Archives of Emergency Medicine

Archives of Emergency Medicine provides a forum for the publication, dissemination and discussion of original clinical and scientific research on all aspects of the subject. Particular emphasis is placed on the acute phase of surgical, medical, paediatric, obstetric and psychiatric emergencies, especially in relation to the diagnosis and management of the acutely ill. It is intended that resuscitation be a major component of the scientific content. The Journal, which has been adopted by the Casualty Surgeons Association, the Emergency Medicine Research Society and the Australasian College for Emergency Medicine, publishes both original papers and review articles. Case reports or preliminary communications will be accepted if sufficiently noteworthy or interesting.

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BAEM NEWS

24TH Annual Clinical Meeting of BAEM (Formerly the C.S.A.) Scarborough

A packed programme of scientific and social events was organized by the members of the BAEM in Yorkshire. Mr Michael Ayres and his committee are to be congratulated on organizing trade exhibitions, hotels and every detail down to the weather.

The scientific programme contained sessions on; Planning for Health Care in Accident and Emergency; Violence both in Society and the Accident and Emergency Department; Forensic Medicine in Relation to Accident and Emergency and a symposium on the Hazards of Air, Earth, Fire and Water. There were workshops on 'Handling People' ranging from the emotionally disturbed, the overweight, the violent and the media, as well as managing things which allowed Yorkshire Health Associates to lead delegates through various aspects of managing oneself, others, as well as participate in team work. There were also short paper sessions covering many aspects of Accident and Emergency work.

Prof. David Yates returning to the scene of former House Physician triumphs, informed and challenged the meeting with his Morris Ellis lecture on 'The Birth of Academic Emergency Medicine'.

The social programme allowed spouses and delegates to see something of the delights of York and the surrounding countryside and ended with an excellent Banquet.

An Ecumenical Service addressed by Mr Michael Flowers helped to maintain the tradition of a caring Christian Service as the Hallmark of our work.

The Association congratulates the organising committee for a very successful meeting and than them for all their work.

From the AGM

Election: Dr Keith Little MD FRCSEd FRCPEd of Edinburgh Royal Infirmary was elected as President elect.

Mr Jonathan Marrow of Arrow Park takes over a Chairman of the Clinical Services Committee and Mr John Sloan as Chairman of the Academic Committee to which Mr Peter Driscoll was also elected.

Intercollegiate Board in Accident and Emergency Medicine — a Provisional Board will meet in the near future and work toward establishment of Assessment of Training in Accident and Emergency. Progress towards a Faculty of Accident and Emergency Medicine are also being pursued.

The smooth running of *Archives of Emergency Medicine* was widely challenged. The Chairman of the Editorial Board sought to reassure the membership that present delays would be overcome and additional editorial assistance provided.

The future staffing of Accident and Emergency Departments is actively under

review. A paper prepared by the office and discussed with the DOH gave suggestions for the way ahead and will be further discussed.

The Treasurer reported a healthy financial state and felt that it was only necessary to increase the subscription by the rate of inflation to £125 for Full Members and £45 for Associate Members.

Baxters Health Care are to fund a travelling scholarship of £2500 a year for three years. The first recipient is Prof. D. Yates. Baxters are also to fund the production of the Accident and Emergency Department Handbook.

The Clinical Service Committee have produced papers on Audit and Peripheral Accident and Emergency Units and are working on the Accident and Emergency/GP Interface, Nurse Staffing levels in Accident and Emergency and computerization in Accident and Emergency.

Dates for your diary

Northern Region BAEM Clinical Meeting Friday, 15 November 1991.
Details from Mr R. Bannerjee Sunderland General Hospital.
25th Annual Conference of BAEM Hollingbourne, Kent April 6–11 1992.
4th International Conference of Emergency Medicine Washington D.C. May 7–10 1992.

