LETTERS TO THE EDITOR

Abdominal injury inflicted by animals

Sir

During my recent appointment at the Accident and Emergency Department of Craigavon Area Hospital I have observed the results of two cases of non-penetrating injury to the abdomen inflicted by animals. In each case the patient had little apparent external injury but the smaller animal caused the worst damage.

In one case a man had been hit by a bull on the left side of his chest and abdomen. X-ray examination showed undisplaced fractures of 7th–10th ribs but no pneumothorax. Over the next few days he gradually recovered and on review 2 weeks later he was well.

The second case was an injury to the same area but on this occasion caused by a goat. The patient did not consult his general practitioner until 2 days after the accident. He was now vomiting 'coffee grounds' and complaining of severe constant backache. On examination he was not shocked and X-rays showed no signs of a perforated viscus. Later that day after admission to hospital he deteriorated and a laparotomy was performed. This revealed avulsion of the left kidney and severe bleeding from a tear in the posterior wall of an aortic aneurysm. He had a nephrectomy and a Dacron graft to the aorta. He was transferred to the intensive care unit where he was resuscitated from two cardiac arrests. Unfortunately, he continued to deteriorate and died later that evening.

These cases highlight the need for frequent observations and re-examination in all cases of blunt abdominal trauma even when the history might suggest a less severe injury.

R. B. WILSON

Royal Victoria Hospital,
Belfast, Northern Ireland

Unnecessary attendance to the accident and emergency department

Sir

At the end of November 1984 repairs to the Casualty Department of Peterborough District Hospital threatened to disrupt the service normally provided. In order to reduce the workload during this period an appeal was made on regional television and in the local press. The substance of these broadcasts was that many people were coming to casualty with trivial complaints and that in so doing they often delayed the treatment of more serious cases.

The effects of the appeal were dramatic but short-lived. Daily attendances of minor complaints were calculated for the 4 weeks before and the 3 weeks after the appeal. The distorting effects of the Christmas holiday prevented longer follow-up. In the first week after the appeal there occurred a fall of 14% in the number of minor cases seen. However, by the second week numbers had returned to normal (Fig. 1). The probability

The appeal was broadcast on 29 and 30 November

Fig. 1 Average daily attendances of minor complaints based on weekly totals.

of these results being due to chance is 0.00135 or 750-1 against (unpaired *t*-test). There was no compensatory increase in numbers in succeeding weeks and this suggests that wherever the 14% went for help they received adequate treatment.

These findings indicate that at least 14% of the minor complaints seen in casualty do not need hospital attention. If this group could be dissuaded on a permanent basis this would have beneficial consequences for many hard-pressed casualty departments.

A. LEAMAN

Registrar, Casualty Department,
Peterborough District Hospital, Peterborough, England

How common is accidental hypothermia?

Sir

The Accident and Emergency Department of the Hope Hospital, Salford, and the Medical Research Council Trauma Unit have been studying accidental hypothermia since 1977. An increase was expected in the number of elderly hypothermics presenting during the cold weather in January and February 1985 but the number admitted, 12, was similar to that in previous, milder winters. Our observations on the numbers brought in dead (BID) suggest an explanation of this unexpected finding.

The numbers of BID, excluding RTAs, for January and February 1983-5 and May and June 1983-4, are shown in Table 1. They are close to the total numbers of unexpected deaths in Salford, most of whom are brought in to the accident and emergency department for certification.

Minimum and mean daily temperatures for the Manchester area were obtained for these months from the local Meteorological Office.

There were no significant differences in the BID rates for January-February May-June of 1983-4. In the period January-February 1985, however, there was a highly significant increase, which was substantially confined to the over-65s (*chi-squared* tests), the number of whom doubled.