

# PRIMARY SURVEY

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## RABIES

Those of us practicing in the UK have the luxury of not having to worry about the threat of rabies in animal bites. However, this can all too easily change as the case of bat rabies in Scotland demonstrates. We also need to consider rabies in bites that occur overseas. The review by McKay and Wallis provides an up to date review of the subject and excellent material for your Continuing Professional Development folder.

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## INTUBATION OR CPAP FOR FLAIL CHEST?

IPPV via an endotracheal tube is often seen as the gold standard to optimize respiratory function in patients with severe injuries and most of us sigh with relief as the ET tube is seen safely though the cords. However, the long term consequences are rarely seen in the Emergency Department. It is going to take strong evidence for us to change our standard approach but the paper by Gunduz and colleagues provides an alternative for the trauma patient with a flail chest. We are all increasingly using CPAP in our resuscitation rooms, this could be another indication.

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## SPINAL FRACTURE WITHOUT TENDERNESS

A worrying series of patients presented from the group in Oxford confirms observations of a number of experienced Emergency Medicine clinicians, that simple palpation may fail to reveal tenderness in patients with vertebral fractures. The more re-assuring message is that taking a clear history of the mechanism of injury would have lead to a high index of suspicion and

radiography in most of these cases. A brief consideration of the anatomy of the spine makes it obvious that a fracture of the anterior or middle columns of the spine may not be detected by pressure on a structure some centimeters distant. Read and remember.

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## BETTER REFERRALS?

Referring patients to other clinicians is a key part of Emergency Medicine practice. Difficulties in this process are well recognized but it is a skill that is taught and tested in UK Emergency Medicine training. Reid and colleagues have studied the process, analysed the problems, and developed methods of reducing the problem. Even the most senior Emergency Physician has occasional problems so anything that makes process easier is likely to be well worth the investment in time and education.

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## ED ULTRASOUND FOR ALL

The addition of ultrasound skills to the UK curriculum for Emergency Medicine heightens the interest of the paper by McLaughlin and colleagues. They describe a method for introducing the service to their ED and some of the benefits. The arguments for and against setting up an ED ultrasound service are well rehearsed but the tide is turning in favor of the use of ultrasound. No doubt there will be letters and debate about this subject, but then that is one of the aims of the EMJ.

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## ....AND FINALLY

At the end of the month we leave our posts as co-editors of the EMJ. We have found the past 5 years an immensely rewarding and humbling experience. Rewarding as we have seen the EMJ grow and expand in content, cross geographic and professional boundaries, and make the transition into the electronic age. Humbling in the sheer volume of time and effort that a range of individuals give to the journal. Our thanks go to the EMJ team especially our Associate Editors Kevin, Jonathan, Colville, and Rod. They are on a continuous treadmill of producing copy against deadlines. Their input has been enormous. The office team and BMJ group have provided excellent advice and truly professional publishing advice. The British Association for Emergency Medicine has had the faith to support the at times costly development of the EMJ.

Like at an Oscar ceremony we could go on thanking people but the list is endless and we would always forget someone. So we will stop here, except to thank authors, writers, and reviewers for all your contributions. We realise the blood and sweat needed at times to produce work. We apologise if we have offended in not accepting material but we really get far more material submitted than we can publish.

We are also humbled by the work that we have left undone. Scientific journals face an uncertain future and the EMJ needs to improve and grow in a number of areas. We wish the new editorial team the best of luck in their task and hope that they receive the type of support and understanding that we have enjoyed over the past 5 years.