Obituaries

Paul Milson

Paul Milson died in March, he was the Accident and Emergency Consultant in York for less than 5 years. He was one of the new batch of Accident and Emergency Consultants training specifically for the specialty through SHO, Registrar and Senior Registrar Grades. In his short time in post as a Consultant he has made a huge impact on the provision of Accident and Emergency services in York.

Paul was also a founder member of the organizing committee for the BAEM '91 in Scarborough and his support has been greatly missed

We extend our sympathy to his wife and young family.

S.B.

Dr Irshad Ahmad 1937–1991

Sherry qualified in 1966 at Nishtar Medical College, Multon, West Pakistan. He came to England in 1968 and held various hospital appointments in the South West. In 1976 he became Registrar in Accident and Emergency at Frenchay Hospital, Bristol, until his appointment in 1979 as Consultant in Accident and Emergency at Corbett Hospital, West Midlands. This department then transferred to Russell Hall Hospital where Sherry used his expertise in computers and, with hard work and enthusiasm, established an excellent Accident Computer System.

In addition to his dedication to Medicine he had other interests. Before coming to the West Country he obtained his Pilot's Licence and during his stay here he obtained his Diploma in Aviation Medicine.

Those who knew him will miss him a great deal and his early death has certainly been a loss to the speciality of Accident and Emergency Medicine.

J.P.C.

Recommended Teaching Standards in Accident and Emergency

In June the guide lines prepared by the Academic Committee of the BAEM were published in this journal. We now print these guide lines for Teaching Medical Students

Medical Students

(1) Medical students should have full-time training in A&E medicine lasting a minimum of 4 weeks, preferably in their second or third clinical year. If A&E forms part of an integrated firm, the total time spent in A&E should be 4 weeks.
(2) Medical Students must be exposed to a wide spectrum of A&E work.
(3) A timetable should be produced with a balance between tutorials, situational teaching and instruction in A&E clinics. A list of topics to be covered should be prepared.
(4) Medical Students must work under supervision. They should assess patients before presenting them to qualified staff.
(5) Pre-Clinical students require instruction in first aid and basic life support. Clinical students should gain experience of advanced trauma life support and advanced cardiac life support.
(6) Specific practical procedures must be taught including intravenous cannulation, application of plaster and suturing. Instruction should also be given in nursing procedures, e.g. gastric washouts and bandaging.
(7) A day or night with the Ambulance Service will help to develop an understanding of the problems confronting ambulance staff.
(8) Medical Students should work at least one night a week and learn how to cope with social problems such as the drunk and the drug addict. If possible, a bedroom should be provided within the A&E department.
(9) Experience must be gained in the initial management of patients admitted to the A&E observation ward. Topics such as head injury and deliberate self poisoning should be covered.
(10) Medical Students from other firms wishing to attend A&E on an intermittent basis should do so only by prior arrangement with the A&E consultant.
(11) Students should be asked to present a simple topic to a departmental meeting.
(12) There should be free access to reference books and departmental guidance notes.
(13) Some form of assessment is recommended, preferably at the beginning and end of the firm.
(14) If possible, a log book of theoretical and practical experience should be maintained.

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JOURNAL SCAN 16

Age and Ageing

Rowland K. *et al.* — The discharge of elderly patients from an Accident and Emergency Department: Functional Changes and Risk of Readmission — 1990: **19**, 415

Annals of the Royal College of Surgeons of England

Phair I.C. *et al.* — Deaths following trauma: an audit of performance — 1991: **73**, 53–57

Behavioural Sciences and the Law

Entire issue devoted to workers' Compensation — 1990: **8**, 4

British Heart Journal

Rowley J.M. *et al.* — The limited potential of special ambulance services in the management of cardiac arrest — 1990: **64**, 309–312

British Journal of Hospital Medicine

Woodyard J. (1990) — Orthopaedic Negligence: the tip of the iceberg? — 1990: **44**, 163–166

Parker A.J. & Clegg R.T. (1990) — How to control epistaxis — 1990: **44**, 198–200

Ellis A. & Rylah T.A. — Transfer of the thermally injured patient — 1990: **44**, 206–208

Larkin G. & Elston J. — Disorders of ocular motility — 1990: **44**, 271–275.

