

Managing Chronic Obstructive Pulmonary Disease. Laura Blackler RN BSc MSc, Christine Jones RN, and Caroline Mooney RN, editors. Hoboken, New Jersey: John Wiley & Sons. 2007. Soft cover, illustrated, 274 pages, \$50.

Even if it is not your central focus of practice as a respiratory therapist, nurse, or physician, chronic obstructive pulmonary disease (COPD) impacts all health-care workers, many on a daily basis, but certainly frequently enough that it makes sense to own a high-quality comprehensive reference such as this book. In their contributions, 18 multidisciplinary clinicians and lecturers provide details from which the 3 editors created a framework that coordinates efforts across primary and secondary COPD care. Extremely sensible and intuitive, the book is organized to take the reader from the “big picture” of epidemiology, cost, and risk while introducing the disease, to the 12 chapters that outline facets of living with COPD, arranged in the order that many afflicted individuals experience them, from diagnosis through end of life. Each chapter includes an impressive list of references, and there are also lists of COPD organizations’ contact information and Web sites.

Chapter 1, on the pathophysiology of COPD, begins with an accepted definition of COPD, and touches on risk factors, before looking with greater detail into lung pathology. Though a simple schematic of COPD pathophysiology is included, I would have appreciated a cartoon of, for instance, the parenchyma and centrilobular versus panlobular forms, to describe the mechanisms of airflow limitation and cor pulmonale.

The section on diagnosis of COPD is detailed. It begins, appropriately, by examining simple clinical features and common subjective complaints, and the section includes a graded dyspnea scale. I particularly liked the section on spirometry, which was distilled in a very understandable manner, and includes annotated classic flow-volume loops that will be extremely helpful to clinicians who only occasionally deal with COPD, as will the end of Chapter 2, which

describes when to refer a patient to a respiratory specialist.

Chapter 3, on symptom management, and Chapter 6, on quality of life, are the largest sections, and are broken into much appreciated and logical subunits. Chapter 3 comprises sections on pharmacologic management, adherence/concordance, nebulized therapy at home, long-term oxygen therapy, and surgical interventions.

Addressing quality-of-life issues in any chronic illness is a core challenge in health care, and Chapter 6 efficiently provides much needed perspective and structure to help guide both daily life and difficult decisions. Appropriately, the chapter begins by reviewing fatigue management. I was delighted the authors included specific considerations about travel and holidays, and sensitive but pertinent information regarding sexuality. The quality-of-life section seems comprehensive and outlines essential information in a very user-friendly way.

I was happy to see all of Chapter 7 devoted to psychological needs and interventions for people living with COPD. Included is a cognitive behavioral therapy model, with specific material on living with breathlessness. Detecting and dealing with depression and anxiety is also covered in sufficient detail to be extremely helpful.

The overview of noninvasive ventilation contains a nice summary of its utility in acute hypercapnic ventilatory failure and will help many clinicians become familiar with this option.

The remaining sections cover more commonly encountered topics, such as smoking cessation, pulmonary rehabilitation, and COPD management in the community. All the topics are handled similarly, in a very understandable and logical manner. The text concludes intuitively, with consideration of end-of-life care and a look into the future care of those with COPD.

I highly recommend **Managing Chronic Obstructive Pulmonary Disease**. It is a very comprehensive, especially well-organized, well-written text that covers COPD topics from societal impact to onset of COPD, and emphasizes

quality of life as the disease progresses and affects the end of life.

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Asthma Care in the Community. Jill Waldron RN BSc. Hoboken, New Jersey: John Wiley & Sons. 2007. Soft cover, illustrated, 187 pages, \$50.

Asthma is a chronic disease that is important worldwide. It can affect a person’s entire lifespan or develop at any point. Management of asthma begins with a clear understanding of what is known about the underlying pathological processes that create asthma symptoms. **Asthma Care in the Community** is written primarily for nurses, but the author (a respiratory specialist nurse) notes that it should also be of value to other clinicians, such as respiratory therapists, psychologists, and people in public health.

