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In this issue

Casualty, accident and emergency, or emergency medicine, the evolution
What does the future hold for accident and emergency medicine? History often teaches lessons that should not be forgotten by those planning the future. Sakr and Wardrope (p 314) review the origin of our specialty, chart its development, and start to look to the future. We have made great advances over the past 30 years but decisions made in the next 5–10 years will determine the shape of our future practice for the rest of all our working lives, and the lives of many who are still to enter training. Whatever we decide we must understand the reasons for the success of accident and emergency so that we can go on to build on this success and not recreate systems that have failed in the past.

Neonatal head injuries
Head injuries in infants have been extensively studied in the past, but no studies have looked exclusively at neonates who sustain head injuries. Many of these infants are looked after by accident and emergency or paediatric doctors with little or no experience in this area. This retrospective study (p 334) looks at 25 neonates admitted to a large paediatric centre after head injury. The majority of injuries were caused by a fall and despite a high incidence of skull fracture, sequelae were uncommon. A short period of observation is recommended if computed tomography (to exclude intracranial injury) is unavailable.

Biological tissue adhesive for multiple use in the accident and emergency department
Tissue adhesives have many advantages over other methods of minor wound closure. These include ease, speed, and relatively painless application. They are, however, significantly more expensive per application than sutures or Steristrips. This is because each vial of adhesive is recommended for a "once only" application. Gerrard *et al* (p 341) look into the possibility of multiple application by investigating if the strength of the adhesive deteriorates over time after the vial has been opened, and assessing the risk of glue contamination and hence cross infection if used repeatedly. The authors tested the glue strength by setting up a series of experiments to measure the force at which the glue bond gave way. Analysis of variance showed no deterioration in glue strength up to 28 days after opening. Microbiological testing showed no evidence of contamination when the glue was opened and used repeatedly and stored in the normal clinical setting. The implications for financial savings to accident and emergency departments are considerable.

Many accident and emergency departments are poorly equipped to safely manage victims of chemical incidents
The NHS Executive guidance on planning for major incidents sets out clear responsibilities for NHS trusts and health authorities in relation to the care of victims of chemical incidents. The capability of many departments to fulfil these responsibilities is unclear. In this paper (p 344) the decontamination facilities and equipment of major accident and emergency departments in six health regions were reviewed and been found wanting. There is a need to formulate and implement nationally agreed service standards.

Acute occlusion of the retinal arteries
Acute occlusion of the retinal arterial vasculature is not an uncommon presentation to the accident and emergency department, and the visual outcome is generally poor. The authors have reviewed the literature germane to this condition (p 324). In the setting of an accident and emergency department the non-ophthalmologist can offer little more than ocular massage and intravenous acetazolamide. In the future selective intra-arterial fibrinolytic therapy may prove useful. Appropriate investigations in order to identify causative pathology are indicated in all cases, and ophthalmic follow up after the acute event is essential because of the possibility of ocular rubeosis.