

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,<sup>2</sup> 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!<sup>3</sup> 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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