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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

A viewdata system for poisons information

SIR,—We would like to comment on the paper by Dr A T Proudfoot and Mr W S M Davidson (8 January, p 125) describing the viewdata system developed by the Scottish Poisons Bureau and to consider this work in context with other roles for the computer in poisons information which were discussed at a recent symposium.[1] We would also like to report a recent study which confirms the potential role for viewdata.

Initially, we should point out differences in the staffing and the operation of our two centres. As described by Dr Proudfoot and Mr Davidson, the Edinburgh bureau has only one information officer, and as over 60% of the 5411 inquiries are made outside the normal working week this places an extra burden on the nursing staff responsible for the care of poisoned patients. In London the staff of 11 trained information officers work a 24 hour rota system, and in 1982 answered 35 850 inquiries. With this staffing there is no need to rely on untrained personnel, and as in all centres experienced medical staff are always available on call. The information officers are also responsible for the collection and storage of data and play a major role in the preparation of poisons index entries for use in all the national poisons information services in the United Kingdom and Eire. In addition, the information officers work with the medical and laboratory staff to monitor the toxicity of poisons in man by collecting data on symptoms, treatment, and outcome, backed when necessary by laboratory analyses for those substances where inadequate information exists. This monitoring process is fundamental to the maintenance of the poisons information database,[2] but its full application has been limited until recently by the lack of computer facilities.[3] During the latter part of 1982, however, the London centre installed a microcomputer with database management facilities. Pilot trials of this programme have been completed, and all inquiries are now registered in a form that will greatly assist analysis.[4]

In the meantime we have been encouraged by progress with the Edinburgh viewdata system, and one of us (JS) undertook a small study to determine what proportion of inquiries received by the London centre could be answered safely and unambiguously by a viewdata system accessed directly by the inquiring doctor without reducing the ability of the service to monitor important trends.[5]

The study was prospective, and the analysis was performed using data collected on the routine inquiry records from the two weeks beginning at midnight Sunday 8 August 1982. Those 1571 records were first divided into two sections according to whether or not the inquiry was answered by consulting only the manual poisons index. Of the 954 inquiries answered from index sources 900 (57% of total) were emergency and 54 (3% of total) were general. Of the 557 inquiries answered from non-index sources 478 (31% of total) were emergency and 79 (5% of total) were general. Each section was then subdivided into inquiries related to particular patients and those of a more general nature. A further subdivision took account of those inquiries for which no data were available or where the inquirer was referred to another source. Sixty one per cent of the inquiries were answered from the index alone. The corresponding figure for the Edinburgh bureau was 80%. Two experienced information officers were then asked whether the information contained on those index sheets which had proved sufficient to answer the inquiry would or would not be entirely suitable for access by a viewdata system. Unsuitable items were classified according to several categories including: (*a*) serious poison, (*b*) too much information, (*c*) information too complex, (*d*) cases need individual assessment, (*e*) medical referral needed, (*f*) more than one poison implicated, and (*g*) substance subject to monitoring. From this classification there was complete agreement that 548 inquiries (60% of those answered from the index alone—that is, 35% of the total inquiries) would be suitable for answering by the viewdata system. On 352 items the information officers did not agree, largely due to differing opinions on what constitutes a serious poison. If we assume that the least conservative estimate is correct then 47% of all inquiries could be handled by viewdata. More studies are needed, some of which are in progress, but even if only the "bottom line" estimate is accepted a 35% reduction in direct telephone inquiries—that is, 12 548 in 1982—would enable the information officers to spend far more of their time helping with the particularly serious cases, monitoring the toxicity of selected agents in depth, and maintaining the database.

Given that our findings confirm the potential value of a viewdata system, it is important to consider its advantages and disadvantages in different settings. For a larger centre—for example, London—the improved facilities for cross referencing and updating the index would be a major gain. The system is unlikely