

Mark A. Warner, M.D., Editor

The ICU Book, 3rd Edition. By Paul L. Marino, M.D., Ph.D., F.C.C.M. Philadelphia, Lippincott Williams & Wilkins, 2007. Pages: 1,088. Price: \$79.95.

The third edition of *The ICU Book* by Paul L. Marino offers a comprehensive update of this single-authored critical care text, which has over the course of its previous editions become popular among residents, fellows, and staff physicians as well as other practitioners caring for the critically ill. Since its first edition in 1990, the overall concept of *The ICU Book*, to serve as a general textbook for adult intensive care while omitting some highly specialized areas, has been maintained. Most chapters of this new edition have been extensively updated or were entirely rewritten. Figures were either updated or completely redesigned. The overall appearance and print quality of this new edition is improved as well.

The current edition of *The ICU Book* starts off with a concise review of circulatory and respiratory physiology. The chapters headlined "Preventive Practices in the Critically Ill" introduce largely evidence-based concepts geared toward the prevention of complications. Here, daily management strategies commonly referred to as "line bundle" and "ventilator bundle" are outlined. The addition of these chapters offers an evidence-based approach that is useful in daily patient management and forms an integral part of a contemporary critical care practice. It has shifted the focus away from previous chapters in the second edition that largely emphasized theoretical concepts of tissue injury, such as oxidative stress, which have not been translated into clinical success despite substantial efforts.

The bulk of the chapters, with a few exceptions, continue to use a problem-based rather than a disease-oriented approach. Dr. Marino states in his foreword that the problem-based approach mimics the workings of the intensive care unit (ICU) because it focuses on practical solutions to medical problems that arise in the ICU setting, e.g., resuscitating a patient with a gastrointestinal bleed rather than actually locating the bleeding site. This statement clearly highlights the inherent limitations of a concise problem-based textbook. It points toward the intended readership as those who have early exposure to the ICU environment and those who execute ICU orders on the frontline, as opposed to senior-level intensivists involved in comprehensive and expectant patient management.

Nevertheless, many important current concepts introduced into clinical practice since the last edition (low-tidal-volume mechanical ventilation strategy, recent recommendations for resuscitation of patients with sepsis, early antibiotic therapy in sepsis, and a possible role of steroids in sepsis) have found their way into the new *ICU Book*. The omission or restricted discussion of other current topics (glucose management) is a limitation in a textbook that attempts to give an overview of current practice.

Most chapters end with a "final word" section, offering a summary of concepts discussed in the chapter and putting them into a clinical context. As much as these paragraphs introduce another level of bias, they are highly instructive, at times entertaining, and offer clear insight into the thought processes involved in critical care decision making and summarize the essence of the chapter. The hands-on approach to ICU care that is presented in *The ICU Book* is also evidenced by refreshing discussions of topics that stir up heated debate among critical care practitioners, such as the eternal debate over optimal resuscitation fluids.

Keeping a textbook up-to-date that attempts to cover adult critical care as broadly as this ICU book is a daunting task. Dr. Marino—with the help of Kenneth M. Sutin, M.D., F.C.C.M., who authored the final chapters—was able to achieve this in the current edition. Considering the wide range of disciplines involved in critical care and the enormous pace of developments in diagnostics and treatment in the criti-

cally ill especially during the past few years, the update of *The ICU Book* is successful.

The third edition of *The ICU Book* is well referenced within the limitations of a concise paperback text. The scope of references is at times more comprehensive and less biased than the tone of the text, making the references a useful starting point for in-depth reading. The fact that it is authored by a two-author team ensures that the text stays readable, and it limits repetition, overlap of chapters, and contradicting recommendations. It can be read front to back without need for adjustment to different presentation styles.

In summary, the third edition of *The ICU Book* is an excellent, well-readable text for anybody starting out in the intensive care unit. Being largely single authored makes it a relatively easy read, which is its greatest advantage overall over more extensive multiauthored textbooks.

Thomas Comfere, M.D., Mayo Clinic College of Medicine, Rochester, Minnesota. comfere.thomas@mayo.edu

(Accepted for publication June 29, 2007.)

Handbook of Neuroanesthesia, 4th Edition. Edited by Philippa Newfield, M.D., and James E. Cottrell, M.D. Philadelphia, Lippincott Williams & Wilkins, 2007. Pages: 466. Price: \$49.95.

