The survey shows a clear difference in opinion, among junior medical doctors, as to what constitutes a reason to withhold thrombolysis in AMI. This uncertainty reflects a lack of evidence on the harmful effects of thrombolytic therapy. Where there are risks, but the benefits of treatment are known to outweigh them, treatment should be given rather than withheld. This should be the message delivered to doctors responsible for managing patients with AMI.

I agree with Miss Edhouse that junior doctors should not withhold thrombolysis in AMI without discussion with a senior colleague, and that primary angioplasty and intracoronary stenting may provide alternative strategies for patients in whom thrombolysis is withheld.

Capnography and “major” accident and emergency departments in East Anglia

EDITOR,—This year, Advanced Trauma Life Support (ATLS) courses based on the sixth (1997) edition of the ATLS manual have been held. One major change from the previous edition is the recommendation for capnography (end tidal carbon dioxide monitoring) in intubated patients. Capnography is the “gold standard” for the correct siting of the endotracheal tube in the airway. Such devices have been used in anaesthetic departments for some years, and are recommended by the Association of Anaesthetists in their guidelines for safe practice. Its importance has been emphasised recently in a case before the General Medical Council. The absence of end tidal carbon dioxide monitoring was cited as evidence in support of a claim of negligence against an anaesthetist involved in a peri-operative death.

In a telephone survey of 10 “major” accident and emergency (A&E) departments in East Anglia (as described by the British Association of Accident and Emergency Medicine[1]) only five of the 10 units had capnography available, despite all departments (100%) employing at least one ATLS provider at staff grade, registrar, or senior house officer level. In seven of the departments, the A&E consultant was known to be an ATLS course instructor. Six of the 10 hospitals offered an ATLS course in the last year (data from telephone survey and personal communication from the Royal College of Surgeons of England), and six described immediate access to a multidisciplinary “trauma team” (typically with anaesthetic, surgical, and orthopaedic middle grade doctors), with the remaining four able to enlist immediate help from the duty anaesthetist via a pager system.

It appears that since only 50% of major A&E departments in East Anglia have capnography available, half of the departments do not have the recommended equipment to allow ATLS providers and anaesthetists to provide the latest available airway care.

It is understood, however, that at least some of the departments contacted are currently considering the acquisition of a capnograph.

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BOOK REVIEWS

The Handbook of Medical Care of Catastrophes. By J S P Lumley, J M Ryan, P J Baxter, and N Kirby. (Pp 223; £20.00.) Royal Society of Medicine, 1996. ISBN 1 8535 296 X.

There is a large void between the thought that one could be of value at a catastrophe, and the challenge to be more of a help than a hindrance.