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 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 medicolegal 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.