Letter to the Editor

The use of chest drains

Sir,

I read with interest the excellent audit on the use of chest drains by different hospital specialties published in the August edition of the *Postgrad Med J*.¹ As a chest physician, I wanted to make a further few points.

Firstly, there have been guidelines published by the British Thoracic Society on the management of spontaneous pneumothorax, containing within them a specific flowchart for the management of intercostal drains.² These guidelines were published after consultation with over 150 British respiratory physicians and thoracic surgeons.

Secondly, there now appears to be emphasis on the use of simple aspiration of spontaneous pneumothoraces before the use of intercostal tube drainage, even for complete collapse, thus potentially avoiding all the possible inherent complications of drain use.³ It would be of interest to audit the use of aspiration before drain insertion amongst the respondents in the article.

Thirdly, I am surprised at the number of chest physicians who advocated direct pleural puncture with the trocar (68%) where the above-mentioned guidelines recommend blunt dissection and then gentle introduction of drain/trocar assembly together. I am

equally surprised at the practice of drain removal. Again the published guidelines recommend a Valsalva manoeuvre, where in fact, in the audit, only 36% of chest physician respondents actively employed this.

The audit conclusions suggest the adoption of standardised protocols for the management of intercostal tubes, particularly to help guide those specialties less familiar with their use. Even with some guidelines having been published (though solely for the use of chest drains in pneumothoraces), it would appear from the audit that great variation still exists. This might suggest that, even if extensive guidelines were introduced, they still might not be followed by the chest specialties. What hope then for the non-specialist?

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1 Tang A, Hooper T, Hasan R. A regional survey of chest drains: evidence based practice? *Postgrad Med J* 1999;75:471–4.

2 Miller AC, Harvey JE, on behalf of Standards of Care Committee, British Thoracic Society. Guidelines for the management of spontaneous pneumothorax. *BMJ* 1993;307:114–6.

3 Harvey JE. Comparison of simple aspiration with intercostal drainage in the management of spontaneous pneumothorax. *Thorax* 1993;48:430–1.

This letter was shown to the authors who responded as follows:

Sir,

We share Dr Murray's concerns over the apparent non-adherence to published guidelines on the management of chest drains as revealed in our survey. Just over half of all consultant chest physicians who responded had adopted some kind of policy on the use of chest drains and in this respect they are ahead of the other three specialties included in the survey. It is difficult to understand exactly why the others failed in this task but a combination of ignorance, indifference, problems with implementation or concern over medicolegal implications may be involved. The large variations in virtually every aspect of usage of chest drains under survey must at least in part stem from this observation. We firmly believe that adoption of safe standardised practice goes a long way to reduce unnecessary complications following chest drainage. It is up to the individual consultants and units concerned to implement appropriate local measures to this end.

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Book reviews

The reviewers have been asked to rate these books in terms of four items: readability, how up-to-date they are, accuracy and reliability, and value for money, using simple four-point scales. From their opinions, we have derived an overall 'star' rating: * = poor; ** = reasonable; *** = good; **** = excellent

Clinical evidence, F Godlee, series ed. pp 598. BMJ Publishing Group, London, 1999. £ 45, paperback. ISBN 0 7279 1364 6 ****

This book is a revelation to dip into. In the age of wishing to approximate the practice of medicine to the available evidence, the first requirement is to make the relevant evidence accessible. This book, which attempts to answer clinically relevant questions, meets this requirement brilliantly, but also draws attention to the many gaps in our current knowledge. An accurate, up-to-date and critical display of information derived from randomised controlled trials and reviews based on them forms the best remedy against the uncritical persistence in old treatment habits on the one hand and succumbing to the unfortunately fashionable confusion between guidelines and protocols on the other. *Clinical evidence* demonstrates beyond doubt that we have at times abundant material facts to inform the former and almost never enough evidence for the latter. This is the first issue of an ongoing undertaking to provide further updated and expanded issues at twice-yearly intervals, and in order to underline the earnestness of this aim, the 'interventions' section at the beginning of each major entry, coloured blue for ready reference, includes one or more topics to be covered in further issues.

Access to information is easy, aided by clear setting out, definitions of terms and concepts and explanation of abbreviations. The index is detailed enough and adequately cross referenced. Features of special value are the availability of summary tables and the appendix on estimating cardiovascular risk.

The ultimate value of *Clinical evidence* depends on fulfilling the promise of half-yearly updating but, on the evidence provided by the first issue, I can only congratulate the authors on a most auspicious start and would predict that this and future issues will become an indispensable vade-mecum for every practising doctor.

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Key topics in critical care, TM Craft, JP Nolan, MJA Parr. pp 268. Bios Scientific Publishers, 1999. £19.95, paperback. ISBN 1 85996 286 6 ****

The book continues with the format of its companion books with short chapters listed in alphabetical order. Contributors to the book are from an Australian–South West England axis, with a wide range of experience, from an Senior House Officer in surgery to the Director of an intensive care unit.

