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Highlights of this edition

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As 2016 draws to a close, we can reflect on another year of our Armed Forces being positioned for the demands of contingency operations. The very definition of contingency means that we can be expected to provide medical support to deployments in a variety of climates and environments and so it is pertinent to present this collection of articles themed around austere and altitude environments. It is relevant to highlight that, unlike most themed editions of this Journal, it has not been guest edited, nor commissioned—each of the papers has been submitted *de novo* by the authors over the course of the last 18 months. This fact reflects the enormous experience that the Defence Medical Services, and military medical services around the world, possess in providing medical care in these enormously challenging situations.

AVALANCHE

This incisive review from Norway reviews the mechanisms of injury in avalanche,

the methods that may maximise survival and the techniques of rescue. It reminds us of the many thousands of soldiers who have died in avalanche whilst serving or exercising in mountainous areas and highlights the most recent deaths in Kashmir as recently as 2012. It is essential reading for anyone providing medical support in such areas.

FREEZING COLD

Deploying to snow zones is an intrinsic part of the roles of many members of the UK military where they are at risk of freezing cold injury. In many respects they are lucky in that they have a facility as skilled as the Institute of Naval Medicine's, Cold weather Injury Clinic to manage their conditions. In contingency, this article reviewing over a decade's worth of patients, is timely, as it highlights the lack of systematic collection of climatic injury data which will be essential in ensuring that these injuries are recognised and managed appropriately.

BOILING HOT

At the other end of the spectrum is the perennial military problem of avoiding heat injury when working in the unusual tropical climates to which we deploy. The two articles from Stacey *et al* reinforce many of the issues that have been well reported throughout the military medical literature through

the years but are routinely forgotten: a significant number of heat illnesses occur in UK and it is vital that this risk is recognised and the individual and command steps that can be taken to minimise the risk of heat injury must be re-emphasised to ensure that they are followed.

AROUND THE WORLD

Dealing with austere and extreme environments isn't just a UK problem. I am pleased that this edition showcases contributions from Norway, France, the Netherlands and Canada across the spectrum of conditions including fracture management and the spectrum of workload in two deployments of French Forward surgical teams in Africa.

... AND FINALLY

Three case reports describe altitude hemiplegia, the uncommon disease of leptospirosis and one of the last reports to come out of our prolonged deployment to Afghanistan. The two cases of ipsilateral fibula transfer represent a novel technique that could be employed in austere environments when dealing with local nationals who cannot be evacuated to higher levels of care.

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