This book is easy to read, logically presented, and an excellent reference for any health-care professional learning the basics of asthma. The content includes a discussion of the epidemiology of asthma in the United Kingdom, a basic review of the pathologic mechanisms of asthma, and a basic introduction to asthma management, including chapters on complementary alternative medicine, asthma management for special populations, factors that relate to the process of care, and new innovations on the horizon for asthma care. Each chapter includes adequate recent and older references that provide good evidence to support the important points of discussion. In addition to evidence-based recommendations, the author provides clinical pearls based on years of experience, to help the reader understand the complexity of asthma care.

The book has a few gray-scale figures, which are of good quality, with one exception: the asthma action plan is scaled down to fit the page, which made the writing too small for comfortable reading. The remaining figures are not overly complex, and those

that represent anatomical or mechanical structures are accurate depictions with adequate details.

Several case studies are discussed that highlight common problems in the care of persons affected by asthma. The case studies illustrate the value of a holistic approach to disease self-management, consistent with nursing's philosophical underpinnings and theoretical foundations. This approach sensitizes nurses and other health-care providers to the complexity of asthma care, which goes well beyond medical management alone. A holistic approach to the individual and family affected by asthma takes the clinician to the heart of the matter, which is the affected individual and the complex environment in which disease self-management takes place. Based on current research and guidelines, this less traditional approach is essential to achieve quality health care.

The book's title, **Asthma Care in the Community**, is a bit misleading, because the book does not clearly address community care until Chapter 11, where the author describes asthma action plans, the role of the district nurse, and asthma care in nursing homes and schools. It is well recognized that, despite recent advancements in disease-management options, treatment failure due to the interaction of complex individual and environmental factors in the community substantially contributes to asthma morbidity. The value of this book could have been strengthened by presenting more content on evidence-based practices that have proved successful in the community.

The book is primarily focused on asthma care in the United Kingdom, and specifically addresses asthma care based on the 2005 British Thoracic Society guidelines.¹ Readers should realize that there have been recent updates to guidelines from the British Thoracic Society (British Guidelines on the Management of Asthma), the Global Initiative for Asthma (GINA Report, Global Strategy for Asthma Management and Prevention),² and the United States National Heart Lung and Blood Institute (Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma).³ Unfortunately, the author did not provide references to any other guidelines or note that more recent versions may be available. The acknowledgment of additional guidelines and of the ongoing updates of guidelines would benefit readers outside the United Kingdom

and help people compare the recommendations of the various guidelines.

Chapter 1 begins with a description of the epidemiology of asthma in the United Kingdom. The incidence, prevalence, morbidity, mortality, and social and economic burden are discussed. To increase the appeal of the book to a broader audience, the author could have compared available global data on asthma epidemiology in adults and children. Limited findings from global studies, such as the International Study of Asthma and Allergies in Childhood, are presented. The author may have decided to limit the discussion to epidemiologic data from the United Kingdom because of the well known methodological difficulties (described in the book) for collecting asthma prevalence data, such as differences in systems of asthma classification, symptom interpretation, and diagnostic criteria. Those issues are critical to interpreting the discrepancies in the asthma epidemiology literature from different countries and communities.

Chapters 2 and 3 provide an excellent abbreviated review of the basic functions of the respiratory system, which provides the foundation for the discussion that follows on the mechanisms of asthma. Although this content can be complex and difficult to understand, it is clear that the author took considerable care to use basic terminology and to state the most complex physiologic and pathologic mechanisms of the respiratory system in easy-to-understand and easy-to-read language. A glossary of terms is included at the end of the book.