The book has a disappointing start with a chapter on Admission and Discharge Criteria which repeats the Department of Health 1996 guidelines. There is a word processing error in the second paragraph and a prominent flow chart which would exclude many of my patients for consideration of intensive and high-dependency care on the grounds of their significant comorbidity.

The rest of the book concentrates on common clinical problems. It stood up to a working test in the month I had to review it. The short chapters could be easily scanned whilst walking up corridors on the way to see patients, allowing one to appear knowledgeable and up-to-date at the bedside. There is an excellent chapter on analysis of arterial blood gases which should be mandatory reading for all doctors ordering the investigation. For those readers wanting more, each chapter ends with a guide to further reading.

This book fulfils its objectives which is to provide a framework for candidates of postgraduate medical examinations as well as a good starting point for all those expected to care for critically ill patients.

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Childhood epilepsies and brain development, A Nehlig, J Motte, SL Moshe, P Plouin, eds. *Current problems in epilepsy*, vol 14, pp 311, illus. John Libbey & Co Ltd, London, 1999. £59.00, hardback. ISBN 0 86196 578 7 ****

Impressions of energy and enthusiasm for their subjects are imparted by the editors and authors of this product of a dialogue between clinicians and scientists which took place in 1997. The importance of considering developmental age is prominent in all the contributions. These are grouped in six parts: changes in excitability with age and the role of neurotransmitters; lesional partial epilepsies and neuronal migration disorders; age-specific syndromes; non-genetic experimental models of childhood epilepsies; consequences of seizures in the immature and mature brain; and consequences of treatment on brain development. On the whole, the relevance of animal studies, mostly in rats, to human problems is well-considered. Many chapters emphasise gaps in knowledge in a stimulating manner, giving the impression that the authors found their meeting very fruitful, and that, in the future, they are likely to update this text. On the whole, the presentation is clear, but abbreviations are not always explained. Reproduction of the black-and-white prints is often poor, and more arrows would be helpful, particularly for the brain slices. The colour prints are of much higher quality: their presentation in long-term effects of recurrent seizures on the developing brain is especially pleasing. New considerations on the genesis of hippocampal sclerosis are examined in several chapters. A wealth of information relevant to the practice of paediatric epileptology is presented in a form which is intelligible to the clinician.

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The medical manager - a practical guide for clinicians, Anthony Young. pp 289. BMJ Books, London, 1999. £23, paperback. ISBN 0 7279 1376 X ****

This book is the product of an 8-year experience of medical management and emphasises the interface between medicine and management. There are sections on the personal attributes desirable in a manager, the management of time, committees and people and the working of the NHS. A separate chapter on special problems covers mergers, rationing, information technology, risk, audit, complaints and research. The contents are deliberately selective with virtually no attention paid to the contracting process.

The book is full of useful information and common sense for the new medical manager. The writing style is excellent and a pleasure to read and the contents reflect the impact of recent developments on the NHS. There are sufficient references for the reader to pursue his areas of interest. One idiosyncrasy of the author is to refer to medical managers in the female gender, like ships; I was not converted to this practice, as shown by the last sentence.

Petronius made comments about endless change in the first century AD and it will be interesting to see how quickly a second edition becomes necessary to maintain the topicality of this book. At present, I recommend it strongly to those engaged in medical management.

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Educating beginning practitioners, Joy Higgs, Helen Edwards, eds. pp 303. Butterworth Heineman, 1999. £27.50, paperback. 0 7506 3773 0 ***

Lecturers in training are told always to repeat key ideas several times so they stick in the minds of students. This book subscribes

wholeheartedly to this maxim. Written by a group of largely Australian educationalists, every chapter repeats a mantra about preparing practitioners for lifelong learning in the ever-changing health environments of the future. There are, almost incidentally, many useful suggestions of how to do this, but the difficulty is extracting them from the jungle of sociological and educational jargon.

Packed as it with references, this will be a useful text for medical educationalists, and does go a long way towards meeting its aim of providing an overview of contemporary educational theory and practice. It is difficult to see, however, how the typical clinical teacher will get beyond the first few pages.

The book begins with a section introducing the notion of the 'Interactional Professional', a highly skilled and flexible practitioner fully engaged with a wide range of stakeholders. This is followed by articles on the context of health education, sections on curriculum issues, teaching and learning (interestingly in that order, despite the general tenor of the book), and assessment. These are a good overview of current issues and will be helpful to those planning curricula.

Overall a useful reference work for those already well versed in things educational, but not a practical manual for the teacher at the bedside. To quote chapter 35: "When health educators seek theoretical insights . . . many find phenomenology, phenomenography, constructivism, and post-modernism compatible with their positions." I can just hear a cynical practitioner: "Don't understand a word, but it sounds mighty impressive!"

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