officer in a small hospital. The work is very interesting, and only rarely is it necessary to refer a patient to a consultant. This post provides no training whatever, and it would be impossible to incorporate a training programme into it, because the number of extremely serious casualties coming into this department is few. If I wish to stay in this post I must consider myself "a trainee," but if I study for F.R.C.S. I must give up my job. There is currently a nation-wide shortage of casualty officers, and many of these small casualty departments are closed down because of lack of staff.

In peripheral hospitals there are several types of subconsultant posts which provide a great deal of job satisfaction but no training. If the management committees of these hospitals were empowered to appoint permanent medical staff to fill these posts, the staff shortage would be alleviated, and many of those doctors who for one reason or another fail to make the grade as consultants would be profitably employed.—I am, etc.,

DONALD M. BOWERS

General Hospital,
Hexham, Northumberland

IgE Levels in Asthmatics

SIR,—It has been established^{1,2} that increased levels of immunoglobulin E (IgE) may be demonstrated in the sera of allergic individuals, particularly those suffering from asthma. Results obtained on asthmatic patients in this hospital often exceed 20,000 µg/ml, as compared to our normal range of 100-250 µg/ml.

During the course of a recent series of experiments in this laboratory, leading to the development of a method for total serum IgE (employing the single radial immunodiffusion technique of Mancini *et al.*³), it became necessary to concentrate ($\times 100$) and purify the IgE from the sera of various patients. This was accomplished by means of an ion-exchange chromatography system. When the IgE fraction was checked for purity, however, by means of the Ouchterlony double-diffusion method,⁴ using anti-human IgE serum, it was found that whereas the sera from "normal" individuals gave a single precipitin band (Fig. 1), those from a significant number of asthmatic patients gave a double line (Fig. 2).

Tests were performed with anti-human IgE serum obtained from various animal species with similar results, while extensive contamination checking proved negative. It

would appear from the above, therefore, that IgE may appear in the serum in two distinct forms, one of which seems to be found in the serum of all individuals, the other having been detected so far only in the serum of asthmatic subjects.—I am, etc.,

DAVID JACOBS

Allergy Research Unit,
Benenden Chest Hospital,
Benenden, Kent

- ¹ Ishizaka, K., and Ishizaka, T., *Journal of Immunology*, 1967, **99**, 1187.
- ² Johansson, S. G. O., *Lancet*, 1967, **2**, 951.
- ³ Mancini, G., Carbonara, A. O., and Heremans, J. F., *Immunochemistry*, 1966, **2**, 235.
- ⁴ Ouchterlony, O., *Progress in Allergy*, 1958, **5**, 1.

Accident and Emergency Services

SIR,—While your leading article (14 August, p. 385) supports a career structure in accident and emergency services, in the same issue there is a letter from the British Orthopaedic Association (p. 432) expressing some doubts. In this letter, Mr. F. C. Durbin and Mr. J. S. Bachelor complain that the views of the B.O.A. have not been heard. But a senior orthopaedic surgeon, long in the councils of orthopaedic surgeons, was a member of the working party of the C.C.H.M.S. whose report was so overwhelmingly approved at the recent A.R.M. in Leicester.

As your leading article points out, in between the major emergencies and those patients who should properly go to their general practitioner there are hosts of others who come to hospital with an emergency of lesser severity, which still requires skill and experience to get the best. This "best" requires training—and longer than the "year or two" suggested by the B.O.A. Those who have got this experience, as your leading article states, should be consultants equal in status to any other consultant. Of course, the upgrading of medical assistant to consultant rank should be done "with caution"—as the B.O.A. suggests—but then the appointment of any consultant is not undertaken lightly.

The B.O.A. "is certain" that there are not enough trained men to staff all hospitals. All the more reason for making those who are trained consultants, so that they can get on with the training of the many others required. After all, not so very long ago (within the memory of many of us) there were very few trained men available to fill the vast number of consultant posts now existing in orthopaedics, let alone many other specialities. Over the years men have trained to fill these

posts. This is what a career structure in accident and emergency work is designed to do; work which your leading article stresses as important and responsible.—I am, etc.

M. ELLIS

President,
Casualty Surgeons' Association

Leeds

SIR,—Both your leading article (14 August, p. 385) and Dr. C. S. Flowers's letter (17 July, p. 185) emphasize the fact that many of the patients seen in an accident and emergency department are not accident cases.

This is certainly true at Whipps Cross Hospital where there is a large new accident and emergency department which dealt with 9,625 new cases during June 1971, and through which 839 emergencies were admitted. Trauma accounts for about 70% of cases dealt with as outpatients. However, on analysing the more serious cases requiring admission, the figures are very different. Fifty per cent of emergency admissions are medical problems and 25% general surgical ones.

The accident and emergency centre is run by a team of consultants of various specialties, and the staffing establishment consists of a medical assistant and two nine sessions per week clinical assistant posts, as well as eight S.H.O.s. The establishment of the three intermediate grade posts was approved by the North-east Metropolitan Regional Hospital Board, as it is in accordance with the Ministry of Health Circular on National Health Service Accident and Emergency Services.¹ This quotes the recommendation of the Subcommittee on Accident and Emergency Services (para. 90): "Below the consultants there should be three officers of intermediate grade and an adequate number of senior house officers to give a service at all times of the day and night."

Of the three intermediate staff at Whipps Cross Hospital one is experienced in orthopaedics and trauma, one in general surgery, and one in medicine. The functions of these officers are to train the junior medical staff; to be available to provide expert initial treatment for all emergencies during normal working hours; to arrange with general practitioners and with the Emergency Bed Service to accept emergencies and to admit them to the wards of the duty surgeons or physicians; and to supervise the care of patients in the short-stay ward attached to the accident and emergency unit.

The presence of experienced officers in these three branches of medicine has greatly improved the service provided by the accident and emergency department and has taken a great strain off the duty registrars. When, for example, a patient with a coronary thrombosis arrives, he can get immediate expert treatment in the department and his admission to the ward is arranged without having to call the duty medical registrar away from his other tasks. The three intermediate grade officers work from 9 a.m. to 6 p.m. Their absence during the nights and at week-ends is not too important, as at these times the duty registrars are more readily available. This allocation of the intermediate grade staff posts can be recommended as one alternative to a Jack-of-all-trades in the casualty department.

With eight S.H.O. posts it is possible to