Chapters 3, 4, and 5 discuss the history of asthma, how to make the diagnosis, and the various classes of asthma medications. The medication review includes indications, mechanisms of action, efficacy, and some of the differences in usage between the pediatric and adult populations. In the section on presentation and diagnosis of asthma the author states that "the physical examination is not helpful unless the patient is exhibiting current signs and symptoms of asthma." On the contrary, the physical examination is important whether the client is symptomatic or not, in that additional clues may be found that aid in diagnostic decision making. For example, it is well established that some persons with asthma have nasal allergies that contribute to asthma exacerbations. Though a person may not have asthma symptoms during the visit, he or she might have symptoms that suggest chronic allergic rhinitis.

In such cases the physical examination may provide evidence of factors that contribute to asthma symptoms that would otherwise go undetected.

The final chapters briefly cover a wide array of topics, such as special populations, complementary alternative therapies, and the role of nurses. Although the author does an excellent job of introducing each topic, there are several that deserved more in-depth coverage. In particular, the last chapter, on the role of nurses, is limited to 2 pages. Although the author describes the role of nurses in other chapters, this final chapter would be an excellent place to summarize all of the information on the role of nursing in asthma care and to further extend the discussion.

Nurses are an essential part of the health-care team that contributes to positive health outcomes for people with asthma. This section could have better highlighted the evidence-based interventions that nurses implement in concert with other health-care team members to achieve desirable health outcomes. Nurses possess valuable assessment skills that allow them to implement key international guidelines. The 2007 GINA international guidelines suggest that implementation begin with collaboration between diverse professional groups.

Further office visits are often limited to brief encounters with busy clinicians. Little time is available for patient education on asthma self-management. The nurse has a unique opportunity in office settings, hospitals, schools, and other community health settings to provide the additional and often neglected care beyond medical management. The author points out that all patients with asthma should have an office visit that is not focused on an asthma exacerbation. These visits can be coordinated and managed by nurses in the clinic or other health-care setting, where care can be focused on disease self-management, including goal-setting and support for strategies that prevent exacerbations. Prevention is a foundation of asthma nursing practice and again points to the unique role and value of nursing practice.

In summary, **Asthma Care in the Community** is a good introductory reference for health care professionals. Overall the book provides the most important information for professionals to gain a basic scientific understanding of asthma and asthma management. Although the book has a few opportunities for improvement, the value of the

content included far outweighs any criticisms. I applaud the author who took on this awesome task and the fine product she developed.

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Chest X-Ray Made Easy. D Karthikeyan and Deepa Chegu. Kent, United Kingdom: Anshan. 2007. Soft cover, 150 illustrations, 180 pages, \$27.95.

I recall the words of a prominent local surgeon who spoke at the ceremony marking my medical school class passage into clinical practice: "Learn to read a chest radiograph and learn to read it well." That was in 2001. Since then it seems that high-resolution computed tomography (CT) has replaced the chest radiograph as the basic mode of chest imaging, at least in my experience as a pulmonary physician. The authors of **Chest X-Ray Made Easy** aim to renew interest and competence in chest radiograph interpretation. Though I appreciate the clarity of a CT scan as much as anyone, I can argue that, in the interest of using health-care dollars wisely and minimizing radiation to our patients, reviving competence in reading a chest radiograph is a timely notion.

Chest X-Ray Made Easy is a 180-page, pocket-size reference with ample illustra-

tions and chest radiographs (many with corresponding, representative CT images) that demonstrate various normal and disease patterns. The book has 3 chapters, an appendix, and an index. The authors, both radiologists, identify medical students, physicians, and "various post-graduates" as the intended audience, although, at least one Web-link listed the book as "nursing genre," which indicates allied health professionals as another target audience. The glossy pages, font size, chest radiograph images, and color scheme are attractive, and, for the most part, easy to read. Accompanying the book is a miniature CD-ROM with every image and diagram in the book, which can easily be downloaded for inclusion in slide presentations.

