

Accident Flying Squad

SIR,—Having recently completed a second vacation employment with a leading ambulance service (Brighton), I was most interested by Dr. Roger Snook's article concerning his accident flying squad (2 September, p. 569). While appreciating fully the value of a radiotelephone link enabling advice to be given to the ambulance on the spot, and, of course, the hospital to be informed of what to expect, I feel the value of attendance to be more limited in the urban situation.

Of the procedures listed in Dr. Snook's Table IV only four are, I believe, beyond the present capabilities of ambulance staff (namely, administration of drugs, intravenous infusion, endotracheal intubation, and the surgical procedures), and of these endotracheal intubation could, I feel sure, come within their competence under appropriate training. While from the data given it is impossible to say on how many calls these procedures were carried out, I do not feel an estimation of 10% of the total number of calls answered (132) can be far out. This represents an average of three to four occasions when this service is of direct value annually.

I find the inference that the medical treatment given at the site of accident in the case reports numbers 1 to 6 saved those patients' lives, while the combined effects of the ambulance staff's treatment and immediate transportation to hospital (with warning of what to expect) would have necessarily failed to do so, very difficult to accept, especially as no indication of the distance from hospital of these incidents is given.

Finally, I must admit the costing interpretation completely defeats me. Consequently I feel unable to pass comment save to say that the expense of duplication of services (on 90% of the calls answered) is not mentioned, and that though fatal injury for those directly concerned either by involvement in the accident or by being dependent on the deceased is costly I do not feel £16,809 reflects the direct loss to the community at large.

The more pressing need in urban areas is the further training of ambulance staff, who, with their great knowledge of the locality and expertise in handling patients in difficult circumstances in the field, can provide the best service. In rural areas, where such procedures as necessitate qualified practitioners are more prevalent owing to the greater distance to be travelled, there is greater need for such a service as described.—I am, etc.,

T. J. ORCHARD
Medical Student

Welsh National School of Medicine

SIR,—The paper by Dr. Roger Snook on an accident flying squad (2 September, p. 569) shows several weaknesses of organization. Having worked as a team member of the Derbyshire Royal Infirmary flying squad, I would like to make the following criticisms. Transport to the scene of an accident should not be carried out by the doctor in his own car, as advocated in the paper. In my view, it must be provided by the police. Passage

through traffic at the speed required needs to be done with full warning cover—blue flashing light and sirens. The skill of drivers involved could be matched by few doctors, whose subsequent emergency work would be hampered by such a journey. A patient requiring flying squad attendance usually needs medical supervision in the ambulance on the return journey to the hospital. The problem of leaving a vehicle on the scene of the accident does not arise when specialized transport is used.

Accident flying squads should not be based on a general practice but on accident and emergency departments. The family doctor would not have enough experience to deal with some of the work, such as the following, which involves certain specialized techniques requiring frequent repetition to retain adequate expertise. (1) Intubation of the airway. Only with regular practice can competence be maintained in often difficult surroundings. (2) Administration of an anaesthetic. This is necessary for on-the-scene operations—for example, removal of a trapped patient from a smashed vehicle or emergency amputation of a limb. (3) Insertion of chest drains. This may be required for a traumatic pneumothorax. (4) Manipulation of fractures. It must be emphasized that the accident flying squad is useful only when the medical personnel going to the scene are able to carry out procedures which ambulance men are not trained to do. The family doctor, because he is a generalist, would find himself going to only a few accidents a year. Therefore he could not reasonably be asked to carry out the techniques described.

There is no proof that the medical treatment in the cases reported was wholly responsible for the survival of the patients, as implied in the heading (p. 572). Claims like that tend to bring flying squads into disrepute.

I am in agreement with Dr. Snook that Flying Squads are of great value, but these ought to be more sophisticated than the one described.—I am, etc.,

J. F. REDDEN

Kilburn,
Derbys

Success of Adoption

SIR,—In your recent leading article (9 September, p. 602) you quote from the latest report from the National Child Development Study.¹ This, in my view, gives a slightly optimistic viewpoint on the success of adoption and might lead one to think that adoption was a perfect solution to the unwanted child.

There is no doubt that adoption presents problems, though its advantages far outweigh the disadvantages for those unwanted children not adopted. Out of 1,000 referrals at a local authority child guidance clinic 51 were adopted. These are children with some form of emotional disturbance or parental anxiety, an incidence which is much higher than that of the general population. The explanation may well be that there is in these children a genetically determined maturational defect, but I do not believe that this is the whole explanation. Thirty out of 51 children were boys, which is representative of the general rate of all referrals.

This is, of course, not to criticize adoption in general but is a warning against an over-optimistic view of its success rate.—I am, etc.,

J. VINCENZI

Earls Colne,
Essex

¹ Seglow, J., Kellmer-Pringle, M., and Wedge, P., *Growing Up Adopted*. National Foundation for Educational Research in England and Wales, 1972.

Call the Doctor

SIR,—A relation came to England from abroad by air recently for a stay of a few weeks here. She was presented on arrival with a yellow form issued by the Department of Health and Social Security. It contained the following illuminating passages: "If you, wherever you may be, fall ill . . . call in a doctor immediately and give him this card . . . you will not be charged for this visit by the doctor."

I do not object to this gratuitous advertising of our charity sickness service. I suppose we have so little to offer visitors that a free tame doctor may attract valuable tourist trade. I do, however, take very grave exception to the expression "call in a doctor immediately" and to the word "visit" in the second passage.

Surely the obvious wording would be, "contact a doctor if you become ill after arrival, and he will tell you what to do." And, in place of the second phrase, "you need not pay for any medical care."

These may seem small points but they can lead to unnecessary visiting.—I am, etc.,

JOHN S. W. LITTLE

Highbridge, Somerset

Aspirin and Gastric Bleeding

SIR,—I would agree with Dr. D. N. Croft and his colleagues (2 September, p. 545) that aspirin is one of the safest and most useful of drugs, but they have dealt it a grievous blow by computing the yearly blood loss from aspirin usage as "enough blood to fill a domestic swimming pool." This colourful prose has already received banner headlines in the lay press.

They would have done well to put their article in perspective by also referring to the small gastric oozing of blood which normally takes place in the majority of the population, who lose about a millilitre of blood a day. In their journalistic idiom this could be expressed as one domestic swimming pool full every three days.

In the 15 patients they have studied the new aspirin preparation looks promising, but it is early days yet and two of the patients did show a definite increase in blood loss during treatment. Even if a drug is found to be better than soluble aspirin with regard to blood loss there are likely to be some individuals who will react adversely. It might be wiser, therefore, in the circumstances to refer to gastric bleeding in the acceptable medical measurement of millilitres and not to frighten old ladies with pictures of a pool of blood in the back garden.—I am, etc.,

A. T. MENNIE

London S.W.10