

Journal of Accident & Emergency Medicine

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EDITORIAL

Welcome to this first issue of the *Journal of Accident and Emergency Medicine* following our move to the BMJ Publishing Group. This is an exciting phase in the evolution of the Journal and a successful productive partnership will establish the Journal as a major forum for education, research, and debate on all aspects of accident and emergency medicine in the United Kingdom and throughout the world.

The editorial structure of the Journal has been revised, with the Medical Editor supported by a core group of Associate Editors with an editorial advisory board at present comprising members from the United Kingdom, Ireland, North America, Australia, South Africa and Hong Kong. The Journal team at the BMJ is completed by the Technical Editor, Oliver Brooke, the Editorial Assistant, Kathryn Syms, and managers from the Publishing Group responsible for specialist publications, journals, marketing, and advertising. This package will facilitate and optimise the production process of the Journal and the international access of the Publishing Group will promote the Journal worldwide across all specialties.

The Journal will now be published six times each year which will ensure that the latest developments in the specialty are presented and will expedite publication of accepted papers.

The contents of the Journal will include review articles, original papers, occasional series, and short reports. All papers will be subject to peer review. Case reports will be considered and should include a brief but comprehensive review of relevant literature. Correspondence is particularly welcome and the papers published should stimulate debate in the Journal. This will also provide an opportunity for readers to air topics of interest or concern on any relevant matter. A news section will contain details of meetings, courses, examinations, announcements and appointments. Items for inclusion should be forwarded to the Editorial Office. Further information is contained in the Instructions to Authors inside the rear cover. Papers are invited from all those involved in emergency care in the hospital and pre-hospital environment. Prospective authors are invited to discuss their proposals directly with the Editor. Similar comments and suggestions for the Journal are always appreciated.

This is a period of rapid development and change in our specialty. The *Journal of Accident and Emergency Medicine* will reflect and record these advances for the international audience involved in the provision of emergency care.

JOHN HEYWORTH
Editor

Announcement

From 1996, *Accident and Emergency Medicine* will be published by the BMJ Publishing Group.

The editorial office will be situated at BMA House, London. New papers and inquiries about papers in progress should be directed to:

Editorial Office
Journal of Accident and Emergency Medicine
Specialist Journals Department
BMA House
Tavistock Square
London WC1H 9JR

Tel: +44 (0) 171 383 6487

Fax +44 (0) 171 383 6668

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ACCIDENT & EMERGENCY STUDY DAY to be held in **Liverpool** on **12th March 1996**. This forms part of a week of Paediatric Events being hosted by the Royal Liverpool Childrens NHS Trust Alder Hey to celebrate the opening of its Education Centre. Topics to be covered at this Study Day will include **changing patterns of meningococcal disease, the limping child, the Alder Hey Trauma System, trauma in infants, chest x-rays in paediatric emergencies**. There will also be workshops on life support in serious illness and trauma. Further details/application form available from Postgraduate Office, Education Centre, Royal Liverpool Childrens NHS Trust Alder Hey, Eaton Road, Liverpool L12 2AP. Tel: 0151 252 5218 Fax: 0151 252 5103.

I should like to acknowledge Dr W Yeo, who brought to my attention the paper of Geelhoed *et al* and provided the original idea of carrying out the study, and Dr J Cooper for statistical analysis.

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Injury Research Group

The 1996 annual meeting will be held in Manchester on 1-2 April. There will be a session of free communications and symposia on wound healing and on the psychological and psychiatric consequences of trauma. For details please contact:

Dr R N Barton
 North Western Injury Research Centre
 Stopford Building
 University of Manchester
 Oxford Road
 Manchester M13 9PT
 (Telephone 0161-275 5188, fax 0161-275 5190)

- 5 Reuler JB, Cooney TG. The pressure sore: pathophysiology and principles of management. *Ann Intern Med* 1981; 94:661-6.
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ADVANCED LIFE SUPPORT GROUP

Major Incident Medical Management and Support Courses: to be held in various centres throughout the UK in 1996. This is a three day course in "life support style" designed to train health service personnel to provide an effective response at a major incident.