Chapter 1, "Chest X-ray," consumes 94 of the book's 180 pages. It begins with explanations of and rationale for the various views and techniques, with both good and bad examples. The chapter systematically demonstrates normal anatomy visible on chest radiograph, using (generally) well-labeled images, as well as multiple diagrams to illustrate and simplify. One exception to this is Figure 1.37, which attempts to show mediastinal lines, but the lack of discernible color coding makes interpretation nearly impossible, although this is not a problem on the accompanying CD-ROM, where multiple colors are used. In the next section, normal variants are illustrated, followed by abnormalities such as air under the diaphragm and dextrocardia. After that introduction, the authors move on to interpretation of the chest radiograph, sagely beginning by recommending comparing the patient's newest radiograph with previous radiographs. This section is concise, well organized, includes posteroanterior/lateral interpretation, and reinforces the anatomy described earlier in the chapter, which is exactly what the beginning practitioner needs. The book's organization then becomes a bit less clear, in that the authors provide examples of various abnormal findings, which may have fit better in the next chapter, "Disease Patterns." Nevertheless, the authors do a fair job of illustrating various parenchymal findings such as silhouette sign, air bronchogram, consolidation (with a list of causes), collapse (complete with both radiograph and diagram examples of various collapsed lobes), and atelectasis shown on chest radiograph and representative axial CT slices. This is followed by abnormal pleural findings on posteroanterior, lateral, supine and

decubitus radiographs (with examples and lists of various causes of pleural effusion, pneumothorax, hydropneumothorax, pleural calcification/thickening, and pleural mass) and diaphragm perturbations. There is also a very detailed tutorial of cardiac diagnoses that can be made from (optimal) chest radiograph examination. Though I found this section quite interesting, and certainly benefited from carefully reading the section on pulmonary vascular assessment, I think it goes beyond "chest radiograph made easy" and perhaps beyond the practical usefulness of a chest radiograph, especially when trans-thoracic echocardiography is available. This section culminates with a flow chart, Figure 1.80, that illustrates "basic classroom approach" (presumably of cardiac diagnosis via chest radiograph), which I found quite difficult to interpret. Not addressed in this chapter (or elsewhere) is assessment of tube and line positions, which is exceedingly important in hospitalized patients. At a minimum the book should have addressed the desired position of an endotracheal tube and central venous catheter. Still, overall, this chapter was the strongest of the three.

Chapter 2, "Disease Pattern," encompasses pages 95 to 130. Whereas Chapter 1 moved logically through initial interpretation of the normal chest radiograph to abnormal findings, grouped anatomically, Chapter 2 is less well organized. It begins with a review of how to determine the relative density of tissue and a list of descriptive terms for lesions, based on size and shape, and then moves quickly to examples of various abnormalities, with chest radiograph examples (some with features over-drawn or better shown on axial CT images, and some that appear to be coronal reconstructions of CT scans rather than chest radiograph images). Chapter 2 seemed particularly plagued by numerous typographical and grammatical errors, such as "military pattern" (when referring to diffuse nodular opacities of < 5 mm) and the labeling of a chest radiograph as having "classical military modular pattern" or "classical batwing appearance." Overall, this chapter, though not as strong as the first, did not detract from the book as a whole.

Chapter 3, "Differential Diagnosis," was quite problematic in that the organization was difficult to discern, there were non-standard, unexplained abbreviations, and annotations that seemed incomplete. For example, on page 135, findings for lobar pneumonia are listed, followed by "com-

