

BOOK REVIEW

Edward Lowenstein, M.D., Editor

Case Studies in Critical Care Medicine. EDITED BY R. D. CANE AND B. M. SHAPIRO. Chicago, Year Book Medical Publishers, 1985. Pages: 262.

Case Studies in Critical Care Medicine is a multi-authored, paperbound, 15-chapter text which uses clinical case presentations to demonstrate the decision-making process used in caring for critically ill adults. The editors are well-qualified, and recognized as having made significant contributions. The major strength of this volume lies in the presentation of a general systematic approach to management of critically ill patients. This text covers many of the more common patterns of illness seen in the intensive care unit, and presents a number of "clinical pearls" not commonly found in volumes employing the standard textbook approach.

Weaknesses reflect the difficulty encountered in defining the breadth of the specialty. There is an unevenness in the depth of discussions of different pathophysiologic processes. In some cases, documentation of controversial physiologic concepts is missing, so a novice in this area may not be able to separate fact from opinion.

Frequently, a path of therapy is discussed which may not be accepted as the best or only path by other clinicians. The clinical approach is always well thought out, and is usually backed by appropriate reference

material. In some chapters, however, many of the references are outdated. In the chapter covering monitoring of cardiovascular dynamics, for instance, only two of 15 references were published after 1971! In chapters relating to respiratory failure, there is a tendency to use abbreviations and definitions which some may find confusing.

The editors state that they made no attempt to cover the entire field of critical care medicine. Nevertheless, they have managed to address a broad range of topics, including multisystem failure, gram-negative and cardiogenic shock, nutrition, drug overdose, head injury, gastrointestinal bleeding, renal failure, respiratory failure from various causes, and mechanical ventilation. One glaring omission to this reviewer was the failure to discuss indications for tracheal intubation.

In summary, I believe that this text will serve well as a primer for house staff beginning rotations in intensive care. Those physicians who spend their working lives in intensive care units may also learn some new lessons and enjoy comparing their practices with other experienced critical care physicians.

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