

Reviews	79	Emergency medicine terminology in the United Kingdom—time to follow the trend? <i>C Reid, L Chan</i>
	81	The therapeutic potential of regulated hypothermia <i>C J Gordon</i>
Original articles	90	Emergency airway management by non-anaesthesia house officers—a comparison of three strategies <i>V Dörge, H Ocker, V Wenzel, C Sauer, P Schmucker</i>
	95	Carbon monoxide poisoning: correlation of neurological findings between accident and emergency departments and a hyperbaric unit <i>R Lynch, G Laden, P Grout</i>
	99	Improving detection of alcohol misuse in patients presenting to an accident and emergency department <i>J S Huntley, C Blain, S Hood, R Touquet</i>
	105	Trends in community violence in England and Wales 1995–1998: an accident and emergency department perspective <i>V Sivarajasingam, J P Shepherd</i>
	110	The association between deprivation levels, attendance rate and triage category of children attending a children's accident and emergency department <i>T F Beattie, D R Gorman, J J Walker</i>
	112	Comparing two different methods of identifying alcohol related problems in the emergency department: a real chance to intervene? <i>A Hadida, N Kapur, K Mackway-Jones, E Guthrie, F Creed</i>
Best evidence topic reports	116	Towards evidence based emergency medicine: best BETs from the Manchester Royal Infirmary <i>Edited by K Mackway-Jones</i>
	116	Lorazepam or diazepam for generalised convulsions in adults <i>J Butler, M Lewis</i>
	117	Capillary blood gases in COPD <i>R Murphy, M Harrison</i>
	118	Salbutamol and ipratropium in COPD <i>M Harrison, R Murphy</i>
	119	Nebulised epinephrine or corticosteroids in croup <i>A Ghosh, R Morton</i>
	119	Prophylactic magnesium in myocardial infarction <i>M Davies, A Ghosh</i>
	120	SimpliRed and diagnosis of deep venous thrombosis <i>S Jones, M Harrison</i>
	122	Monophasic or biphasic defibrillation <i>R Boyd, A Ghosh</i>
	123	Antibiotics for otitis media <i>A Ghosh, R Jackson</i>
An introduction to statistics	124	Article 6. An introduction to hypothesis testing. Parametric comparison of two groups—1 <i>P Driscoll, F Lecky</i>
Simulated interactive management series (SIMS)	131	Article 1. Introduction—St Jude's, the “virtual” A&E department <i>J Wardrope, S McCormick</i>
Journal scan	135	Journal scan <i>Edited by Jonathan Wyatt; this scan coordinated by Rakesh Khanna</i>
Case reports	138	<i>Clostridium novyi</i> infection: a fatal association with injecting drug users <i>J M Ryan, J Paul, S Curtis, N K Patel</i>
	140	An uncommon cause of foot ulcer: tuberculous osteomyelitis <i>M C Yuen, W K Tung</i>
	142	Emergency presentation of oesophageal carcinoma. An unusual case <i>T Al-Janabi, R Brown</i>
	143	Acute myelogenous leukaemia presenting with mid-foot pain after an inversion injury <i>C Dewar, H Morriss</i>
Emergency casebooks	145	Bilateral spontaneous pneumothorax—the case for prompt chest radiography <i>S C Wilkie, L J Hislop, S Miller</i>
	145	A misdiagnosed fracture of the calcaneum <i>S Cutts, M S Morris</i>
	146	Pancreatic trauma in a child <i>J A Gilchrist, P S Broadley, R N Sharwis</i>
Letters to the editor	147	Toxicological screening in trauma <i>I Hunt, P Rust, T Carrigan</i>
	147	The Ottawa Ankle Rule <i>F Rae, S Perry, N Raby, P T Grant</i>
	148	Chest pain observation units <i>L Graff</i>
	148	Chest pain observation units <i>A Kelly, S Goodacre</i>
	148	Three generations of recurrent dislocated shoulders <i>B A Foëx</i>
Book reviews	149	Too much to read and not enough time: a suggested reading list for accident and emergency registrars <i>H Law, F Andrews</i>

Abstract	154	The ethics of war and police—do 21st century bullets meet 19th century ideals? <i>R A Cocks, N Y L Lam</i>
-----------------	-----	---

	155	<i>Emergency Medicine</i> contents page
--	-----	---

	156	Instructions to authors
--	-----	--------------------------------

In this issue

Emergency airway management by non-anaesthesia house officers—a comparison of three strategies

The purpose of our study was to determine effects of different airway devices and tidal volumes on lung ventilation and gastric inflation in an unprotected airway (p 90). Thirty one non-anaesthesia house officers ventilated a bench model simulating an unintubated respiratory arrest patient with bag-valve-face mask, laryngeal mask airway, and combitube using paediatric and adult self inflating bags. The paediatric self inflating bag may be an option to reduce the risk of gastric inflation when using the laryngeal mask airway, and especially, the bag-valve-face mask. Both the laryngeal mask airway and combitube proved to be valid alternatives for the bag-valve-face mask in our experimental model.

How to improve the detection of alcohol misuse in patients presenting to an accident and emergency department

The Paddington Alcohol Test (PAT) has been used for several years in an attempt to identify patients who misuse alcohol, so that they may be referred to an alcohol health worker. However, detection and referral rates have remained lower than expected. An audit and feedback system was set up, which augmented PAT usage, PAT positivity and referral (p 99). In addition, based on the study's findings, several important modifications were made to the PAT itself.

Regulated hypothermia may improve recovery from brain injury and other insults

Hypothermia is becoming an increasingly useful technique to reduce damage caused

by traumatic brain injury (p 81). Hypothermia is induced by forcing body temperature below normal with ice packs and other cooling techniques; however, this method of cooling is stressful because homeostatic mechanisms are activated to counter the reduced body temperature. Research with rodent models subjected to insults suggests that their thermoregulatory centres mediate a regulated decrease in body temperature. This adaptive response improves their survival to many types of insults. Understanding the mechanism of forced and regulated hypothermia should lead to better means of using hypothermia to treat brain injuries and other insults.

Carbon monoxide poisoning: correlation of neurological examination findings between accident and emergency departments and a hyperbaric unit

Issues surrounding carbon monoxide poisoning are gaining an increasing profile in many medical publications. As carbon monoxide poisoning is more common than has hitherto been realised, it is important that clinicians should be able to make the diagnosis. In this issue of the journal our paper considers one aspect of patients poisoned by carbon monoxide “the physical examination”, specifically, that of “neurological examination” and the subsequent record of the findings (p 95). This area of practice has both a medical and medico-legal implication. On the one hand findings may influence the clinical management. Additionally a small but increasing number of patients will go on to take action against their landlord or employer.