easily holds the reader's attention. Tables are employed throughout the book and greatly enhance the communication of concepts by being every bit as clear as the text. The chapter outline was somewhat awkward, since at least half of the book is dedicated to the important topic of pneumonia. Sections within this chapter cover major concepts (eg, community-acquired pneumonia), each of which is undoubtedly at least as worthy of chapter status as the narrowly focused chapters that follow. That said, one of the great strengths of the book is its willingness to address topics such as the common cold, which are often ignored as trivial in other textbooks.

The chapter on pneumonia is organized into sections, including community-acquired pneumonia, hospital-acquired pneumonia, pneumonia in the compromised host (including in patients with acquired immune deficiency syndrome), aspiration pneumonia, and empyema. The clinical utility of this book is enhanced by the fact that it is organized around clinical syndromes, rather than specific pathogens, as is often the case in textbooks. Unfortunately, the scope of the book is sufficiently narrow that it leaves important but less common problems (eg, tuberculosis, fungal pneumonias) largely unaddressed. Omissions such as those limit the book's utility as a reference tool. Strengths of the pneumonia chapter include a very complete discussion of diagnostic techniques, cogent management algorithms, and a table of the doses and modes of delivery of relevant antibiotics. Exhaustive lists of causal agents and the classes of antibiotics to which they should be sensitive are reminiscent of, and add nothing to, the pocket handbooks that are in common use today.

The discussion of acute and chronic cough syndromes was adequately covered, but I found it odd that the author used this opportunity to discuss pathogens, including *Chlamydia pneumoniae*, *Mycoplasma pneumoniae*, and influenza in some detail. Though these discussions were excellent, they were conspicuously absent in the pneumonia chapter and would've been more appropriately placed there. The focus of the chapter appeared to wander at the end, with a somewhat superficial discussion of the noninfectious causes of cough.

My favorite chapter was the one on the common cold. This chapter represents the most scholarly discussion of this common annoyance that I have encountered to date. My interest was probably piqued by the fact that I was actually suffering from a cold at the time that I read it. In that light it is probably not surprising that I found the sections on prevention and treatment most interesting, though the paucity of data from which the author had to draw was somewhat discouraging. Sinusitis is covered, with similar aplomb and limitations, in the last chapter of the book. The chapter on streptococcal pharyngitis is a bit of a non sequitur in that the discussion was so in-depth that it seemed out of step with the more general nature of the rest of the book. As a result the book *does* serve as an excellent reference tool on streptococcal pharyngitis.

In summary, this book provides a nice overview of common respiratory tract infections. The author is to be congratulated for his clear and concise descriptions of clinical syndromes affecting both the upper and lower respiratory tracts. However, the overview nature of the presentation, coupled with the relatively narrow scope of the subject matter, limits this book's utility as a standalone textbook; the material would be more appropriately presented in a textbook of general medicine. In a sense this book suffers from an identity crisis: not small or succinct enough to function as a handbook but not detailed enough (with the exception of streptococcal pharyngitis) to serve as a reference tool. I might be inclined to make this book required reading for medical students. However, as an experienced physician, I doubt the book will leave its perch on my bookshelf before the next edition is available.

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Critical Care Medicine: Principles of Diagnosis and Management in the Adult, 2nd edition. Joseph E Parrillo MD and R Phillip Dellinger MD. St Louis: Mosby. 2001. Hard cover, illustrated, 1,670 pages, $189.

As a physician training in adult pulmonary and critical care medicine, I found this text very informative. The field is changing rapidly; older texts and previous editions are less reliable resources. Given the size and comprehensive nature of the text, I didn't think I'd be able to read many sections entirely. I found that I enjoyed reading most sections from beginning to end because they were exceptionally well written, and I gained a better perspective on many critical care issues.

The text is designed as a reference for physicians, scientists, and experienced critical care nurses and therapists. It is a useful resource for intensive care unit (ICU) staff and trainees in any discipline related to critical care and who are looking for an encyclopedic view of topics relevant to adult critical care. Given its size and breadth, it would be a daunting assignment for a beginning student. However, individual chapters are quite readable and provide insightful supporting information for those either new to the field or experienced and seeking a recent comprehensive reference.

The book is organized into 9 parts that mimic an organ-system approach to the ICU patient. Each of the 78 chapters begins with an outline. My 2 favorite aspects of the book are (1) the history of the topic at the beginning of most chapters and (2) the key points at the end of each chapter. The references are extensive and key references are highlighted. Many parts of the text are redundant, which is understandable given the breadth of material covered. Remarkably, there are few instances of inconsistency.

Topics that do not have a dedicated chapter are not easily found. For instance, there is relevant material on ventilator-associated pneumonia both in chapters dedicated to pneumonia and in chapters dedicated to nosocomial infections.

Part I, comprising 19 chapters, deals with critical care procedures, monitoring, and pharmacology. The first 2 chapters are on cardiopulmonary resuscitation, cardiac arrest, airway management, and endotracheal intubation. Though these are well written, it is difficult to imagine how helpful they would be to someone not yet experienced in advanced cardiac life support. The third chapter, which is on arterial and pulmonary artery catheters, is exceptional. Chapters 4 through 11 deal with specific procedures and interventions, such as cardiac pacing, pericardiocentesis, balloon pump counterpulsation, echocardiography, mechanical ventilation, bronchoscopy, cardiac monitoring, and noninvasive respiratory monitoring. My favorite chapter in this part is Chapter 12, on arterial blood gases. I found it very well written and potentially a useful resource for medical students learning pul-

monary physiology and pathophysiology. The chapters on tracheostomy, chest tubes, and intracranial pressure monitoring were helpful reviews of critical care procedures that are not often part of everyday practice. I expected the chapters on sedation and drugs to be redundant, but they were nicely complementary.

