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CURRENT SERIAL RECORDS

LEADING ARTICLES

Problems of Rectal Prolapse page 381	Length of Gestation page 382	Progress in
Physiotherapy page 383	Absence from Work page 383	In Time of Need page 384
Juvenile Spondylarthritis page 385	Antiserum Against Smallpox page 385	Hidden
Hyperthyroidism page 386	Enterprise at Edinburgh page 386	

PAPERS AND ORIGINALS

Liquor Bilirubin Levels in Normal Pregnancy: A Reassessment of Early Prediction of Haemolytic Disease JOHN MURRAY, D. L. NORRIE, AND C. R. J. RUTHVEN.....	387
Hypotensive Action and Side Effects of Clonidine-Chlorthalidone and Methyldopa-Chlorthalidone in Treatment of Hypertension A. AMERY, M. VERSTRAETE, H. BOSSAERT, AND G. VERSTREKEN.....	392
Serum Fibrin/Fibrinogen Degradation Products Associated with Postoperative Pulmonary Embolus and Venous Thrombosis C. V. RUCKLEY, P. C. DAS, A. G. LEITCH, A. A. DONALDSON, W. A. COPLAND, A. T. REDPATH, P. SCOTT, AND J. D. CASH.....	395
Acetate and Bicarbonate in the Correction of Uraemic Acidosis H. E. ELIAHOU, P. H. FENG, U. WEINBERG, A. IAINA, AND E. REISIN.....	399
Spironolactone Diuresis in Patients with Cirrhosis and Ascites RONALD C. EGGERT.....	401
Fallacy of the Fundal Height JOHN M. BEAZLEY AND ROSEMARY A. UNDERHILL.....	404

PRELIMINARY COMMUNICATIONS

Endocrine Function in Male and Female Homosexuals J. A. LORAIN, A. A. A. ISMAIL, D. A. ADAMOPOULOS, AND G. A. DOVE.....	406
--	-----

MEDICAL MEMORANDA

Chronic Carriage of Australia Antigen without Symptoms after Renal Transplant J. NAGINGTON.....	409
Combined Rifampicin and Erythromycin for Bacterial Endocarditis MARY C. PEARD, D. G. FLECK, LAWRENCE P. GARROD, AND PAMELA M. WATERWORTH.....	410

MIDDLE ARTICLES

Immunological Aspects of Cancer—I With contributions by G. KLEIN, A. C. ALLISON, R. DOLL, L. KINLEN, A. E. STUART, D. P. BURKITT, AND K. D. BAGSHAW.....	418
Personal View C. A. S. WINK.....	428

BOOK REVIEWS.....	416
-------------------	-----

NEWS AND NOTES

Epidemiology—Dysentery in Schoolchildren.....	439
Parliament.....	440
Medical News.....	441

CURRENT PRACTICE

Maintenance Haemodialysis and Renal Transplantation CHISHOLM OGG.....	412
Any Questions?.....	415

CORRESPONDENCE.....	429
---------------------	-----

OBITUARY NOTICES.....	437
-----------------------	-----

SUPPLEMENT

Was It a Drug?.....	35
Association Notices.....	36

Correspondence

Correspondents are asked to be brief.

Accident and Emergency Services N. H. Harris, F.R.C.S.; S. N. Chatterjee, F.R.C.S.; R. F. N. Duke, F.R.C.S.	429
Wheel Chairs I. R. Clout, M.R.C.S.; K. S. Holt, F.R.C.P.	430
Emphysema in Coalworkers W. R. Parkes, M.D., and others.	430
Maternal Phenylketonuria L. J. H. Arthur, M.R.C.P.	431
Gangrene of Digits C. D. Forbes, M.R.C.P., and G. P. McNicol, F.R.C.P.ED.	431
Continuous Ventilation and Oedema J. T. Styles, F.F.A.R.C.S., and P. J. Tomlin, F.F.A.R.C.S.	431
Prophylactic Lithium D. A. W. Johnson, D.P.M.	431
Growth and Cancer C. H. G. Price, M.R.C.S.	432
Diabetic Ketoacidosis G. D. Middleton, M.R.C.P., and others.	432

Folate and Vitamin B₁₂ in Epilepsy C. Neubauer, M.D.	432
Postoperative Deep Venous Thrombosis A. Singer, F.R.C.S.	432
Retirement H. M. White, M.R.C.S.	433
Driving and Epilepsy Naomi Baumslag, M.B.	433
Fibrin Degradation Products G. J. Sophian, F.R.C.O.G.	433
Myocardial Infarction and the G.P. A. P. Niarchos, M.D.	433
Living it up with Concorde R. T. W. L. Conroy, PH.D., L.R.C.P.I.	434
Choreoathetosis in Alcoholism J. M. Kellett, M.R.C.P., D.P.M.	434
Undiagnosed Abdominal Pain D. G. Calvert, F.R.C.S.	434

