We believe that there is a need for greater emphasis on patient education within the National Service Framework. Improvements in the “pain to needle” time, and thereby patient outcomes, are now most likely to be achieved through a reduction in decision times, but the best approach to this problem remains unclear. Previous media campaigns undertaken in Europe have led to significant reductions in the decision time, though the cost of this has often been an increase in the number of emergency department chest pain attendances, many of whom do not have significant cardiac disease. We suggest that an effective and contemporary public education strategy is urgently required, and that the effect of this intervention be evaluated as fully as possible. In the meantime we wish to reiterate the simple recommendation made by the National Service Framework and British Heart Foundation: patients with ischaemic heart disease should call an emergency ambulance if their angina is unrelieved after 15 minutes. In addition, any member of the public experiencing symptoms suggestive of myocardial infarction should call the ambulance service and not their general practitioner.

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References

BOOK REVIEW

Anaesthesia at the district hospital, 2nd edn


The past is another country, but a different country can also be another today, especially when that country is in the developing world. This book is directed at doctors providing anaesthesia in the small district hospitals of such countries, where equipment, drugs, and specialist help are all in limited supply.

The watchwords throughout are safety and the use of a comparatively small number of techniques that will permit safe anaesthesia for most situations. But the author is not afraid to emphasise the importance of basic techniques on a sound knowledge of the underlying science and of subjecting practice to some form of audit. These general principles are not a bad start for any anaesthetist or, indeed, any doctor in this country.

It is for these reasons, along with the clarity of the text and the excellent illustrations, that I recommend the book to doctors on the threshold of careers in anaesthesia and A&E medicine. The aspiring anaesthetist will find the whole book of interest and a useful framework for the future. The draw-over technique may never be seen in this country but it should provide thought about why anaesthetic machines developed as they did, what their advantages are, and what are their limitations.

Perhaps only a smaller section of the book is of direct interest to the A&E doctor. The chapter on fundamental techniques gives a lucid account of airway management and intubation. Some of the anaesthetic methods, in particular the use of ketamine, will be useful to a future member of any retrieval team.

The section on management of cardiac arrest would have been strengthened by the incorporation of recent ERC guidelines. Undoubtedly this section focuses on arrests likely to occur under anaesthesia, but there is too much emphasis on pupils and too little on the defibrillator.

I found the book an excellent introduction to anaesthesia in difficult environments. It puts some NHS problems into perspective and thereby broadens rather than restricts our viewpoint. They know little of anaesthesia who only of modern anaesthesia know.

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CORRECTION

An error occurred in this paper by Dr F E Lecky and others (2002;19:520–3). In the key to figure 2, the triangles indicate the consultant line (not the circles), the squares indicate the middle grade line (not the triangles), and the circles indicate the SHO line (not the squares).