Battersby R.D.E. — Exploratory burr holes — 1990: **44**, 276–278.

Galvin I.E. & Gibbons J.R.P. — Placement of an apical chest tube by a posterior intercostal approach — 1990: **44**, 330–331

Murdoch L. & Bingham R. — Venous cannulation in infants and small children — 1990: **44**, 405–407

Power R.A. & Sturge C. — Unrecognized self-injury in a child presenting as surgical emphysema of the forearm — 1990: **44**, 417

Marsh O.R. & Hardy A.J. — Ropivacaine: a new local anaesthetic agent — 1990: **45**, 94–95

Kestin I.G. & O'Higgins W. — How to perform tracheal intubation in an infant — 1991: **45**, 98–99

British Journal of Medical Psychology

Hodes M. — Overdosing as communication: a cultural perspective — 1990: **63**, 319–333

British Journal of Psychiatry

Masterton G. — Monthly and seasonal variation in parasuicide. A sex difference — 1991: **158**, 155–158

British Medical Journal

Wilson A. & Driscoll P. (1990)	ABC of Trauma. Transport of Injured Patients	1990: **301**, 658–662
Nash P.	ABC of Trauma. Trauma in Pregnancy	1990: **301**, 974–976
Crawford *et al.*	Carbon monoxide poisoning in the home: recognition and treatment	1990: **301**, 977979
Skinner D.V.	Accident and emergency services	1990: **301**, 1292
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	Entire issue devoted to Trauma Centres	1990: **6**, 5
	Geriatric Medicine	
Kohler M.	Hypothermia: is it just cold that kills elderly people?	1991: **21**, 9
	HEADWAY (The National Head Injuries Association)	
McMillan T.	Minor Head Injury	200, Mansfield Road, Nottingham NG 1 3 HX: 1991
	Health Education Journal	
Weston O.F.M. *et al.*	Cardiopulmonary Resuscitation — 'while-u-wait'	1990: **49**, 68–70
	Home and Leisure Accident Research	
	Twelfth Annual Report (for 1988)	dti: 1991
	Hospital Update	
Sandercock P.	Management of Transient Ischaemic Attacks	1990: **16**, 725–733
Allen M.J.	Management of the sprained ankle	1990: **16**, 755–761
Rostron C.K.	Management of the painful red eye in accident and emergency	1990: **16**, 819–826
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Anderson E.	Fatigue fractures of the foot Emphasises how the basic biomechanical function of the foot can produce different types of fatigue foot fracture. Presentation, investigation and treatment.	1990: **21**, 275–279
Plewes J.	Thoracolumbar spinal injuries Discusses the changes in pathogenesis, diagnosis, surgical indications, rehabilitation and care over the last 21 years	1990: **21**, 296–301
Standforth P.	Litigation in trauma Discusses the extent of the problem, Crown indemnity, informed consent, possible solutions and use of litigation	1990: **21**, 321–324
Sutcliffe A.	Resuscitation	

Discusses the pathophysiology and management of hypovolaemic shock, septic shock and ARDS 1990: **21**, 317–320

Davidson D. A review of parachuting injuries
All you want to know about those injuries in one article 1990: **21**, 314–316

Stableforth P. Sports Injuries
Discusses the frequency, pathogenesis, diagnosis, treatment and prevention 1990: **21**, 311–313

Gentleman D. Preventing secondary brain damage after head injury: a multidisciplinary challenge 60 references 1990: **21**, 305–308

Rutherford W. Reception of severely injured patients at hospital Organizational requirements 1990: **21**, 344–346
Discusses the issue of manning A&E departments 24 hours a day with consultants because of the low incidence of serious trauma patients

Kwartz J. *et al.* Diplopia following head injury
Two case reports of IV Nerve palsy following head injury and how to detect the condition 1990: **21**, 351–2

