

It has been shown that pedal cyclists are more likely to suffer head injury than motor cyclists and that those dying suffer more severe head injuries (Waters, 1986). Fatally injured motorcyclists usually had other major injuries because of the higher impact speed and the protection afforded by the compulsory helmet. The introduction of compulsory crash helmets for motorcyclists saw a reduction in severe head injuries. I would suggest as cycling is now increasing in popularity legislation should be introduced to make the wearing of cycle helmets to British standard specification BS6863:1987 mandatory on public roads. Until this is undertaken more publicity is required to emphasize the advantages of helmets and decrease the stigma of wearing them. The wearing of safety helmets needs to be viewed as a safety necessity rather than as part of the imagery of the racing and all-terrain bicycle fraternity. This survey demonstrates that current publicity has not achieved this aim.

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## A fellowship a year abroad: the 'pros' and 'cons'

Sir

Having completed a year's Fellowship in Emergency Medicine in Canada from June 1989–June 1990, I considered it would be helpful to those contemplating a similar opportunity to explain my experiences.

It is important to glean as many factors as possible concerning the hospital of your choice, how the rota works, hours of duty and holidays, if any. Having been offered a Fellowship, the next step is to contact the Director of the Hospital to ensure that the terms of the position are fully understood and to request a memorandum outlining the opportunities and obligations required of the Fellow.

To go abroad is not as simple as it might first appear — there are numerous hurdles to be surmounted, eg: —

- (1) Passing the mandatory examination which entails a 6-h multiple choice type paper involving all the basic sciences.
- (2) Applying for a sabbatical period from your present position.
- (3) Notifying training committees and authorities to whom you have commitments of the decision to go overseas.
- (4) Investigating the possible difficulties of obtaining a work permit.
- (5) Ascertaining the position regarding accommodation, which is particularly important if married with a family.

My secondment was to Sunnybrook Medical Center which is the busiest centre in Canada with a 1200 bed facility, treating up to 50 000 patients annually. The Unit is situated to the North of Toronto and is a referring centre for trauma from the greater area of the province of Ontario. To put this into perspective the province itself is larger than the whole of the U.K.

The system is run under the ATLS guidelines (Advanced Trauma Life Support), and has a co-ordinated approach involving the pre-hospital care personnel, (paramedics, nurses and the trauma team leader). It is by no means all super technology as, having been admitted to a particular speciality, patients are often kept for a considerable length of time in the Accident and Emergency Department before being transferred to a ward, as the wards may be full or there is an understaffing of nurses. On the other hand, CT and investigations such as angiography and ultrasound are readily available 24 h a day.

I had the opportunity to perform functions not often available to Doctors working within the National Health Service, including acting as a Trauma Team Leader and co-ordinating with a team of doctors in the resuscitation of trauma patients. It was interesting to note that the vast majority were the result of motor vehicle accidents. Most of the injuries are referred to as 'blunt trauma' as distinct from gun shot and open wounds from a more violent environment and this is understandable when one considers that Toronto is a city with numerous expansive highways and subject to vehicles travelling at excessive speeds. The 'trauma call' occurred on one or more days per week when I would be on 24-h duty to treat patients referred to the Center and those directly 'off the street'. Once in the Unit patients would be thoroughly examined, all blood tests taken, relevant investigations and procedures carried out (e.g. intubation, chest drain, peritoneal lavage, CT etc). The process usually involved X-rays of the chest, cervical spine, including C7, pelvis and limbs. Other more intricate roentgenograms could be performed as the situation demanded.

Duties included directing paramedics at the scene of the accident on the treatment of patients from trauma, and acute medical emergencies eg cardiac arrest, pulmonary embolism and acute asthmatics. From remote areas helicopters were used to convey patients to hospital.

Shift duties were 6–12 h at a time with a preponderance of the latter. During these periods it was considered essential to remain within the confines of the Department. I attended courses organized frequently at the Hospital and elsewhere. These included an ATLS Instructors Course, Advanced Cardiac Life Support Course and the Paediatric Advanced Life Support Course at the local Children's Hospital which is world renowned in the field of paediatric care. The former gave me the opportunity to teach the ATLS system on several occasions and enabled me to obtain my Instructors certificate but as to be expected it required both time and effort.

Informality in dress and address seemed to be the keynote. Doctors wore 'greens' similar to theatre clothes and at other times clothes were of a more casual mode. Everyone is addressed by their first name from Junior Resident to Director. At times patients appeared aggressive, giving the impression that a law suit is pending if not actually on the way!

Like most things in life it had its good and bad sides. On the negative side the initial accommodation proved unsuitable and we were left to our own devices to find an apartment which met our requirements and within easy access of the hospital. I had hoped that my wife would be able to obtain a position in Canada to assist financially. We were, however, informed by immigration that this would be impossible due to the current regulations.

Transport was also a problem as the U.K. driving licence is not valid in Toronto and we had to travel long distances to undertake our driving test. Insurance for motor vehicles for non-residents proved to be very expensive.

Remuneration received as a Fellow compared unfavourably with Staff Physicians, who, basically, were doing similar duties — this combined with the high cost of living made our sojourn expensive and curtailed opportunities to travel to other provinces. I feel that something could and should be done to alleviate the financial problems.

On the positive side, many new skills were learnt and different types of clinical apparatus were seen and used. This kind of experience would be difficult to obtain under the system which prevails at present in the U.K. I was given the opportunity to collect X-rays and slides for teaching use on my return home. The organization of a Trauma Centre and how a team functions, together with expertise gained as a Trauma Leader, attending courses and learning about the pre-hospital care, including the paramedics role, I found of inestimable value.

In retrospect it was an invaluable experience and definitely worthwhile. I feel better informed and more confident in dealing with trauma patients. As already mentioned, it is essential to weigh up the 'pros' and 'cons', as attitudes and conditions, including the weather, are very different to what we are accustomed to.

We will miss the many friends from both the medical world and those we met on social occasions, all of whom helped to make our stay in Canada more pleasant. We trust that the Atlantic, which not so long ago seemed a huge distance to travel, is now much smaller and we will see them all again one day.

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