mon causes," which lists sputum retention, malposition of endotracheal tube, mechanical ventilation, postoperative (CABG [coronary artery bypass graft], upper GIT), carcinoma, adenoma, and foreign body." I am unsure if this was meant to suggest common causes of lobar pneumonia, and, if so, why inhaled bacteria is not listed, and I am not familiar with the acronym GIT, which the book does not define. Similarly, on page 138, under the subtitle "Diffuse Pulmonary Infiltrates," I found "NB: divide into acute or chronic." The term "NB" is used throughout this chapter with no explanation of its meaning or importance. Mixed into the list of abnormalities (that seem to be based on lesion and location), are items such as "lung infection," which is then given a brief differential diagnosis based on abnormal findings. On page 157, under the subtitle "Atrial Septal Defect," "mongolism" is listed as a potential cause of "RUL congestion." This is undoubtedly referring to an atrial septal defect in a patient with Down syndrome; but "mongolism" is not an acceptable term. Though there is a lack of consistency in the outline format (it switches from lists based on findings to lists of findings based on diagnosis and back again) and problems with word choice and acronyms, there are some useful lists, such as the one that delineates the differential diagnosis for mediastinal masses based on location. Overall, in this chapter the authors attempt to compile a differential diagnosis based on chest radiograph findings, or, alternatively, to list diagnoses followed by radiograph findings; however, there are no illustrations or radiographs, and the attempt to cross-reference is confusing. This chapter is poorly organized, poorly edited, and detracts overall from the rest of the book.

The appendix reviews, in some detail, the approach to reading a normal chest radiograph. There are accompanying images for skeletal and soft-tissue assessment, but not for the mediastinum, parenchyma, or pleura. Again, there is no review of lines and tubes. The index, where I checked it, appeared to be accurate and thorough.

In summary, **Chest X-Ray Made Easy** is a useful text for medical students, allied health professionals such as nurses and respiratory therapists, and new physicians who are learning to interpret chest radiographs or wish to improve this skill. However, the complete omission of any discussion of tube and line position is a serious drawback. There is sufficient detail, particularly on car-

diac and mediastinal evaluation, to be of interest to practicing physicians, but with the availability of other modalities that better image the mediastinum (CT or transthoracic echocardiogram), the chest radiograph and therefore the information in this book, though interesting, may be functionally obsolete. Lastly, the typographical, grammatical, and organizational problems detract from the book as a whole.

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Cough: From Lab to Clinic. Juraj Korpas MD PhD DSc, Autar S Paintal MD FRCP FRS, and Ashima Anand PhD, editors. Kent, United Kingdom: Anshan. 2007. Hard cover, 368 pages, \$115.

Cough is one of the most frequent complaints with which patients present to primary care physicians. Although most coughs are due to viral infection, which induces upper-airway cough syndrome, patients who develop chronic cough can present with diagnostic challenges that frustrate both the clinician and (especially) the patient. A recent PubMed search for the word "cough" found 28,145 citations. Millions of health-care dollars are wasted each year on ineffective treatments and diagnostic procedures for cough because clinicians lack a systematic approach for diagnosing and treating cough. In 2006 the American College of Chest Physicians released a series of publications that addressed evidence-based guidelines for acute, subacute, and chronic cough in adult and pediatric patients.¹ However, for the specialist in allergy or pulmonary medicine, a diagnostic approach remains elusive.

Cough: From Lab to Clinic attempts to shed some light on approaches to diagnosis and therapy for a wide variety of reasons for cough. The editors added to the list of worldwide clinicians who instruct us in topics of medicine often forgotten in our world of technology. The 12 chapters cover diverse topics, including making sense of the wide variety of cough sounds, spectral analysis of cough sounds, diagnostic approaches to cough, and cough pharmacotherapies. For

the academician in us, there are chapters on expiration reflex, airway receptors that affect cough, neurologic control of cough, cardiovascular influences of cough, and the development of cough during ontogenesis and early childhood. Although the black, red, and gold coloring of the book's cover is not eye-catching, this is one book the contents of which you cannot tell by its cover.

The first chapter, "Causes of Cough," offers a litany of reasons our ability to diagnose cough is short-sighted. The second chapter offers an interesting perspective on cough-sound analysis with technology that could be easily obtained and adapted for office use. Imagine being able—without a stethoscope—to determine the spectra of cough and assess the cough's origin within the airway. In my opinion this could be as useful as tympanograms are in assessment of the ear drum or Doppler technology in vascular disease. Two of the most confusing aspects of cough are the relationships between cough receptors, and how experimentation on animals pertains to cough receptors in humans.

