

Two chapters covering the aspects of physical medicine and rehabilitation depict diagnostic and therapeutic processes that would not normally be in the purview of the anesthesiologist in pain medicine. I found these chapters to be informative in terms of physical modalities used to reduce pain and summaries detailing the abnormalities found using electrodiagnostic studies. Acupuncture has become widely available and expanding in clinical use. A concise summary detailing its usefulness with regard to common problems such as postoperative nausea and vomiting, back pain, and other musculoskeletal disorders is included in this section.

No reference text would be complete without a discussion of pain treatment and addiction issues associated with it. Useful tools to assess alcohol and opioid addictions are included as well as treatment strategies to deal with an addicted patient with pain. Starting points are described to assist physicians with the difficult task of weaning long-term opioid users from narcotics.

There are a variety of chapters on interventional techniques. I liked the presentation of neuraxial anesthesia because it was done with clear anatomic drawings. The chapter dealing with intrathecal drug delivery was interesting from the standpoint that it gives pain physicians who are unfamiliar with this process a launch point to initiate this treatment. Intraarticular analgesia is described within a broad review of various opioid and other pharmacologic compounds for differing surgeries. Unfortunately, comparison studies of this technique and nerve block techniques are not presented, leaving readers to decide how useful intraarticular analgesia really is.

An excellent synopsis of nerve stimulators is given detailing placement procedures and outcomes of treatments for particular diseases such as complex regional pain syndrome and failed back. Of particular interest is a detailed algorithm that covers not only the use of interventional techniques but also the rehabilitative and psychologic treatments and considerations of complex regional pain syndrome. A brief overview of epidural steroid injections is presented with outcomes, techniques, and complications. Similarly, a comprehensive chapter on facet joint pain delves into diagnosis, treatment, and outcomes. Both these sections contain numerous tables that document results and outcomes. The last part of this section is a review of intradiscal procedures that assist in diagnosis through discography and treatment with intradiscal electrothermic therapy. I found the tables of disk stimulation data, interpretations of discograms, and radiographic examples to be very informative. The last chapter of this section reviews epidurography. This chapter provides a great starting point to provide readers with familiarity of this subject.

The concluding portion of the book reviews outcomes of treatments of many of the conditions presented throughout the text. I found this section to be very informative and useful as it gave me tools to convince skeptical colleagues, educate residents, and continue both my professional and business education.

I found this text to be amazingly comprehensive and helpful. It is a great read for pain fellows and practitioners.

Patrick K. Boyle, M.D., Acute Pain and Regional Service, University Medical Center, University of Arizona, Tucson, Arizona. joshua19pb@aol.com

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Civetta, Taylor, and Kirby's Critical Care, 4th Edition. By Andrea Gabrielli, M.D., A. Joseph Layon, M.D., and Mihae Yu, M.D. Philadelphia, Lippincott Williams & Wilkins, 2009. Pages: 2,765. Price: \$249.00.

Critical care medicine is a fascinating, ever-evolving discipline that requires a practitioner to make decisions based on rapidly changing information. Similar to all of medicine, it can be challenging to stay current as new research and information are being published almost daily. In the era of the Internet, acquisition and review of new information have become much easier. However, many clinicians and learners covet access to a comprehensive, hardcopy reference in addition to the web as an alternative source of learning.

Civetta, Taylor and Kirby's Critical Care is a textbook that allows for both styles of learning. It is an impressive sight, measuring 3 in (6.6 cm) thick, weighing approximately 22 pounds (10.2 kg), and consisting of more than 2,700 pages! Unfortunately, it did not come with a gym membership!

This is the fourth edition and, consistent with the previous versions, both the editors and contributing authors represent significant national (>30 states) and (15 countries) international influences, with expertise in anesthesiology, general medicine, and surgery.

The size of the book is a preamble to its contents. The breadth of topics discussed is impressive with high clinical relevance. The book is divided into 20 general topic sections. It includes the core topics of general physiologic principles, monitoring, shock states, organ transplantation, cardiovascular disease/dysfunction, respiratory disorders, and infectious disease. Within each section, multiple chapters are presented to support the general topic. For example, infectious disease is supported by chapters on the approach to fever in the intensive care unit, and neurologic, catheter-related, and soft-tissue infections, as well as a discussion on treating the immunocompromised host.

Yet, there are topics that are not commonly discussed in other critical care texts. What I particularly found interesting was the inclusion of chapters on breaking bad news to patients and families, physician–nurse interactions, virtual intensive care units, and a succinct review of reading medical journals and understanding basic statistics. Another section is dedicated to the surgical patient. The chapters start with preoperative assessment and expand beyond the traditional topics of trauma-related critical care. There are chapters focused on the critical care of orthopedic, vascular, and tho-

racic surgical patients. Overall, the supporting chapters of each section are thorough and well written with good images and diagrams. All chapters provide robust lists of references.

