racic surgical patients. Overall, the supporting chapters of each section are thorough and well written with good images and diagrams. All chapters provide robust lists of references.

There is an outstanding appendix that contain concise summaries of acid/base, common formulas, and a table outlining medication dosages based on renal function. There is also a brief discussion of medications (i.e., paralytics, antihypertensives, and inotropes) that are commonly used in the intensive care unit. It summarizes the mechanism of action, indications, dosages, and most common concerns associated with administration. The final section focuses on typical antibiotics and describes the dosages and expected spectrum of coverage.

Besides the extensive topic list, an additional strength comes with the purchase of the book. An access code accompanies it allowing the user to access the entire contents via the Internet. This is a very powerful and time-saving aspect, given its lack of portability and the increasing ubiquitous presence of the Internet.

Although a juggernaut in form and content, there are some weaknesses. Because of the mass of the book, I would suggest that future editions should be in at least two volumes. In addition, some of the photographs contained in the text would be greatly enhanced if provided in color. A color image of the purpuric rash seen in meningococcal sepsis would have a much better visual impact than black and white.

The Internet access feature is a major asset, but its search feature feels primitive. For example, if you type in “Xigris®,” it results in no hits. However, when you search “activated protein C” you get a number of hits, but the result list is not pleasing to the eye and slightly challenging to navigate. When comparing this with a search in the well-known Web site Up-To-Date®, the same search of “Xigris®” gives you multiple hits with many topics relevant to the search. Overall, the search engine is helpful, but not very intuitive. A period of familiarization is required to maximize its usefulness.

Overall, this is a great text that I believe would be a valuable reference to master clinicians, fellows, residents, and medical students with interest in critical care medicine. As a new intensivist, I found it a great resource, and over the review period, I used it as much as possible when addressing clinical questions. Its comprehensive topics with a searchable text feature and solid reference lists make it a great asset to any intensivist library. It offers to be a favorable resource that is suitable to a variety of learning styles.

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The Soul of Medicine: Tales From the Bedside.

In the interest of full disclosure, I will acknowledge that I have known Sherwin Nuland, M.D., in a professional capacity for more than 20 years. The distinguished author of numerous books, including How We Die (winner of the National Book Award in 1994), “Shep” Nuland is a clinical professor of Surgery at the Yale University School of Medicine (New Haven, CT) and a Fellow at Yale’s Institute for Social and Policy Studies.

Dr. Nuland is a gifted storyteller whose humanity, candor, and perspicacity enrich his crisp literary style. He is also a noted medical historian with a deep understanding of the moral dimensions of human complexity, particularly in the context of the unique doctor–patient relationship. Indeed, Dr. Nuland excels in conveying the dynamics of complicated human relationships, especially those involved in the setting of physician–patient interactions, as well as those between a physician mentor and a student. Moreover, in the manner of Jerome E. Groopman, M.D. (Professor of Medicine at Harvard Medical School, Chief of Experimental Medicine at Beth Israel Deaconess Medical Center, Boston, MA), he is adept at communicating to readers without a medical background the particular way physicians approach various problems or apparent dilemmas.

The Soul of Medicine: Tales From the Bedside is, in my opinion, an example of Dr. Nuland’s finest work. Loosely fashioned along the lines of Geoffrey Chaucer’s Canterbury Tales, the book consists of more than 20 stories, predominantly narrated by senior physicians, of memorable patients they cared for in the course of their careers. To ensure confidentiality, the author disguises the identifying features of both the physician storytellers and their patients. He does not, however, alter any of the medical facts. The result is a captivating and moving collection of human dramas involving patients suffering from both rare (feculent empyema) and common conditions (diabetes and congestive heart failure) narrated by specialists spanning the alphabetical gamut from anesthesiologist to urologist. Although the neurosurgeon’s two tales are particularly poignant, I was fascinated especially by the anesthesiologist’s tale.

The narration contributed by the anesthesiologist featured a surgeon with bipolar disorder who unilaterally decided to discontinue his medication while on a 3-week vacation. When he returned to work to perform what was to be a routine cholecystectomy, the surgeon was dramatically changed in demeanor. The typically stolid physician seemed to be manic, greeting the surgical team in an aggressively vulgar manner, and then returning to the operating room in less than half the time it takes to do a 10-min scrub. He began operating in a frenzied fashion, taking the gallbladder out in approximately 3 min. The stomach was entered next, followed by the anterior wall of the aorta. The obviously crazed surgeon was wrestled to the ground, and a team of surgeons quickly converged on the bloody scene to save the patient’s life. The anesthesiologist and several other physicians, including the chiefs of surgery at the two hospitals where the impaired surgeon practiced, suffered legal and personal repercussions. Till date, the anesthesiologist is haunted by guilt and remorse, “The guilt persists, and even grows, because...
although I have reviewed every aspect of the near-tragedy again and again, I always come away with the puzzle of why I behaved as passively as I did.” (Only a few weeks ago, I used this incident as a case study during my lecture to our new residents on ethics. We emphasized that the dictum “To do no harm” must also be profoundly understood as “to allow no harm.”)

