rology, and psychiatry. The failing of some sleep medicine texts is that the quality is not uniform across the sections from these various medical disciplines. This textbook is consistently strong in topics pertaining to each of these disciplines, and has real value in the clarity it brings to management of nonpulmonary diagnoses such as insomnia.

Sleep Medicine in Clinical Practice is divided into 4 sections: basics of sleep medicine, the sleepy patient, the patient who cannot sleep, and the patient with excessive movement during sleep. The book contains 18 chapters on a wide range of relevant clinical sleep medicine topics. The commonsense organization of the sections and chapters reflects the straightforward approach the authors chose in their characterization of the practice of sleep medicine. This textbook is not meant to be an exhaustive catalogue of sleep medicine trivia, and an additional textbook may be required for preparation for a board examination in sleep medicine. The inclusion of clinical vignettes in many of the chapters reinforces the text's real-life applicability. One limitation is a relative paucity of polysomnographic recording examples. A companion atlas of polysomnographic tracings is recommended for those who are training to specialize in sleep medicine.

This textbook is well written and contains easily understood graphs, diagrams, and other figures. Unfortunately, figures are in black-and-white only, which may decrease reader interest, in comparison to texts with color figures. The references are appropriately integrated into the text and are quite exhaustive for a smaller textbook. As well, the index is fairly comprehensive and corresponds appropriately to specific items of inquiry.

The utility of this book is exemplified in a discussion of the maintenance of wakefulness test (MWT) of daytime alertness. The MWT is not widely used outside of specialized sleep centers. Pulmonologists who do not have a primary practice focus in sleep medicine are not likely to be knowledgeable on the details of the indications, methodology, and clinical utility of the MWT. In Chapter 6, on the approach to the sleepy patient, there is an excellent discussion of the important points one needs to integrate the MWT into clinical practice. This discussion of the MWT gains additional relevance with an accompanying clinical vignette describing a real-life scenario in which the MWT is a key component in clinical decision making.

The chapters discussing sleep-disordered breathing are particularly well done and include very coherent discussions of the diagnostic and treatment approaches to nocturnal breathing problems other than obstructive sleep apnea. Of note, this section includes a very up-to-date review on the nuances of the management of central sleep apnea. The various etiologies of respiratory failure in sleep are covered in a coherent and thorough manner in the textbook.

Getting the answer one seeks on a clinical sleep medicine question is a worthwhile exercise with **Sleep Medicine in Clinical Practice**. This book will make a valued addition to the office library of providers involved in the day-to-day practice of sleep medicine or those who seek to expand their clinical skills in this sub-specialty.

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Critical Care Handbook of the Massachusetts General Hospital, 3rd edition, for PDA. William E Hurford, Luca M Bigatello MD, Kenneth L Haspel MD, Dean R Hess PhD RRT, and Ralph L Warren. Philadelphia: Lippincott Williams & Wilkins, and Skyscape Inc. 2005. CD ROM for Windows. $49.95.

The best-selling **Critical Care Handbook of the Massachusetts General Hospital** (MGHCC), third edition, is now available in PDA (personal digital assistant) format for instant access anytime and anywhere. This is the first critical care database available on PDA. In a user-friendly outline format, this handheld reference presents reliable, up-to-date, hospital-tested tutorials that reflect today's most advanced critical care practices. All information is hyperlinked and cross-searchable. This PDA version of the handbook has new protocols for adult and pediatric resuscitation and new information on activated protein C, glucose control, transfusion practice, and corticosteroid use.

The computer system requirement is Windows 95 or later, or Macintosh operating system 7 or later, with 20 megabytes free on the hard drive. Prerequisite synchronization software included with your device from the manufacturer is Palm Desktop software for the Palm device or ActiveSync for Windows CE or Pocket PC device. The required PDA memory is 4.4 megabytes for Palm, and 5.7 megabytes for Windows CE. I tested the program with a Compaq Business Notebook nc6000 and a Compaq iPAQ Pocket PC H3800. The program ran quickly enough that operation was not annoying. When you install it, you should set up your account and password by registration.

There are icons for going to the previous screen visited, switching to the index view, switching to the table of contents view, accessing your bookmarks, viewing the history of recently visited topics, accessing your other Skyscape products, and zooming the view. The icons in the middle of the screen are for viewing related topics, viewing previous topics, viewing next topics, adding notes to any entry, and viewing information or outline. The menu below also features "File" to quit program, "Edit" to edit your annotations and bookmarks, "Tools" to access history and "SmarTabs," and "Help".

The easy-to-navigate program allows rapid information retrieval. Drug recommendations are hyperlinked to drug profiles. With Skyscape's patented smARTlink technology, the MGHCC can easily cross-index with other titles from Skyscape to provide a powerful and integrated source of clinical information that you can carry with you. The authors are in the Department of Anaesthesia at Harvard Medical School, and are also affiliated with Massachusetts General Hospital. Material is in outline format for practitioners (respiratory therapists and respiratory technicians), residents, nurses, medical students, and others who participate in respiratory medicine, and is divided into sections on abbreviations, critical care principles, medical considerations, surgical considerations, and appendices. Each chapter is organized to allow rapid information retrieval.

Before the main contents, there is an abbreviations section. The first chapter contains 16 sections and provides an overview of critical care principles. The material presented is hemodynamic monitoring; respiratory monitoring; airway management; mechanical ventilation; sedation; analgesia; neuromuscular blockade; nutrition; hypotension and shock; hemodynamic control; neurocritical care; hematology and transfusion therapy; intra-aortic balloon counterpulsation; extracorporeal membrane oxygenation; adult, pediatric, and newborn resuscitation; and ethical and end-of-life issues.

The second chapter contains 16 sections and provides an overview of medical considerations. The material presented is coronary artery disease; valvular heart disease; pacemakers and implantable defibrillators; acute respiratory distress syndrome; chronic obstructive pulmonary disease and asthma; pulmonary embolism and deep venous thrombosis; renal disease; liver disease; gastrointestinal disease; endocrine disorders; general considerations in infectious disease; specific infections; acute cerebral injuries; acute neuromuscular weakness, spinal cord injuries, and brain tumors; drug overdose, poisoning, and adverse drug reactions; and dermatological considerations.

The third chapter contains 8 sections and provides an overview of surgical considerations. The material presented is special considerations in trauma patients; the burn patient; thoracic surgery; cardiac surgery; vascular surgery; liver, kidney, and pancreatic transplantation; neonatal intensive care; and obstetrics and gynecology. The appendices consist of 3 sections and provide an overview of supplemental drug information, common intravenous antibiotics, and laboratory values for blood (chemistry part, and hematology and coagulation values part).

This is easily the best critical care handbook around. The chapter on mechanical ventilation is the best I've read in a handbook, and hits most topics you need to know. The downsides are that it can use some updating, and I think most chapters could be a little more detailed. Also, the appendix containing the normal chemistry lab values was nonfunctional and could not be accessed.

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U.S. Army Medical Library, circa 1948
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