Most anesthesiologists initially acquire their knowledge base from the weighty, hardback-bound grand tomes of our profession. Yet, however much we may learn during residency and fellowship, the sheer volume of knowledge and the humbling realities of human memory mean that we need something to refer to when we are in need of a reminder, a clarification, or when we simply wish to review a topic to reinforce and consolidate our memory. For these purposes, the impressive volumes on our shelves are rarely optimal; what we seek is a "ready reference"—something that possesses crisp brevity but does not compromise depth, is current and accurate, and is structured and indexed in a way that makes rapid navigation easy. And, because we require our knowledge in operating rooms far removed from our bookshelves, portability is essential if any such work seeks to be more useful than the readily available Google searches that have become a staple of physician life in this iPod age.

What a pleasure it is then, as a neuroanesthesiologist, to read and review the fourth edition of the *Handbook of Neuroanesthesia*. Coming 7 yr after the previous edition, this volume is again edited by Philippa Newfield and James Cottrell, with individual chapters written by a collection of outstanding authors from across the United States and Canada, and including several contributions from Europe and Asia. The appearance and structure of the book will be instantly recognizable to those familiar with other publications of the Lippincott Williams & Wilkins Handbook series, which notably includes *Clinical Anesthesia Procedures of the Massachusetts General Hospital* and the *Critical Care Handbook of the Massachusetts General Hospital*. Each chapter is concise and focused, and is structured as a hierarchical outline with somewhere between a single sentence and two short paragraphs addressing each point. The text disposes of any unnecessary narrative but avoids regressing to the level of fragmentary sentences and bullets. The end result works very well; the reader is left with short sentences in plain English that are dense in information but easy to read. Because it is tacitly assumed that the reader already possesses a conceptual grounding, this is probably not an ideal first choice for students new to the principles and vocabulary of anesthesiology; on the other hand, by sparing narrative dedicated to the

introduction of concepts, this little handbook that measures less than 5×8 inches contains more current factual information than primary texts of much greater size.

Chapters at the beginning of the book are dedicated to general considerations derived from neurophysiology and pharmacology, including excellent chapters on neurophysiologic monitoring and cerebral protection. There are then several chapters dedicated to the anesthetic management of specific neurosurgical procedures and patient populations. Some of these, such as those describing anesthesia for posterior fossa surgery, supratentorial tumors, and head trauma, are current versions of topics that have long been the staple of neuroanesthesia texts. Others, such as those dedicated to interventional neuroradiology, intraoperative magnetic resonance imaging, epilepsy surgery, and awake craniotomy, reflect recent trends in neurosurgery that have evolved tremendously since the previous edition; this section also contains excellent chapters on pediatric neuroanesthesia and neurosurgery in pregnant patients. Finally, several chapters are dedicated to postoperative issues; these include chapters covering postoperative cardiovascular, respiratory, and fluid management considerations related to specific neurosurgical procedures, as well as sections dedicated to issues more broadly encountered in neurointensive care units, such as nutritional support, stroke, and brain death. The book is weighted heavily to intracranial procedures, with far less emphasis on the spine; neuroanesthesiologists whose practice includes substantial exposure to spinal surgery will find an excellent chapter on the

management of spinal cord injury, but only a relatively cursory discussion of the complex management of major spine procedures. Overall, the use of figures and tables is very good, with all the core material presented in a concise and readily understandable form. Unlike the *Clinical Anesthesia Procedures* handbook, there is not an appendix dedicated to drug dosages; however, it is generally easy to find dosages and other quantitative values that are often sought in a hurry.

This book should be regarded as an essential purchase at the beginning of the year for anybody undertaking a neuroanesthesia fellowship, and should be carried at all times. It should make its way onto the bookshelf of general anesthesiologists who find themselves encountering neurosurgical cases, and who seek an accurate and current reference to help them optimally understand and manage these challenging cases when they arise. It should also be strongly considered by trained neuroanesthesiologists who recognize the need for a concise, up-to-date refresher and reference source. Although perhaps providing more detail than required by junior residents, it can be wholeheartedly recommended to senior residents looking to take their knowledge of neuroanesthesia up a level without engaging an enormous textbook. I have certainly found it to be both useful and enjoyable, and expect it shall remain in my coat pocket for quite some time.

Kane O. Pryor, M.D., Weill Medical College of Cornell University, New York, New York. kap9009@med.cornell.edu

(Accepted for publication July 17, 2007.)