Part II, on cardiovascular disease, begins appropriately with a chapter on shock. This chapter includes a greater percentage of basic science information than others. This seems appropriate given the introduction of novel agents for the treatment of sepsis. Some aspects of shock are redundantly presented in the general chapters on shock of specific etiologies, such as cardiogenic and distributive shock. This adds to the length of the book but allows individual chapters to stand alone as resources. The review of recent trials for septic shock (Chapter 22) was excellent. I found Chapter 24 on hypovolemic shock difficult to follow, perhaps because of its less-than-ideal organization. The chapters on nonsurgical management of traumatic shock and anaphylaxis were short but sweet. I appreciated the perspective provided by the number of trials of heart failure described in Table 27–2 in the chapter covering severe heart failure. The chapters on acute coronary syndromes and arrhythmias did an excellent job of summarizing treatment options for these ubiquitous critical care conditions. The chapters on cardiac valvular heart disease, acute aortic dissection, and hypertensive crisis were thorough but otherwise unremarkable. The chapter on the management of the post-cardiac-surgery patient is excellent and comprehensive.

Part III covers critical care pulmonary disease. The chapter on acute respiratory failure is rather broad and tries to cover too much material. It might be better to dedicate a chapter to acute lung injury, since it is so commonly encountered in the ICU. I enjoyed the chapters on chronic obstructive pulmonary disease and hypoventilation but mostly enjoyed the sections related to respiratory muscle dysfunction, nonpulmonary causes of respiratory failure, and upper airway obstruction. There is some overlap between the chapter on respiratory muscle dysfunction and later chapters on neuromuscular disease in the ICU. Chapter 42, on complications of critical illness, could serve as the cornerstone of the text. The complications included pneumonia, nosocomial pneumonia, and catheter-related bloodstream infections. I thought there should be separate chapters on severe community-acquired pneumonia, nosocomial pneumonia, and ventilator-associated pneumonia. I wish everyone would read and follow the recommendations in the chapter on weaning patients from mechanical ventilation. The chapters on pulmonary embolism and hemoptysis were thorough but did not add much to my understanding.

Part IV, on infectious diseases related to critical illness, was very helpful. The chapter dedicated to nosocomial infection could stand as a text on its own. The other chapters cover antimicrobial therapy, antifungal and antiviral therapy, immunosuppressed hosts, and specific critical illness infections such as toxic shock, typhlitis, Hantavirus, and meningoencephalitis.

Part V covers renal disease and metabolic disorders. These were helpful reviews but did not add much to my understanding of acute and chronic renal failure. The chapter covering electrolyte and metabolic abnormalities was excellent and informative. Included in this part were chapters covering diabetic emergencies, hypoglycemia, adrenal insufficiency, and thyroid disorders, which proved to be helpful reviews. These sections are already in need of updates, given the interest in tighter glucose control and relative adrenal insufficiency in patients with sepsis.

Part VI, "Neurologic Disease in the Critically Ill," includes the best review I have ever read of coma and neurologic criteria for brain death. It is written from a critical care perspective and provides a clear rationale for the evaluation of patients about whom it is imperative to be accurate. The chapters on muscular paralysis, seizures, and head injury complete an excellent section on neurologic issues pertinent to critical care.

Part VII includes the topics of liver failure, gastrointestinal bleeding, and pancreatitis. It also has chapters dedicated to the related topics of hemorrhage, thrombosis, and blood product use. This part concludes with chapters on nutrition and the care of cancer patients, which are important subjects but seem a bit out of place.

Part VIII covers the care of burn injuries, poisoning, hypothermia, and hyperthermia. These turned out to be great review material, along with the chapter on endocrinology for critical care.

Finally, Part IX covers ICU administration, ethics, acute and subacute psychiatric disorders, and severity of illness scoring systems. I thought the chapter on psychiatric disorders seemed out of place in Part IX. As well, Part IX might have been moved to the beginning, so as to provide a more global initial perspective on ICU care and management. The chapter on psychiatric disorders could be included in the neurology section, as could the chapters on sedation and pharmacology.

In summary, this book is large and rather expensive, but it is also timely, comprehensive, and well written. It is clear that each chapter is written to stand alone, and, with few exceptions, the chapters are clinically relevant. I like the idea that I can use this text as a starting point to review a critical care topic or prepare a lecture. The editors have provided some helpful uniformity with chapter outlines, lists of key points, and references. They have not, however, entirely tackled some of the more difficult issues of a comprehensive text, such as limiting redundancy. There are opportunities to improve upon this edition, but I have found my new favorite critical care text.

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Handbook of Evidence-Based Critical Care. Paul Ellis Marik MD MBBCh. New York: Springer-Verlag. 2001. Soft cover, illustrated, 535 pages, U.S. $50, €49.95.

One of the "catch phrases" in medicine over the last few years has been "evidence-based medicine." This term is now used almost daily, both at the bedside and in the published literature. Many basic practices in the care of critically ill patients have changed based on the principals of evidence-based medicine. Evidence-based medicine has become the reference tool by which to judge the effect of an intervention on patient outcome, because it provides the greatest justification for conclusion of causality. It is subject to the least bias and provides the most valid data upon which to base all measures of benefits and risks of particular therapies.

The **Handbook of Evidence-Based Critical Care** provides us with an excel-