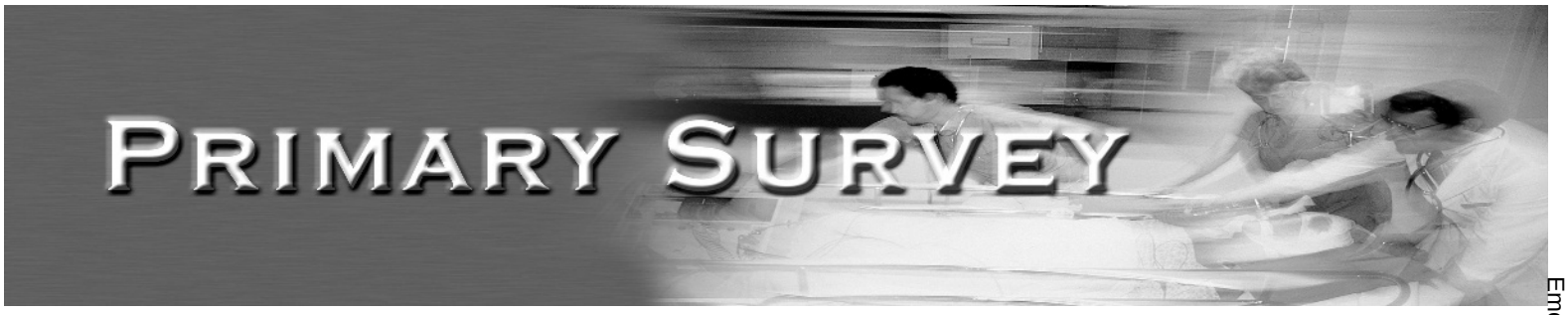

Geoff Hughes, *Editor*

This month we have several original papers and a good journal for you to read. For those of you going away for a summer break there is plenty to read while you are on the beach, by the pool, in a plane or stuck in a traffic jam.

MEDICALLY UNEXPLAINED SYMPTOMS

A review of medically unexplained symptoms, especially in the context of emergency medicine, by Stephenson and Price is challenging. They argue that patients with these characteristics are under recognised and ignored in our teaching and literature. This article may provoke correspondence.
See p 595

OXYGEN ALERT CARDS

A group from Southend describe the use of oxygen alert cards in chronic respiratory disease patients who are at risk of CO_2 retention when treated with uncontrolled oxygen in prehospital care. The card proved helpful in the ambulance and in the emergency department in reducing iatrogenic disease.
See p 636

INTERNET MEDICAL INFORMTION IS ACCEPTABLE TO HEALTH PROFESSIONALS

TOXBASE, introduced in 1999, was the first example in the world, of using the internet to provide clinical advice at a national level. Bateman and Good, from Edinburgh, report that it has been successful in many facets and is cost effective. Healthcare professionals who used it found it acceptable as well. It is good to have evidence that, what is now an accepted means of getting health information, is actually doing what it was supposed to do.
See p 614

COLLAPSE? CAUSE?

Depending on the context, patients who have this presentation (syncope), can be straightforward to evaluate or a significant challenge. Reed and Gray review the problem and highlight that using the Italian OESIL scoring system is a useful risk stratification tool. What is the OESIL score you may well ask? Read on.
See p 589

CENTRAL VENOUS AND ARTERIAL BLOOD; AS GOOD AS EACH OTHER?

A team from Australia show that central venous blood is as good as arterial blood in measuring certain parameters. Their data is taken from ICU patients. Perhaps the next step is to repeat the study in the resuscitaion room.
See p 622

NASOPHARYNGEAL AIRWAYS

A team from the Royal London Hospital write in to warn us that intracranial placement of these tubes in patients with basal skull fractures may be commoner than we realise; they ask the question, is the fear of misplacement compromising optimum airway care?
See p 661

DVT AGAIN

We all know about the difficulties in detecting thromboembolic disease. There is a regular update of the literature, release of detailed audits, new protocols and so forth. Locker and the team from Sheffield offer an excellent review of the role of plethysmography and rheography in DVT diagnosis. This is a detailed meta-analysis with a good conclusion.
See p 630

PREHOSPITAL THROMBOLYSIS

Two authors from Bath analyse barriers to the use of prehospital thromboysis in acute myocardial infarction. The main problem they find is a mismatch between ambulance and hospital guidelines. I suspect this is not a unique problem.
See p 650

AND FINALLY MEA CULPA IN THE EMJ

Raja and Cooper offer an important audit for all authors and those of us involved with the journal's production. In 2003 they detected 19% of all citations (references) in this journal were inaccurate; in 8% the errors were significant. We will put this item onto our own editorial team's agenda.
See p 625