Editorial

Up the creek

THE ACCIDENT and emergency department is the shop window of the hospital service. It is there that the public and his wife may, for the first time, meet those white-coated or starch-apronned unapproachables whom television has taught them to regard with awe, glamour or fear. The very words 'accident and emergency department' are a glossy enlargement of 'casualty'. How curious that the term 'casualty officer' has not changed—can it be that a less humble title would embarrassingly underline our neglect of this important individual?

Let us consider some of his problems. He is expected to deal with disorders of bewildering variety—from constipation to concussion, abortion to apoplexy, and heartburn to heart failure—to say nothing of drunkenness, poisoning, suicide and injuries of all degrees of severity. He must be alert even if he has been working through half the night. His calmness must be unshakeable and his courtesy remain impeccable despite appalling and unwarranted provocation. With trivial ailments he must deal swiftly but reassuringly; with desperate conditions he must institute complex life-saving measures which require expertise but cannot await the expert.

Meanwhile he can expect to be badgered—by the nurse who wants him to hurry because there is a queue of patients, by the consultant who demands that his beds should not be cluttered up unnecessarily, by the administrator whose pure passion for form-filling is inevitably inflamed by medico-legal qualms, and of course by the patient and his relatives who are understandably apprehensive. The man capable of performing these marvels of medicine and miracles of diplomacy should obviously enjoy the status of a bishop and the pay of a pop singer.

Now let us look at some facts. His status is appallingly low, his conditions of service unusually bad, and his pay scandalous. He may well have arrived from Sydney or Singapore only a few days ago, and be unfamiliar with the niceties of the health service or the nuances of the English language (to say nothing of its many and mutually incomprehensible dialects). He finds himself in a dingy department with inadequate equipment; with too many patients and too few nurses. The registrars and consultants on whom he expects to lean and from whom he expects to learn, are usually not available (not as he supposes because they are playing golf, but because their daily routine of work makes no allowance for time spent in casualty). And worst of all, his previous training, except in fortunate instances, has scarcely even envisaged—let alone anticipated—his dangerous and exposed situation.

The building of a completely new accident and emergency centre at St Peter's Hospital, Chertsey, in 1964, provided the stimulus and the opportunity to reorganize, a process in which we received most generous help from the South West Metropolitan Regional Hospital Board. But although our staff now included accident and emergency registrars (note the grandiose title) we also needed juniors, some of whom were inevitably in their very first casualty post. To have trained them in the proper way, by apprenticeship, would have needed an even larger staff of seniors and been quite uneconomic. We felt that the only solution was to send these juniors away for a short but intensive training course.

There was one snag—no such course could be found—an incredible gap in this 'Age of Accidents'. Consequently we organized a course ourselves. Again we were backed nobly, this time by the British Postgraduate Medical Federation as well as by the Regional Board. The response was overwhelming; we could not meet the demand. Hence this symposium. Many of the articles are based on lectures given during the St Peter's course. They are far from comprehensive but (to resume the metaphor of the title) if the poor casualty officer is up the creek, at least we should throw him a paddle.

A.G.A.
Up the creek.

A. G. Apley

*Postgrad Med J* 1967 43: 557
doi: 10.1136/pgmj.43.503.557

Updated information and services can be found at: [http://pmj.bmj.com/content/43/503/557.citation](http://pmj.bmj.com/content/43/503/557.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

**Notes**

To request permissions go to: [http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to: [http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to: [http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)