UK trainees are the greater number of emergency medicine trained consultants in each department and the referral practices of general practitioners in Australia.

The first benefit allows increased shop floor supervision and training from experienced mentors, thus enabling professional development to proceed apace with the trainee's requirements.

The second benefit is the clinical exposure to acutely unwell medical and surgical patients that is seen in emergency departments in Australia. It is standard practice for all unwell patients seen by a GP to be referred to the emergency department for assessment and treatment. The patients are reviewed by senior staff and if required are referred to an inpatient specialty team for ongoing management. Hence trainees in Australia will be exposed to a wide variety of clinical cases throughout their training.

Current developments in the United Kingdom include an increase in the number of emergency medicine trained consultants in hospital A&E departments, thus improving patient care but also the training of junior doctors. The future of training in this regard would thus seem assured.

Of more concern, however, is the increase in the development of emergency referral units, whereby GPs can bypass the A&E department and refer directly to an inpatient team. These are supported on the grounds of "taking the strain off A&E". While this may decrease the number of patients seen in A&E, the case has yet to be proved that it improves either the quality or the timing of patient care. If this practice is allowed to develop unchecked then the implications for training in the United Kingdom are enormous, as trainees will see less and less non-traumatic illness during their A&E department training. Once again hospital A&E departments will have to call themselves "casualties", as trauma will be the only illness treated therein. Will we see a time when UK trainees have to go to Australia to see any acute general surgery or acute general medicine diagnosed and managed in an A&E department?

PETER LEMAN
A&E Department, Lewisham Hospital, London SE13 6LH

Unusual complication of interhospital transfer

EDITOR,—We have recently seen an unusual complication of interhospital transfer. A six year old girl fell off a kerb onto her left elbow and attended the local accident department the same day. She was seen and had x rays of the elbow. The films were marked with a red dot as a warning by the radiographer. No abnormality was noted by the A&E junior doctor and the patient was discharged with instructions to report to the A&E department of their home town (Basingstoke) if the elbow did not improve. The unreported radiographs were given to the child's mother, but no notes.

The mother and daughter attended our department some three and a half months later. Examination showed limitation of flexion, and pain on supination of the left elbow. Further radiographs were taken, which our junior doctor felt were normal. In view of the continued pain the child was asked to attend our review clinic, and at this stage the diagnosis of a dislocated radial head was made. Review of the x ray films showed that this was suggested on the original ones (as seen by the radiographer) (fig 1) and was obvious on our second set of films. The orthopaedic team felt her injury should be managed conservatively, but if her loss of function increased then operative intervention would be needed.

Unilateral traumatic radial head dislocation is a commonly missed by inexperienced junior doctors in accident departments. Early recognition and closed reduction is the recommended management.'

This case illustrates the problems of a poorly documented (no notes with patient) and badly instructed transfer. Even in minor injuries, when the care of the patient is being transferred to another hospital it is essential that they should have a copy of the notes and the x rays with them, as well as being given precise instructions on their attendance. If practical the hospital should be contacted and a definite arrangement made. These simple rules would have avoided the delay and potentially serious complications for this patient, although a stoical parent is an unusual hazard in patient transfer!


Table 1 Results of telephone survey of Diftavax use

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<thead>
<tr>
<th>Nurse</th>
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Letters, Book reviews, Correction

WOLRFRELL R J MORRELL
Accident Department, North Hampshire Hospitals Trust, Aldermaston Road, Basingstoke RG24 9NA

Figure 1 Traumatic radial head dislocation.

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Access to British A&E departments over the telephone was found to be difficult; however, of the 25 departments surveyed only 16% stocked Td and half of them (8%) failed to use it. This suggests that half the departments stocking Diftavax failed to recognise the indications for its use. To date, communication concerning Diftavax has been mainly in the CMO's updates and the British National Formulary. These do not appear to have been

Correction


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J Worrell and R J Morrell

*J Accid Emerg Med* 1997 14: 270
doi: 10.1136/emj.14.4.270-a

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