Govender S. *et al.* Open pelvic fractures
32 patients studied retrospectively. General discussion on their management — no control study 1990: **21**, 373–376

Grootboom M. *et al.* Anterior decompression of burst fractures with neurological deficit
30 patients studied retrospectively; surgical approach discussed — no control study 1990: **21**, 389–392

Szalag M. *et al.* Injury of knee ligament and ipsilateral femoral and tibial shaft fractures 1990: **21**, 398–400
110 patients studied — an increase of anterior cruciate damage if there was ipsilateral fracture of Tibia and Femur

Govender S. *et al.* Spinal injuries in children 1990: **21**, 403–406
Spinal injuries in 47 children retrospectively reviewed. Comments on management and outcome

Intensive Therapy and clinical monitoring

Rimmer J.A.P. *et al.* Gastric rupture following cardiopulmonary resuscitation 1990: **11**, 210–213

Lloyd A. Ethical implications of severity scoring Important discussion with Dr Paul Goulden 1991: **12**, 28–31

Journal of Advanced Nursing

Mallett J. & Woolwich C. Triage in accident and emergency departments 1990: **15**, 1443–1451

Journal of Epidemiology and Community Health

Brookes M. *et al.* Head injuries in accident and emergency departments. How different are children from adults? 1990: **44**, 147–151

Donaldson L.J. *et al.* Incidence of fractures in a geographically defined population 1990: **44**, 241–245

Journal of the Royal College of Surgeons of Edinburgh

Chiu K.Y. *et al.* Humeral shaft fracture and arm-wrestling 1990: **35**, 264–265

Ritchie A.J. & Harvey C.F. Experience in low velocity gunshot injuries: a more conservative approach in selected cases 1990: **35**, 302–304

Parker M.J. *et al.* A review of displaced olecranon fractures treated conservatively 1990: **35**, 392–394

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Walters G. *et al.*	Controlled trial of automated external defibrillators in the London Ambulance Service	1990: **83**, 563–565.
Busuttil A. & Wallace N.W.	Medication in police custody	1990: **83**, 566–568
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Alexander D.A.	Psychiatric intervention after the Piper Alpha disaster	1991: **84**, 8–11
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Burns T.P. & Hollins S.C.	Psychiatric response to the Clapham rail crash	1991: **84**, 15–19
Thompson J.	Theoretical issues in responses to disaster	1991: **84**, 19–22
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Saetta J.P. & Quinton D.N.	Residual gastric content after gastric lavage and ipecacuanha-induced emesis in self-poisoned patients: an endoscopic study	1991: **84**, 35–38
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James M.R. *et al.*	Pulse oximetry during apparent tonic-clonic seizures	1991: **337**, 394–395
Rowley G. & Fielding K.	Reliability and accuracy of the Glasgow Coma Scale with experienced and inexperienced users	1991: **337**, 535–538
	Thorax	
Thomson S.R. *et al.*	Prospective study of the yield of physical examination compared with chest radiography in penetrating thoracic trauma	1990: **45**, 616–619
Town I. *et al.*	Use of a management plan for treating asthma in an emergency department	1990: **45**, 702–706
Nakadi B. & Vanderhoeft P.	Effort rupture of the diaphragm	1990: **45**, 715

NOTICES

7th International Syposium on Cardiopulmonary Urgencies and Emergencies 19–22 November 1991, Rotterdam, The Netherlands

The Thorax Cente of Erasmus University is celebrating its 20th Annivesary during 1991. This symposium is being held to commemorate the occasion. It is planned to cover all the recent developments in the areas of cardiopulmonary urgencies and emergencies with state-of-the-art tutorials, presentations, posters and panel discussions involving leading figures in the field.

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Surgery in the Third World

I am anxious to build up a list of surgeons in all specialties from the United Kingdom and Northern Ireland (active or recently retired consultant, or higher surgical trainee) who would like to spend time working and teaching in a third world country.