Fee £300.00

Advanced Paediatric Life Support Courses: to be held in various centres throughout the UK in 1996. This is a three day course designed to provide training which will enable doctors and nurses to deal efficiently with all paediatric emergencies. The course is modular and has sections on paediatric resuscitation, serious illness and serious injury.

Fee varies according to centre. Range £300.00 – £350.00.

Inquiries for both courses to:
Jenny Antrobus
Advanced Life Support Group
A&E Dept
Hope Hospital
Stott Lane
Salford M6 8HD
Tel 0161 787 4345

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The Faculty of Accident and Emergency Medicine

SPECIALTY EXAMINATION

The first Faculty specialty examination in accident and emergency medicine will be held on 3/4 October 1996 at the Royal College of Physicians and Surgeons of Glasgow.

Regulations and application forms are available from:

**The Secretariat
Intercollegiate Specialty Boards
3 Hill Square
Edinburgh
EH8 (DR)
Tel: 0131 662 9222
Fax: 0131 662 9444**

**The closing date for receipt of applications is
9 August 1996**

Fee - £500

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**ASSOCIATION OF SURGEONS OF GREAT BRITAIN AND
IRELAND ANNUAL MEETING - GLASGOW
22-24 MAY 1996**

The theme will be EVIDENCE BASED MEDICAL PRACTICE and there will be sessions on GUIDELINES as well as a TELEPRESENCE SYMPOSIUM.

Two sessions will be held by the BAEM as follows:-

“The Management of Crime and self-inflicted injury from pre-hospital care to operating theatre”

Joint symposium with the intensive care society and the vascular society:

**“The Management of the collapsed vascular patient” and
“Reception, resuscitation and transfer of the ruptured aortic aneurysm and vascular trauma”**

Members of BAEM are welcome to attend this meeting. Further details from Mrs Nechama Lewis, ASGI, tel: 0171 405 6753 fax: 0171 430 9235.

calcification even though initial *x* rays did not show a fracture line.

We judged that a fracture had been missed if a follow up film showed periosteal calcification, even if no fracture was visible when the initial films were reviewed. However, if initial anteroposterior and lateral views do not disclose a fracture, alternative views are unreliable and a fracture line may never be clearly shown.¹ The extent of periosteal calcification observed in some of our cases suggests that, in some cases of apparently missed toddler's fracture, the true lesion may have been produced by elastic bowing of the bone and consequent periosteal stripping. This would not have been apparent on initial radiography.

Although the nature of the responsible injury may appear slight, and may have been dismissed as trivial, it is essential, when the cause

of limp cannot be conclusively identified by *x* rays, to elicit a compatible history of trauma before accepting the diagnosis of toddler's fracture. If there is no history of injury, care must be taken to exclude inflammatory or infective causes such as irritable hip or osteomyelitis. In particular, significant infection of bone may be present even when local examination, temperature, *x* ray, and white cell count are normal. A raised ESR confirms the need for admission and further investigation.³

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**Department of Emergency Medicine, Catholic University of Leuven,
on behalf of the European Society for Emergency Medicine**

Course

Concepts and Developments in Emergency Medicine

This course will be held at the Huis van Chièvres-Faculty Club, Leuven, Belgium, from May 29 to June 5 1996. The official language is English and the purpose of the course is to provide a global overview of concepts and recent developments in emergency medicine. Course fee: 40.000 Belgian francs.

