Alcohol consumption and driving behaviour of hotel patrons

To the Editor: Considerable concern has been expressed by health authorities over the level of alcohol consumed by Australians. Drinking alcohol to intoxication is of particular concern, especially in places such as hotels and taverns, which are associated with an increased risk of assaults, road traffic accidents and drink-driving offences.

A recent Western Australian survey of 307 patrons leaving 15 hotels and taverns in Perth on Friday and Saturday evenings has shown that drinkers were likely to consume large blood alcohol levels (BALS) which are the norm in such settings. The majority of patrons (307 of 414 approached (74%)) agreed to take part in the study, and they were predominately young (78% aged 19 to 35 years), and 78% were men. Average reported patron alcohol consumption was 7.7 standard drinks for men and 4.9 drinks for women. Therefore, on average, men consumed almost twice as much, and women two-and-a-half times as much, as the daily amount recommended by the National Health and Medical Research Council (NHMRC). Almost one in four patrons sampled consumed alcohol on the premises well in excess of harmful levels (more than 10 drinks if male and 6 drinks if female). Analysis of BALS of patrons showed that more than half (56%) exceeded 0.05, and more than one-third (35%) exceeded the Western Australian drink-drive limit of 0.06. Despite all patrons in the sample being informed of their BALT and legal status with respect to driving, 23% of those whose BALTs were over the 0.08 legal limit were subsequently observed to drive.

These results show that the majority of young patrons drinking in Perth metropolitan hotels and taverns attain blood alcohol levels considered in most States as dangerous for driving, on such occasions they consume amounts of alcohol well in excess of limits currently recommended by health authorities. While lowering very high levels of consumption on licensed premises should lead to a reduction in alcohol-related harm and offences, this situation is unlikely to be achieved without public debate and clear enforceable guidelines as to the responsibility of licensees in serving a legal but potentially lethal psychotropic drug.

Despite community support for police enforcement of existing liquor licensing laws, very little enforcement activity has been apparent in recent years. There is a need for a much clearer message regarding the service of alcohol to intoxicated patrons to be conveyed to licensees. At the same time, more robust training programs should be expanded and bastards supported through increased public awareness campaigns outlining the responsibilities of servers of alcohol.

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**Hipporadiscope being a variant of the Tumblre method**

To the Editor: I would like to present a 30-year follow up of an operation reported in the Journal of the Royal College of Surgeons of Edinburgh 2013. This was perhaps one of the last hip operations performed, since it was about this time that the late and great Sir John Charnley was developing hip replacement surgery — an operation that has restored painless hip movement to countless thousands of arthritis sufferers. My patient was then 60 years of age and she had had two children with no obstetrical problems due to a stiff hip. She has a strong fusion and is entirely without pain in the hip. She has no backache, a common complication with this operation in years gone by. There is no shortening of the involved limb and she performs most activities without difficulty. She has slight pain when waking up a hill.

As Figure 1 indicates, this remarkable (now extinct) operation was performed through a two-inch incision in the upper lateral thigh. The long anterior pin transgresses the hip joint, thus immobilizing it while the sacro-femoral graft is "taking". Whereas with this operation the fibula graft is passed through a half-inch hole in the femur and then driven into a hole in the ischium, Trumble's operation consisted of osteotomising the femur completely and driving a large sheet of iliac crest directly into the ischium. Trumble's procedure was done on non-weight-bearing months, whereas the operation performed was followed by immediate partial weight-bearing and knee exercises. With both procedures the static nerve was at risk. The graft passes perpendicularly to the nerve on its journey from femur to ischium.

Figure 2 indicates that the hip joint itself is fused, even though the operation did not involve opening the hip joint. The rigid immobilisation enabled bone to grow across from the acetabulum into the femur, giving fixation. This now defunct operation of extra-articular sacro-femoral arthrodesis, used worldwide for many years, has a particular interest for Australians. It was described by the late Melbourne neurosurgeon, Dr Trumble. Trumble was perhaps one of the great orthopaedic thinkers Australia's medical practice has produced. He was a neurosurgeon who had an interest in general surgery, orthopaedics and chest surgery. He was a member of the General Practitioners' Association. He was uncle of the young Hugh Trump, an Australian Test cricketer, the only one ever to have performed a "hat-trick" twice in Test Matches between England and Australia. (To do it once is unique, and twice, certainly, immodest.)

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**References**