This slim volume effectively delivers the message that physicians are well intentioned but imperfect human beings who, in the vast majority of cases, are dedicated and meticulous in their efforts to help patients. The practice of medicine is extremely challenging and frequently painful. Despite the panoply of technological advances and sophisticated tools currently available, the physician must learn to live with uncertainty, often relying most heavily, if not exclusively, on simply observing, listening, and caring. At the end of the day, judgment is the soul of the art of medicine.

Finally, I will mention that at the conclusion of these remarkable tales of unforgettable patients, Dr. Nuland invoked the “Narrator’s Privilege” and selected the most memorable physician he had ever encountered. Happily, he selected an anesthesiologist, “Danny Farber,” who is readily recognizable as the late Emanuel M. “Manny” Papper, M.D., Ph.D. The book is worth far more than its price for this vignette alone!

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For over a quarter of a century, Miller’s Anesthesia has been considered the pillar of anesthesia texts. The hallmark of this book is the presentation of concepts in a crisp and clinically useful manner. The editors have standardized each chapter with key points mentioned up front, followed by text that is enhanced by illustrations and tables. Each chapter concludes with a summary of key references. The content is easy to read with a rapid flow of pertinent information. A unique feature of this book is the online access to all Medline abstracts, full-text review articles associated with each topic, and a downloadable video library featuring full-length presentations of anesthesia procedures, including airway and ultrasound-guided regional anesthesia techniques.

The book consists of 102 chapters, including 13 that are new, and it is divided into nine sections. The color coding of different sections of the book and the 1,500 newly colored illustrations, diagrams, and tables allow readers to access unique topics readily and improve the aesthetic quality of the book. Topics such as International Scope and Practice of Anesthesia discuss the way anesthesia is practiced around the world to give this book a huge international appeal. The current hot subjects of sleep memory and consciousness and postoperative cognitive dysfunction have been added as new chapters. The chapters on respiratory physiology, preoperative evaluation, cardiovascular and respiratory monitoring, airway management, anesthesia for thoracic and cardiac surgery, orthopedic surgery, postanesthesia care unit, pediatric intensive care unit, treatment of chronic pain, and medical informatics have been written by new authors and updated with current literature.

As an example, because ultrasound application is becoming a common adjunct for regional anesthesia techniques, a new chapter on ultrasound guidance for regional anesthetics and accompanying online video presentations is particularly useful. Throughout the book, didactic text is complemented by an abundance of instructional material that seems to have been selected with care and relevance to the teaching of the pertinent material.

The Critical Care section has received a complete makeover with the addition of six new chapters. Four of these new chapters are noteworthy. Nitric Oxide has a good discussion regarding the use of this remarkable compound in pediatric and adult populations. The Critical Care Protocols section highlights discussions on the rationale for standardizing treatment and the use of evidence-based medicine. Neurologic Critical Care includes an interesting presentation on the management of traumatic brain injury and its long-term socioeconomic impact. The Renal Replacement Therapies section has particularly good presentations on the physiology of dialysis and the different replacement strategies that can be used in an intensive care unit.

Although there are a number of excellent new chapters, I would like to highlight several that are particularly good.

1. Prehospital Emergency and Trauma Care: This chapter discusses the roles of anesthesiologists in creating modern critical care medicine, promoting the use of medical simulation in teaching, leading the training ofprehospital emergency medical services, and dealing with mass casualties of war and austere conditions.

2. Anesthetic Management of Cardiac Arrhythmias: an excellent addition because many more patients now require cardiac devices and procedures such as radiofrequency ablation for treatment of arrhythmias than they did contemporary with previous editions of the text. The Transesophageal Echocardiogram section has superb diagrams and colored images presenting anatomy and pathology issues.

3. Anesthetic Management for Bariatric Surgery: This chapter is well written and particularly useful because approximately 200 million people in the United States are significantly overweight or obese.

Chapters on patient positioning and principles of monitoring have great new diagrams, graphs, and tables. A chapter on