Further details: The secretary of the Department of Emergency Medicine
University Hospital Gasthuisberg
Herestraat 49, 3000 Leuven, Belgium
Tel. +32 16 343927
Fax +32 16 343894

as proof, to be couched in terms of reasoned objectivity. To a lawyer, however, not only is it the case that proof is simply a subjective measure of the provability of a proposition, but to make matters worse the standards of provability applied will vary depending on whether a case is being heard in civil or criminal proceedings. Small wonder, therefore, that doctors enter the territory of the lawyers with trepidation, when the very building blocks of their communication are disguised with different meaning. By the same token a true medico-legal text is almost impossible to write: the doctor-reader perpetually thinks he understands a meaning that the author-lawyer continually does not mean. So it is when lawyers write for doctors' consumption that the reader will often dismiss the text as being woolly, long winded and unclear. By contrast doctors writing for lawyers' consumption are sometimes thought of as somewhat inflexible, seeing things in black and white and expecting there to be "an answer" to any given situation. The true common ground between doctors and lawyers is sometimes as difficult to light upon as the hyphen in medico-legal.

This book does not really attempt to address the common ground between the professions (and therefore possibly expand this limited area of mutual understanding), written as it is through its multiauthorship of some 53 eminent doctors and lawyers. It can, however, claim with authenticity to be a weighty and comprehensive tome on the subject of medical negligence. Although this is a relatively narrow area of the law, Powers and Harris's methodical structuring of chapter headings covers the litigation procedure from alpha to omega, in the first twenty two chapters covering some 594 pages. This first half of the book, written predominantly by lawyers, will undoubtedly be most used by the legal profession on the grounds of its comprehensive and authoritative content but also

sadly because here the lawyers will feel at home with the literary style in a way that doctors will not, because it is undeniably legal.

In their preface, Powers and Harris state "the principal generator of medical negligence litigation is communication failure. If the medical chapters were more widely read by senior medical students and young doctors in training we believe that standards of practice would improve and the incidence of medical negligence would begin to decline". While this is undoubtedly true it is perhaps a shame that the "legal" section of the book (chapters 1 to 22) have not been made a little more welcoming for the non-lawyer. The second half of the book, chapters 23-41, by contrast is written exclusively by medical practitioners. It is undoubtedly because of this that the text is much easier to read for the average doctor, although one is left with the nagging suspicion that for this audience the understanding of the legal issues gained by the reader would be less than their perception of the same. The medical section, however, provides a clear and unambiguous account of proper high standards to be expected in the specialties visited, adherence to which would certainly avoid the possibility of negligent acts.

In particular the contribution by Robin Touquet, Jane Fothergill, and Nigel Harris on accident and emergency departments and the speciality of accident and emergency care provides a comprehensive scheme for the running of a model A&E department. Although such an entity would clearly be a negligence-free zone, like all ideals it is somewhat flawed because it is almost certainly unachievable. One should not criticise, however, the pursuit of high standards; moreover by omission the nuances of the requirements of the law through Bolam (that is, an exploration of the boundaries of negligence) are not really addressed and therefore the reader is left

not really knowing where the dangers lie; the high water mark is clear, the depth of the pool remains uncertain.

In summary this is an authoritative, definitive and comprehensive account of all aspects of medical negligence which is unparalleled in medical or legal literature. It is the only realistic choice as a work of reference for both doctors and lawyers interested in each others practice on a professional basis. At a price of £155.00, however, it is unlikely to be on the shopping list of the average undergraduate.

S D W PAYNE
Winchester

Color Atlas and Text of Emergencies.

By K Mills, R Morton, G Page, and L Hamilton. (Pp 441; £134.50.) Aylesford: Mosby-Wolfe, 1995. ISBN 07234-18101.

The second edition of this beautifully bound book may be a good addition to an Accident and Emergency library. The photographs are excellent, and the details of superb quality. I have some reservations about some of the procedures, as in the case of thoracic drainage they still suggest using a trochar as a means of entrance, the drainage which in most ATLS teaching is now deprecated. Figure 241 (page 59) places the paddles for defibrillation in the wrong place.

In the section on minor injuries there is no mention of the treatment of finger tip injuries with simple Jelonet and Flamazine dressings, which gives as good results as grafting.

In general I think that the book is a superb text, but at the price of £134.50 it certainly will have its place in a well stocked departmental library rather than in the hands of individuals.

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