In some chapters, figures are mis-labelled, and other amusing errors have been undetected. Thus, the current editor of one of the most important textbooks in the entire field, Nunn’s Applied Respiratory Physiology, has had his name changed from Andrew B. Lumb to Andrew, BL.

The book has good parts, and also contains short, readable, and interesting contributions by early workers in the field: Smallhout, Max Liston, and Roger Fletcher. Much of the rest reiterates this content in ponderous detail, with limited illumination. The book is best approached as a lucky dip, a cornucopia that may yield interest and explanation but could equally frustrate with superficiality or the knowledge that the facts sought may be in there somewhere but not able to be located easily. Since I have a long-standing interest in this topic, I shall keep the book on my shelves, and shall use it for reference, but I could not recommend it for the department library.

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Throughout most medical careers the practical aspects of dealing with tracheostomies are an ignored but simultaneously feared aspect of patient care. They are generally regarded as someone else’s business, right up to the point when a disaster occurs. Even when the patient is breathless and needing help many health practitioners of all types fear to step in and execute even very basic manoeuvres, such as removing the ‘Swedish nose’ that has become blocked by the patient’s own secretions. Preventable deaths still occur and we fail to learn the lessons of experience. It is high time that the care of tracheostomies became part of airway training for staff in every area where they are encountered and an organized approach taken in every hospital as to how and where they can safely be managed, with staff members always available who can recognize and initiate the treatment of sudden problems. A multidisciplinary book can greatly contribute to this process, especially for patients during and immediately after critical care.

The 22 chapters of this book cover most aspects related to tracheostomies and their care. The level is pitched such that it is accessible by all types of health care professional, covering topics ranging from anatomy, surgical and percutaneous tracheostomies, humidification, suctioning, the problems of swallowing and communication to tracheostomy changes and infection and nutrition. Accounts of caring for tracheostomies in children and in long-term cases as well as in head and neck cancer are included. This produces some repetition in places and the proof reading is not as good as it should be with many instances of the missing ‘the’ and other minor typing errors. There are occasional points that contain advice that is not fully explained, such as the suggestion that tracheostomy occluders may be used in weaning, even with the consequent dangers of a marked increase in work of breathing and the danger that they may even be attached with the cuff still inflated. If these rarely used devices are to be included in the book, and some would argue the risks outweigh the benefits, a full explanation and strong note of caution is vital.

Little is missing from the book, but one area that could be clarified is the use of facial CPAP or non-invasive ventilation to avoid invasive ventilation or even after extubation. This currently falls very briefly under a section called ‘Alternative methods of securing a safe airway’, which NIV is not. Similarly the use of helium to reduce work of breathing particularly in partial upper airway obstruction or even lower airway problems is not mentioned. An easy to find and follow clarification of how to deal with the stridorous patient and the role of emergency tracheostomy is also needed. Diehl and Brochard’s work on the effect of tracheostomies on work of breathing and respiratory drive deserves to be quoted and aspects of the book related to the critical care medical staff perhaps need exploring a bit more.

The above criticisms may give the impression that there are many major problems with this book. That is not the case. Importantly, if I asked myself did I learn useful practical knowledge from reading this book, the answer is a definite yes. Who is this book aimed at? The title states it is a multiprofessional handbook. This is a tall order to satisfy, but I think it does manage in this role. However, I would guess it will mainly be bought by nurses and nurse specialists and physiotherapists who frequently work with tracheostomies. The book is reasonably priced and deserves to succeed.

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This book is divided into three sections (two written and one DVD containing all the figures in the book, video clips and magnetic resonance images). The first section in the book covers the basic principles involved in the practice of regional anaesthesia. The second section covers commonly used peripheral nerve blocks in some detail. The third component of this text is the DVD providing a wealth of additional information that complements and expands the written text. A self-assessment website based on the information presented in the book and DVD can also be accessed.

The first section gives an overview of the history and development of regional anaesthesia and a brief review of the pharmacology of local anaesthetics. This is followed by a consideration of the role of peripheral nerve blocks in the perioperative period and potential contraindications that need to be considered. There is a more detailed discussion of safety aspects that will be of particular benefit to trainees in this area. The final chapter in this section considers some of the equipment used and the underlying physical principles involved.

The second section describes specific nerve blocks. It is very well illustrated, with clear pictures of surface anatomy, cadaveric dissection and magnetic resonance images combining to provide an excellent aid to visualizing the anatomy and procedure being discussed. Each chapter has obviously been written by experienced practitioners, with a consistent layout between chapters that allows quick and easy access to relevant points. The indications for each nerve block are discussed briefly, and a detailed account of anatomy and the technique is given for each nerve block. Potential contraindications and complications are also outlined. The ‘Clinical Pearls’ at the end of each chapter give the useful practical information that is often missing from textbooks. A short list of further reading is also given for each nerve block.

The DVD has a more detailed description of the techniques and makes good use of video clips. The magnetic resonance images of the spread of injectate are excellent, giving a series of clearly labelled