The next chapter, "Influences on Cough," provides a different opinion regarding whether cough may be stimulated by nasal, cardiac, and vagal (including reflux-induced) receptors.

Neurophysiologists will enjoy the chapter on "Central Control of Cough," which focuses on the control of cough by the brainstem and discusses a model for pattern formation that influences respiratory rhythm in the ventrolateral medulla. The intricacies of the relationships between (so far) identified causes and controllers of cough in the brainstem are well delineated. Perhaps as ignored by clinicians is the ontogenesis of breathing and cough, which is described in Chapter 7.

The final third of the book is devoted to more clinical aspects of cough. Patients with tussive syncope exemplify cough's effect on cardiovascular function, and the next chapter reminds us of the depressed stroke volume and cardiac output associated with repetitive cough. A dry cough and its influence by J receptors is of interest in the next chapter. "Cough in Clinic" is next; it offers a review of the most common causes of cough. However, unlike Chapter 2, which focuses on the sound patterns that may help diagnose cough, "Cough in Clinic" focuses on traditional approaches, with technology and testing. Common diagnoses are reviewed, and there are no surprises or interesting insights that would promote a diag-

nostic algorithm. The use of capsaicin is described in the section on cough sensitivity testing, perhaps as a tool for assessing pharmacologic benefit. Cough sensitivity in patients with atopic disease and scleroderma are thoroughly discussed, although cough is often presumed to occur with reliable regularity in those patients.

The final chapter is devoted to what everyone wants to know from a textbook on cough: how to treat it effectively. Narcotics have been the mainstay of treatment for most causes of cough, but other drugs with different mechanisms of action are described in this chapter and provide alternatives for clinicians concerned about the addiction potential of narcotics. Guaifenesin is the most commonly used cough suppressant available without prescription, but its mechanism of action and efficacy still eludes us, and this chapter only reiterates that little is known about this medication. I found it curious that the book doesn't comment on diphenhydramine as a cough suppressant. The book's descriptions of using anxiolytics (diazepam) and antihistamines (clemastine) "intraperitoneally" as effective cough suppressants certainly differ from clinical use in the United States, where oral administration is favored by patients. The antitussive activities of benzonatate are described and provide useful insight as to why this medication remains a favorite among many clinicians. However, the authors' comment that certain bronchodilators have anti-inflammatory activity should be taken with caution. Anti-inflammatory agents such as inhaled corticosteroids and nedocromil,² surprisingly, received only very brief mention in the section on management of cough-variant asthma, whereas "phytotherapy of cough" received much greater attention. Perhaps this represents the alternative approaches to medicine in some other nations and for which proponents of this form of medicine may gleam. I also found it interesting that a favorite flavanoid with antitussive properties (due to theobromines) was not mentioned: dark chocolate!³ In my practice, patients are much more enthusiastic about the novelty of taking dark chocolate rather than about dried extracts of aloe or slime extracts. Nevertheless, this aspect of the book provides insight into a field to which many patients gravitate when traditional medicine has not helped them.

The text and graphics are all clear throughout the book. Although the authors are from Slovakia and India, the English

syntax reads easily. I found this book an interesting diversion from what has been so far published. It presents many ideas that may come to the forefront in a few years.

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Critical Care: Just the Facts. Jesse B Hall MD, Gregory A Schmidt MD, editors. New York: McGraw Hill Medical. 2007, Soft cover, illustrated, 455 pages, \$55.