There is an outstanding appendix that contain concise summaries of acid/base, common formulas, and a table outlining medication dosages based on renal function. There is also a brief discussion of medications (*i.e.*, paralytics, antihypertensives, and inotropes) that are commonly used in the intensive care unit. It summarizes the mechanism of action, indications, dosages, and most common concerns associated with administration. The final section focuses on typical antibiotics and describes the dosages and expected spectrum of coverage.

Besides the extensive topic list, an additional strength comes with the purchase of the book. An access code accompanies it allowing the user to access the entire contents *via* the Internet. This is a very powerful and time-saving aspect, given its lack of portability and the increasing ubiquitous presence of the Internet.

Although a juggernaut in form and content, there are some weaknesses. Because of the mass of the book, I would suggest that future editions should be in at least two volumes. In addition, some of the photographs contained in the text would be greatly enhanced if provided in color. A color image of the purpuric rash seen in meningococcal sepsis would have a much better visual impact than black and white.

The Internet access feature is a major asset, but its search feature feels primitive. For example, if you type in "Xigris[®]," it results in no hits. However, when you search "activated protein C" you get a number of hits, but the result list is not pleasing to the eye and slightly challenging to navigate. When comparing this with a search in the well-known Web site Up-To-Date[®], the same search of "Xigris[®]" gives you multiple hits with many topics relevant to the search. Overall, the search engine is helpful, but not very intuitive. A period of familiarization is required to maximize its usefulness.

Overall, this is a great text that I believe would be a valuable reference to master clinicians, fellows, residents, and medical students with interest in critical care medicine. As a new intensivist, I found it a great resource, and over the review period, I used it as much as possible when addressing clinical questions. Its comprehensive topics with a searchable text feature and solid reference lists make it a great asset to any intensivist library. It offers to be a favorable resource that is suitable to a variety of learning styles.

Jeff Jensen, M.D., Mayo Clinic, Rochester, Minnesota.
jensen.jeffrey@mayo.edu

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The Soul of Medicine: Tales From the Bedside.

By Sherwin B. Nuland, M.D. New York, Kaplan Publishing, 2009. Pages: 214. Price: \$26.95.

In the interest of full disclosure, I will acknowledge that I have known Sherwin Nuland, M.D., in a professional capac-

ity for more than 20 years. The distinguished author of numerous books, including *How We Die* (winner of the National Book Award in 1994), "Shep" Nuland is a clinical professor of Surgery at the Yale University School of Medicine (New Haven, CT) and a Fellow at Yale's Institute for Social and Policy Studies.

Dr. Nuland is a gifted storyteller whose humanity, candor, and perspicacity enrich his crisp literary style. He is also a noted medical historian with a deep understanding of the moral dimensions of human complexity, particularly in the context of the unique doctor-patient relationship. Indeed, Dr. Nuland excels in conveying the dynamics of complicated human relationships, especially those involved in the setting of physician-patient interactions, as well as those between a physician mentor and a student. Moreover, in the manner of Jerome E. Groopman, M.D. (Professor of Medicine at Harvard Medical School, Chief of Experimental Medicine at Beth Israel Deaconess Medical Center, Boston, MA), he is adept at communicating to readers without a medical background the particular way physicians approach various problems or apparent dilemmas.

The Soul of Medicine: Tales From the Bedside is, in my opinion, an example of Dr. Nuland's finest work. Loosely fashioned along the lines of Geoffrey Chaucer's *Canterbury Tales*, the book consists of more than 20 stories, predominantly narrated by senior physicians, of memorable patients they cared for in the course of their careers. To ensure confidentiality, the author disguises the identifying features of both the physician storytellers and their patients. He does not, however, alter any of the medical facts. The result is a captivating and moving collection of human dramas involving patients suffering from both rare (feculent empyema) and common conditions (diabetes and congestive heart failure) narrated by specialists spanning the alphabetical gamut from anesthesiologist to urologist. Although the neurosurgeon's two tales are particularly poignant, I was fascinated especially by the anesthesiologist's tale.

The narration contributed by the anesthesiologist featured a surgeon with bipolar disorder who unilaterally decided to discontinue his medication while on a 3-week vacation. When he returned to work to perform what was to be a routine cholecystectomy, the surgeon was dramatically changed in demeanor. The typically stolid physician seemed to be manic, greeting the surgical team in an aggressively vulgar manner, and then returning to the operating room in less than half the time it takes to do a 10-min scrub. He began operating in a frenzied fashion, taking the gallbladder out in approximately 3 min. The stomach was entered next, followed by the anterior wall of the aorta. The obviously crazed surgeon was wrestled to the ground, and a team of surgeons quickly converged on the bloody scene to save the patient's life. The anesthesiologist and several other physicians, including the chiefs of surgery at the two hospitals where the impaired surgeon practiced, suffered legal and personal repercussions. Till date, the anesthesiologist is haunted by guilt and remorse, "The guilt persists, and even grows, because