The general practitioner's use and expectations of an accident and emergency department

We would like to comment on some of the recommendations made in the article by Morrison *et al.* (April 1990 *JRSM*, p 237).

(1) 70% were interested in attending joint meetings: We have run a large annual course which started in 1980 as a joint meeting with delegates from various A & E departments and general practice. Over the next seven years the number of A & E doctors from outside the district dropped, but general practitioners continued to attend in large numbers. At our last meeting on 29 March 1990, 147 general practitioners attended and the vast majority found it very useful. A & E administrative staff mingle with delegates during tea and dinner breaks to listen to problems GPs encounter with the hospital.

(2) Communication: The A & E department sends out a quarterly newsletter to general practitioners to keep them abreast of new developments. It points out in a non-judgmental manner problems experienced by the department in receiving emergencies initially managed by GPs. The newsletter also invites comment from its recipients. This has worked well over the years.

This department has a real-time computer system with facilities for free text that produces a letter to the general practitioner for each patient attendance. This is not a perfect system because some of the younger general practitioners prefer the recently discarded system of receiving the top copy of a triple NCR record card.

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Non-steroidal anti-inflammatory drugs (NSAIDs) and the ileum

The pertinent report of Haw *et al.* (February 1990 *JRSM*, p 114) prompts me to write. Research in this field is progressing at a rapid pace and it is, therefore, quite possible that the non-specialist may be completely unaware of the literature in this important area.

The effects of NSAIDs on the terminal ileum range from an early increase in mucosal 'leakiness' (or permeability) to changes in bile acid malabsorption, ulceration, bleeding and, less commonly, strictures and perforation. Increases in colonic permeability and ulceration are also recognized[1,2]. Some of these changes appear to be protected against by misoprostil[3] and ingestion of mixtures of glucose/citrate[4].

This fascinating condition is not merely important in its own right, but affords many similarities with inflammatory bowel disease in man[5]. We have validated an experimental animal model of the condition[6], and used it to study both the mechanisms of action of various therapeutic agents[7] and also to study the pathophysiological sequence of events leading both to the increase in permeability and morphological sequelae. We are currently completing studies that indicate changes in eicosanoid levels, tissue nucleotide and mitochondrial metabolite handling, and free radical production and damage may be crucial in early NSAID enteropathy and, therefore, in inflammatory bowel diseases.

The clinician should, therefore, be aware of the protean effects of NSAIDs on the small gut, the potentially high incidence of side effects and, finally, that strategies are being actively sought to rationalise the pathogenesis and treatment of both NSAID enteropathy and inflammatory bowel diseases in general[5-7].

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Advanced trauma life support courses

The editorial (May 1990 *JRSM*, p 281) by Dr Myers, Director of the State of Maryland ATLS Programme, eloquently describes the aims and content of the courses. Unfortunately he does not seem to know that Instructor and Provider Courses are well established in the United Kingdom as a result of an initiative between the American College of Surgeons and the Royal College of Surgeons of England. The American College of Surgeons, having satisfied itself that the Royal College of Surgeons of England is dedicated to continuing these courses in the same manner and with the same standards as laid down by the American College has given the English College full autonomy in running the ATLS programme in the United Kingdom. Medical practitioners wishing to avail themselves of a provider course should write to the ATLS Secretary, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC1. Because of the new arrangements, the American College will no longer accept medical practitioners from the United Kingdom as candidates for their instructor course.

MILES IRVING

Convenor, ATLS Programme

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