

# Clinical intensive care and acute medicine, second edition

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This book is aimed predominantly at junior medical staff who rotate through intensive care units and is written in the didactic style of a manual rather than a textbook. The ideal characteristics of such a book are: it should be written by recognised experts in the field; it should be clear and concise; it should offer practical advice; it should indicate areas of controversy; it should cover all common conditions and problems; it should offer a simple, systematic approach to problems; it should be up-to-date; it should suggest sources of more detailed information and it should be well indexed.

There is no doubt that the authors are well-respected experts in intensive care: both have been examiners for the Faculty of Intensive Care at the Australian and New Zealand College of Anaesthetists. The book is written in a succinct and easy-to-read style, using tables and boxes liberally and effectively to highlight important and practical issues on diagnosis and management. This format works well for those topics in which there is little controversy, but there is also a tendency to present disputed statements as established fact. The book is comprehensive in the breadth of its coverage, and its approach to problems is generally straightforward and logical.

The book's major weakness is that it has not been adequately updated and the quality of the contents is patchy. For example, there are excellent chapters on trauma and the interpretation of simple arterial blood gas abnormalities. The section on 'Acute respiratory distress syndrome', however, makes no mention of

low-volume, low-pressure ventilation; cisapride is still recommended for improving gastric motility; and the role of coronary revascularisation in cardiogenic shock is said to be unclear. The antibiotic regimens suggested in the book are largely inappropriate for Hong Kong hospitals and, in general, are not in line with published guidelines. In other areas, recommendations are made without the appropriate provisos or indications that the recommendation is controversial. For example, it suggests non-invasive ventilation for acute asthma, recruitment manoeuvres for ventilated patients and positive end-expiratory pressure for ventilated asthmatics. The indexing is poor: 'acute respiratory distress syndrome' is indexed as 'adult respiratory distress syndrome' and 'catheter-related infection' is not indexed. In addition, the publisher do not appear to have played their part well. The formatting is inconsistent and the poorly printed X-rays are rendered useless.

In summary, we would not recommend this book to trainees. This is not so much a reflection on the authors but on the magnitude of their task. We do not believe that it is possible for two authors to write a book covering intensive care in such breadth and still be able to keep it current.

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## Answers to CME Programme Hong Kong Medical Journal June 2005 issue

Hong Kong Med J 2005;11:147-52

### I. Lower extremity amputation in Hong Kong

A	1. False	2. False	3. True	4. True	5. True
B	1. False	2. False	3. True	4. True	5. True
C	1. True	2. True	3. True	4. True	5. False

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### II. Japanese encephalitis in Hong Kong

A	1. False	2. False	3. True	4. False	5. True
B	1. False	2. True	3. False	4. True	5. False