In tertiary-care centers, the rapid expansion of critical care medicine led to the development of subspecialized units for the care of acutely ill medical, surgical, and neurological patients. However, in most hospitals, the intensivist must still care for acutely ill patients suffering pathology in any of the body's systems, making the intensivist a generalist who must make acute-care management decisions for a wide variety of disease processes. For intensivists in training, or those whose expertise is not critical care, this can be overwhelming. **Critical Care: Just the Facts** is a tight synopsis of the 2005 3rd edition of *Principles of Critical Care* by the same authors. **Critical Care: Just the Facts** targets the "essential" material in the parent publication, and is designed to be a quick reference for the clinician faced with an acutely ill patient, who may not have time to ponder the more thorough discussions of the larger text. **Critical Care: Just the Facts** is also promoted as a

"concise" tool for preparing for licensing examinations, recertification, and as a "clinical refresher."

The book has 12 sections and 140 chapters, each of which deals with a critical care issue related to a given organ system (eg, cardiovascular, respiratory, hematologic, renal/metabolic). Each chapter begins with a list of key points and a general introductory paragraph. The issues underlying each of the key points are then more thoroughly discussed in subsections on epidemiology, pathophysiology, clinical presentation, differential diagnosis, diagnostic evaluation, and intensive-care management. The chapters are 3-5 pages, and I found they required an average of 10-15 minutes to read and review. An appropriately wide range of topics is covered, but the general focus is on critical care issues encountered in the medical ICU. The section titled "The Surgical Patient" is heavily focused on the management of trauma patients. A section on general postoperative management will be conspicuously absent for those practicing in that environment. Each chapter ends with a list of key references.

The book includes chapters written by approximately 55 authors, at several levels of training, including residents, fellows, and junior faculty. Though this led to some variability in the format, depth of content, and quality from one chapter to the next, the editors did a reasonable job of keeping that variability to a minimum, which improves the readability.

Important clinical trials, even recent ones (through the publication date in 2007), are succinctly described. For example, recent studies on low tidal volume ventilation for patients with acute lung injury/acute respiratory distress syndrome, pulmonary arterial catheters, transfusion thresholds, activated protein C, and glucose control are nicely summarized in adequate and accurate, but not exhaustive, detail.

The range of content is generally excellent. Those who read the text from cover to cover will appreciate a reasonable amount of repetition, which may help with retention and integration of concepts. Those who look up specific topics for a rapid orientation to a problem they are actively working to manage won't need to search through several sections of the book to find the information they need quickly. To this end, the book is well indexed and directs the reader to the primary chapter or section that deals with the topic of interest, rather than all locations

in the book. Time is therefore not wasted thumbing through chapters in which the topic is only tangentially mentioned. There were a few subjects that seemed superfluous, such as plague, malaria, severe acute respiratory syndrome, and hemorrhagic fever, which, though interesting, are rarely encountered in the United States. A section on management of the critically ill peri-operative patient would have been of greater utility.

The usefulness of this book will depend largely on what the particular reader is looking for and how he or she absorbs data. To sit and read the text through, as one might do in preparation for a certification examination, could be unsatisfying. True to its title, many facts are identified with relatively little discussion of underlying issues. This could be dizzying to many readers.

Those studying for boards will desire and need more supporting information.

A few other limitations should be mentioned. The chapters are inconsistent in their use of tables and figures. Though some chapters take advantage of these tools, they are notably absent from others. For example, pulmonary artery catheters are mentioned several times in the text, and there is a dedicated chapter that addresses their placement. Though a normal wedge tracing and the various waveforms encountered during placement are shown, examples of pathologic tracings are left out. Such tracings would have added substantially to the chapters on pericardial and valvular heart diseases. Further, relevant physiology equations have been imbedded in the text of the cardiovascular, respiratory, and renal sections, where they can be difficult to read.

Lastly, though relevant references are provided at the end of each chapter, they are not enumerated in the text of the chapter. It can therefore be difficult for the reader to match key points to the related reference.

Despite these limitations, **Critical Care: Just the Facts** will serve as a useful resource where students, residents, fellows, and non-intensivists can find a quick orientation to critical-care issues at hand and in the identification of relevant supporting literature.

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