trovery so as not to confuse the novice under pressure. And its timeliness is emphasized in the discussion of certain subgroups, such as the pregnant woman and the elderly patient, as the fastest growing segments of the population in the new millennium. On the other hand, the short chapter on pediatric trauma will not answer all the questions a resident may need answered in a hurry.

I note that this reference extends beyond primary resuscitation with its discussion of the basics of trauma critical care and even addresses brain death determination and management of the potential organ donor. It seems clear that one of our “trauma fathers” Erwin Tal and his vast experience hovered over this superbly executed project.

I recommend this tool to my residents without hesitation and congratulate the authors on a job well done.

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Ultrasound atlas of vascular diseases
Carol Krebs, Vishan Giyanani, Ronald Eisenberg; Stamford; 1999; Appleton & Lange; 438 pages; $175.00.

As judged by their preface to this volume, the authors have succeeded in executing their goal of providing a broad overview of vascular ultrasound imaging in a unique format. They have provided the reader with carefully organized information ranging from physical principles to interpretative criteria.

The important strengths of this book include: (1) an excellent atlas that is packed full of a wealth of excellent ultrasound and color flow images, including areas such as male and female pelvis, gall bladder and bile ducts, and pancreas transplants; (2) clearly marked sections that are highlighted with easy to identify headings that are consistent throughout for specific subjects, with headings that include topic introduction, examination protocol, anatomy, pathophysiologic and normal/abnormal gray scale image characteristics, Doppler scan waveforms, color Doppler scan examples, and radiographic correlation; (3) superb, crisp style, appearance, and readability; and (4) accompanying illustrations that are of high quality and that significantly supplement the overall presentation.

This book’s point of reference is from a radiology perspective, rather than that used in the pure vascular sense, and seems to be directed mainly to a radiology-based audience. This is not a weakness, but it does bring up the following points: (1) there are few or no references (depending on the section) to major vascular resources, many of which have provided specific contributions and laid the groundwork for current diagnostic criteria; and (2) the brief sections on physiologic (non-imaging) examinations, such as segmental pressures, digit photoplethysmography, Doppler scan waveform analysis, and Raynaud’s evaluation, would have been better omitted because little support for their use is presented and important details are omitted.

In summary, although I do not always agree with the authors and their approach to vascular examinations may differ from mine, I consider this book to be an excellent resource to be used in conjunction with other vascular-related texts for those performing or reading vascular imaging examination results. Because of the user-friendly format of the book and its many images, it will also be a useful and informative text for those providing or attending educational/training programs. I think the purchase of this text is a worthwhile investment.

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The ICU book, 2nd ed
Paul Marino; Philadelphia; 1999; Williams & Wilkins; 929 pages.

The ICU Book, 2nd ed, by Paul Marino, MD, remains an excellent resource for physicians in medicine and surgery, especially second-year and third-year residents who are beginning training in intensive care medicine. As one might expect, Dr Marino’s internal medicine background lends a slight bias toward subjects in internal medicine, such as management of movement disorders and Tiylenol overdose, with a conspicuous lack of subject matter on a few surgical topics, such as management of patients with head injuries. When one considers the balance between basic science and clinical application, the scale falls more toward basic science for any given topic, with some of the passages constituting heavy reading.

Any of the points that Dr Marino supports are controversial, such as his opinion of the efficacy of cardiopulmonary resuscitation, the use of colloid in volume resuscitation, oxygen therapy, the use of gastric tonometry and lactic acid levels, and stress ulcer prophylaxis. Although Dr Marino quotes data in support of his views on these controversial issues, there is, in some instances, a conspicuous lack of opposing view data—much of which is quite strong. We believe that The ICU Book would be strengthened by reviewing more opposing-view data, but to Dr Marino’s credit, the fact that controversy surrounds some of his opinions is noted.

Dr Marino’s writing is coherent and easy to read, with each chapter broken into a “quickly readable” length. A few treatment algorithms seem a bit complex, perhaps in some cases oversimplifying physiologic interrelationships, but, for the most part, the judicious use of figures and tables serves as a nice complement to the text and is well integrated.

The chapters are organized into sections that cover a broad scope of intensive care issues, beginning with basic science consideration in general and ending with pharmacologic considerations. The practical review of indwelling
Vascular ultrasound uses sound waves to evaluate the body's circulatory system and help identify blockages in the arteries and veins and detect blood clots. A Doppler ultrasound study — a technique that evaluates blood flow through a blood vessel — is usually part of this exam. Ultrasound does not use ionizing radiation, has no known harmful effects, and provides images of soft tissues that don't show up on x-ray images. Little or no special preparation is required for this procedure. However, you may occasionally be asked to fast beforehand. Leave jewelry at home and wear loose, com