In only 155 pages, it has managed to convey the most important present in accessing knowledge gained from the book. This opportunity is not in the book or in the CD-ROM (Compact Disc) format as a way of often offer questions and multiple choice answers either at the end of common, and this book does not address it. In addition, new texts TEE. Three-dimensional echocardiography is becoming more and more CD-ROM, (Compact Disc) a supplement often included with texts on pages. It is hard to make any comments on live images, as there was no good information, they could be improved by using glossy and colored intracardiac masses and noncardiac uses of TEE.

An ideal book would cover transthoracic, perioperative, and Intensive Care Unit TEE, as well as some aspects of pediatric TEE. Perioperative Echocardiography, edited by Kyung W. Park, MD is one such book. It provides TEE information simple enough to be understood by novices yet covers most of the details needed for more extensive comprehension. The book is written by multiple authors and has very good references, imparting credibility to the book. Explanations for various ways of obtaining and interpreting images are not rigid, and the book cautiously warns about possible pitfalls.

Any cardiac book has to delve into physiology to explain complex pathology. This book provides a sufficient depth of explanations for this purpose. It also has an excellent epidemiological introduction to most chapters, citing many good references. It covers the entire spectrum of cardiac problems and supports acquisition of a knowledge base that allows readers to comprehend without additional references or texts. In addition, an understanding of physics is necessary to fully use the capabilities of TEE. The text provides a broad overview of basic TEE physics and calculations initially and, when readers have become accustomed, later chapters go into more detailed explanations and calculations.

The impact of diastolic dysfunction has grown considerably in the last few years and is now recognized to be an important parameter in practice. The book provides an excellent chapter on diastology. The overview encompasses virtually all newer methods of determining diastolic dysfunction. The text also includes well-written chapters on intracardiac masses and noncardiac uses of TEE.

Suggestions for further improvement of the book include better quality and colored pictures. As mentioned in the preface of the book, echocardiography is a visual art. While the images in this text provide good information, they could be improved by using glossy and colored pages. It is hard to make any comments on live images, as there was no CD-ROM, (Compact Disc) a supplement often included with texts on TEE. Three-dimensional echocardiography is becoming more and more common, and this book does not address it. In addition, new texts often offer questions and multiple choice answers either at the end of the book or in the CD-ROM (Compact Disc) format as a way of accessing knowledge gained from the book. This opportunity is not present in Perioperative Echocardiography.

Overall, the book is an easy read and provides a wealth of information for both novice and experienced echocardiographers. In only 155 pages, it has managed to convey the most important aspects of TEE. The book should be considered a welcome addition to departmental libraries and those of individuals who are particularly interested in TEE.
crine, pharmacologic etiologies and even coma after a Rave party. The group of postoperative “comas” is interesting to anesthesiologists and may be useful to those preparing for board examinations. However, anesthetic overdose as a cause of coma in this day and age is somewhat far-fetched and offers little to an experienced anesthesiologist. Each vignette is preceded by a conversation which is meant to introduce the patient’s coma as if it is a clinical discussion during rounds. I found the conversation to be somewhat distracting and added little to the description of the disease. The cause of coma in each disease is clearly laid out and summarized in a table. The treatment plans are succinct but narrow in their scope, concentrating on the example in the conversation as opposed to giving a treatment plan for all possibilities of the entity.

The Glasgow Coma Score, introduced in 1974, has been the standard against which all newer scales are judged. It has maintained its prominence in this regard due to its simplicity, correlation to prognosis, the speed it can be performed and the information derived, despite shortcomings of its gross exam and the inability to perform one section of the scale because of intubation. The FOUR Score developed by Dr. Wijdicks has four components (eye response, motor response, brainstem reflexes and respiration) graded on a scale of 0 to 4. The score is more complex than the Glasgow Coma Score, requiring more maneuvers to perform, but it enables the examiner to localize the cause of coma. The FOUR Score admittedly has advantages over the Glasgow Coma Scale, but it will not become a standard until more data are collected regarding its correlation to prognosis in different disease states so that it can be compared to the Glasgow Coma Scale.

The DVD has five chapters: Instruction of the FOUR Score, Selected Neurologic Findings in Comatose Patients, Seizures and Pseudoseizures, States of Impaired Consciousness, and Clinical Diagnosis of Brain Death. The clinical examples seen on the DVD are excellent teaching tools for showing such pathologic findings as abnormal breathing patterns and eye movements seen in coma. The eye movements seen during cold caloric testing are well depicted. The Clinical Diagnosis of Brain Death and the included performance of the apnea test is an excellent clinical reference.

Coma is not a simple event defined by a specific anatomical or chemical change—it is a complex disease that differs from lesion to lesion. “The Comatose Patient” is an excellent reference for the many types of coma one encounters, even esoteric ones, and belongs in every intensive care unit that cares for patients with neurologic disease.

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