EDITOR'S NOTE

In the Forefront

This issue of *Wilderness & Environmental Medicine* represents the exciting and vast scope of our field. High altitude, wilderness toxicology, long distance events, hypothermia diagnosis, avalanche dangers, among many other topics are here. The papers are as interesting as the environment in which we practice.

We have not had a long history of publishing basic science research, but every once in a while a submission captures our attention. For example, Kleinsasser et al bring a novel potential treatment for high altitude pulmonary edema (HAPE) that may add to the basic, but tried and true, treatments of descent and oxygen. Many HAPE fatalities have occurred when these treatments are not available, as descent can sometimes be impossible and oxygen bottles are infrequently carried by mountain expeditions. Additional medical field treatments would be a welcome addition to what currently is the standard. Research such as this continues to advance the possibilities of taking care of patients in the mountains.

Improvisation is a cornerstone of our specialty. The wilderness and mountain environments in which we practice usually provide ample means to treat our patients, we just need to find how to use them. The article on homemade field thermometers by Pasquier is a model for rescuers using equipment available to examine and treat hypothermic patients. Also in this issue, Weichen-
thal et al compares the comfort and efficacy of the improvised femur traction splint, which is widely taught in wilderness medical courses, to commercially made devices. Their results on a small number of healthy

participants showed that the improved splint does just as well. Research such as this helps to solidify and provide evidence for the practices that we commonly perform in the outdoor environment.

Medical directors are commonly employed by police, fire, and emergency medical agencies but have been variably utilized in wilderness and operational organizations. This question is timely raised by Warden et al in this issue. Not all search and rescue, ski patrol, and operational organizations have the capacity to involve or hire a physician to oversee their education. But many physicians who have worked in this capacity believe that physician medical directorship helps the providers stay current in an evolving field as well as increase overall aptitude in their skills and patient care. The question remains, however, how best to involve physicians in this role. Logistically, most physicians in these positions are volunteer and therefore their level of involvement may be variable. Some of the physicians may lack adequate training in the wilderness or mountain environment and therefore may not be in a position to adequately oversee this specialized training. These, as well as many other questions, remain.

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