In most cases accommodation and subsistence is provided and in some air fares also. Periods abroad vary from 1 month upwards but 3–6 months are usually preferred.

Please write to me, care of the Overseas Doctors Training Scheme Office at the Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PN.

Sir Ian Todd KBE FRCS

Editorial correspondence should be directed to the Editor, A. D. Redmond, North Staffordshire Trauma Centre, Princes Road, Hartshill, Stoke-on-Trent, ST4 7GJ, U.K.
Extraction services. The Journal is covered by *Index Medicus, MEDLINE* and *Current Contents Clinical Practice*.

Manuscripts should be sent to the Editor of *Archives of Emergency Medicine*, Dr A. D. Redmond, Department of Accident & Emergency Medicine, University Hospital of South Manchester, West Didsbury, Manchester M20 8LR, England. Contributors must send three complete copies of the text, tables and figures and retain one copy as the Editor does not accept responsibility for damage or loss of papers submitted. Manuscripts must be typewritten on one side of the paper only, with wide margins, be double-spaced, and bear the title of the paper and name and address of the author(s), together with the name of the hospital, laboratory or institution where the work has been carried out. The name and full postal address of the author to whom readers should address correspondence and offprint requests should be given on the first page; this will appear as a footnote in the Journal and the publishers will send the proofs to this author and address unless contrary instructions are written on the manuscript. An informative *summary of not more than 200 words must be included*, and should appear at the beginning of the paper, immediately after the title. The Editorial Board reserves the right to make literary changes. Papers should normally be divided into summary, introduction, methods (and/or materials), results, discussion, acknowledgements and references. SI units should be used throughout. The relative importance of headings must be clearly indicated. The main categories of heading are capitals, side bold and side italics. If necessary, small capitals may be used for subsidiary main headings. Papers are accepted on the understanding that they have not been and will not be published elsewhere. The printing of a letter to the Editor is considered full publication and the above rules apply.

Illustrations should be referred to in text as, e.g., Fig. 2, Figs 2, 4–7, using Arabic numbers. Each figure should bear a reference number corresponding to a similar number in the text, and should be marked on the back with the name(s) of the author(s) and the title of the paper. Where there is doubt as to the orientation of an illustration the top should be marked with an arrow. Photographs and photomicrographs should be unmounted glossy prints and should not be retouched. Colour illustrations are not acceptable. Diagrams should be on separate sheets; they should be drawn with black ink on white paper and should be at least twice the size of the final reproduction. Lines should be of sufficient thickness to stand reduction. Each illustration should be accompanied by a legend clearly describing it; these legends should be grouped on a separate sheet of paper.

Tables should be as few as possible and should include only essential data; they should be typewritten on separate sheets and should be given in Roman numerals. A list of illustrations and tables should accompany the manuscript.

References The number of references should be restricted as much as possible. Journal titles should appear in full. References to books should include the editor(s), publisher and place of publication. In the text references should follow the Harvard style: Smith & Jones (1991) and Jones *et al.* (1991) if there are more than two authors. Check carefully that the references in the text and in the reference list agree. Where several references appear together in the text they should be listed in chronological order. If several papers by the same author from the same year are cited, a, b, c, etc. should be put after the year of publication. References should be listed, double-spaced at the end of the paper in alphabetical order of (first) authors as illustrated: Anderson E., Folklow B., Hilton S. M. & Smith M. (1991) A study of assault victims attending an accident and emergency department. *Archives of Emergency Medicine* **8**, 1–10.
Davidson F. & Carter S. (1991) Fractures in children. In: A. Smith (Ed) *Paediatric Emergencies*, pp. 26–9. Blackwell Scientific Publications, Oxford.

Proofs will be submitted to the author responsible for proof-correction (see under **Manuscripts**) and should be returned to the Editor within three days. Major alterations from the text cannot be accepted.

Offprints Twenty-five offprints of each paper are supplied free, but additional copies may be purchased if ordered on the printed card which will be sent to the author with the proof.