Pseudo-obstruction of the Large Bowel K. B. Orr, F.R.C.S.	434
Handlebar Injury C. F. Scurr, M.R.C.S.	434
Self-certification? D. L. Smith, D.I.H.	434
Hospital Junior Doctors J. Appleyard, B.M., M.R.C.P.	435
Hepatitis in Dialysis Units W. J. Jenkins, M.D., F.R.C.PATH.	435
Outbreak of El Tor Cholera in Istanbul E. T. Cetin, M.D., and others.	435
Christmas Gifts Fund Appeal Sir Thomas Holmes Sellers, P.R.C.S.	435
Seeborn Sequel I. J. Thomas, F.R.C.S.; R. A. Mayou, M.R.C.P.; and H. V. Cartmell, B.SOC.SC.	436
Increase in Charges Ann Owen, M.B.	436

Accident and Emergency Services

SIR,—The serious staffing problem which troubles the majority of casualty departments is not a new development. Those of us who have responsibility for them predicted years ago that the present dangerous situation would arise, but our warnings and advice for dealing with the problem have been largely ignored.

The organization of comprehensive accident services is clearly a basic requirement for the efficient working of a casualty department. The report of Sir Henry Osmond-Clark's committee on accident services was published in 1961.¹ The Department of Health subsequently accepted the principles set out in this detailed report. This is confirmed by H.M. (63)40² and H.M. (68)83³ on accident and emergency services. When accident centres are established along the lines that have been recommended then only can we begin to provide an efficient emergency service for the wide variety of problems that these departments normally have to deal with.

I would like to make some practical suggestions for improving the situation. General practitioners should be invited to staff casualty departments. Hospitals that have done so find it works very well. These doctors must be paid a reasonable salary and treated with the respect their experience deserves. It is not always appreciated that 78% of attendances at a casualty department in any one week are problems more suitably treated by the patients' general practitioners. All casualty departments should display a large notice clearly stating the purpose for which they exist—namely,

the treatment of accidents and emergencies referred by general practitioners and, of course, emergencies brought in by ambulance. I venture to suggest that if the accidents are dealt with by a properly organized accident service, staffed by the orthopaedic department and separate from the general casualty department, then other emergencies could be dealt with more efficiently by a much smaller staff. Furthermore, routine admissions should never come through the casualty department.

It will probably always be necessary to employ full time casualty officers in certain hospitals, and I suggest consideration should be given to the registration requirements of these doctors. I fail to understand why some duties in casualty should not be recognized as an essential part of the training of a doctor whatever he decides to do in the future. If he is working in a department with a good general practitioner or a fully registered doctor, I do not accept that patients are at a greater risk than they are under the present system.

It is worth pointing out that one of the requirements for the F.R.C.S. Diploma is six months' duty in an accident and emergency department. It was no doubt envisaged that the duties would be mainly concerned with the emergency treatment of trauma of all types, but this has not proved to be the case. More than three-quarters of the patients are not injured, and many of them are presenting with minor medical problems. The sooner the Royal College of Surgeons alters its regulations and understands that these six months must be spent

in an approved department, as envisaged by Sir Henry Osmond-Clark's committee, the more likely it is that something will be done to rectify the disgraceful state of our casualty departments, and at the same time provide proper training in the management of trauma for F.R.C.S. candidates.—I am, etc.,

NIGEL H. HARRIS.

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REFERENCES

- 1 Accident Services Review Committee of Great Britain and Ireland. *Interim report*. London, British Medical Association, 1961.
- 2 Ministry of Health. *Accident and Emergency Services* (HM(63)40), 1963.
- 3 Department of Health and Social Security. *Accident and Emergency Services* (HM(68)83), 1968.

SIR,—By definition, an accident and emergency unit is one "which is staffed and equipped to deal immediately with major injuries and other emergency cases, at any hour of the day and night."¹ Do we have this type of unit all over the country? Every honest person must say "no." It was not surprising that Mr. P. E. A. Savage (17 October, p. 168) found in a simulation disaster exercise that the accident department was the weakest section of the hospital.

Posts of consultant in casualty departments should be created to replace someone who is now nominally in charge of the casualty department, offering a token service through no fault of his own, but just because he is busy with his other duties. It is only new consultants with authority who