologists and critical care physicians. In the era of the Web, this book confirms the value of the printed text; to leaf through the pages is a special experience for both novices and experts.

In 70 chapters, more than 100 leading experts in the field from all over the world have composed a *Summa Theologica* (as defined by the editor, Martin Tobin, M.D., Professor, Department of Pulmonary and Critical Care Medicine, Loyal University Health System, Maywood, Illinois) in a multidisciplinary approach to paint the "fresco" of mechanical ventilation. Like in the *Cenacolo (The Last Supper)* by Leonardo, painted in the refectory of the church of S. Maria delle Grazie in Milan, Italy, the visitor (the reader) is attracted by the magnificent view and gradually picks out the precise details, visible only through careful observation (an accurate reading). Similar to this masterpiece, where one can see every single element of the painting drawing the attention straight to the midpoint of the composition, the entire content of the book goes directly to the essence of mechanical ventilation.

The format of the book is well organized and consistent. This second edition contains a valuable "Quick-Find Guide" at the beginning, which lists the different topics. The first five parts focus on the basis and history of mechanical ventilation. This material encompasses physics, physiology, technical aspects, and methods of ventilatory support. The chapter dedicated to positive end-expiratory pressure is one of the most complete treatments ever written about this subject. Appropriately placed charts and algorithms assist in navigating the physiologic steps and management of specific processes. This chapter has a very accurate bibliography with more than 700 references! The sixth part,

including chapters 17–19, covers all of the aspects of noninvasive ventilation, thoroughly weighing the validity and relevance of the existing literature, taking into account the change of protocols, machines, and interfaces. Parts 7 and 8 are dedicated to the unconventional methods of ventilatory support and to the application of ventilator support in specific settings, including acute respiratory distress syndrome. In part 9, the effects of mechanical ventilation on heart-lung interactions remain an unsurpassed classic. The corpus of knowledge regarding the artificial airways and complications is synthesized in the 10th and 11th parts. The last three parts are devoted to the collateral problems of mechanical ventilation, incorporating treatment of ventilated patients, adjunctive therapies (where new "trendy" ideas such as inhaled antibiotic therapy are discussed), and ethical and economical issues.

All clinicians who aspire to hone their skills by understanding the fundamental techniques of intensive care medicine would benefit from this book. The text is also especially helpful for those practitioners without access to electronic resources such as the Internet. I highly recommend this text to intensivists, pulmonologists, cardiologists, and physiotherapists who seek expertise in mechanical ventilation. For future editions, an accompanying CD or a PDA version of the text could be useful because these are often efficient reference tools in today's fast-paced clinical environment.

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