

Highlights from this issue

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IF YOU ARE OLD AND STUPID, PLEASE CLOSE THE JOURNAL NOW

Famously, the anti-European party UKIP failed to do well in the elections in London because, as a spokesperson stated as her foot disappeared down her throat and out of her bottom, 'London is full of young educated people'. This issue of *Thorax*, produced by and for educated people of all ages, celebrates our European friends, to coincide with the ERS in Munich. We have a European themed cover, manuscripts from all over Europe and would like more. Enjoy Munich and enjoy *Thorax*, and send us your best manuscripts!

A LONG TIME AGO, IN A CITY FAR FAR AWAY

The Melbourne Asthma Cohort has been running for half a century (a great achievement) and in this issue of the journal, they report that children with severe asthma diagnosed at ten years of age have a staggering 32-fold increased risk of developing COPD at age 50; these COPD patients had the lowest lung function at age 10; and nearly half of the COPD patients had never smoked (Editors' choice, see page 805). The rates of lung function decline were the same in all groups studied—the damage was all done before 10 years of age. In an accompanying editorial (see page 789), Mattes and Gibson set out potential mechanisms, but firmly point out that preventing early childhood smoke exposure is the single most important way we can intervene to prevent later COPD. So it is utterly depressing to read that 207,000 UK children a year take up smoking each year; the report highlights the regional black spots of worst uptake (see page 873). What a triumph for the tobacco industry. And what a disgrace to so many politicians, who, as with obesity, will not let preventive legislation get in the way of their friends in industry making fat profits (pun intended).

ASSISTED VENTILATION: THE BRAZILIAN DEFENCE AFTER COPD LUNG ATTACKS?

Non-invasive ventilation (NIV) is an established and effective treatment for acute ventilatory failure in patients with COPD lung attacks. Might this treatment

also help if used at home after the acute event in patients with persistent ventilatory failure? The RESCUE trial published in this issue of *Thorax* (see page 826, Hot topic) suggests not. Two-hundred and one patients were recruited following an acute episode of ventilatory failure. Home NIV resulted in reduced pCO₂ during the day and night. However, there was no evidence that this was associated with clinically important benefits on readmission rate or death within 12 months (the primary outcome) or quality of life. Our editorialists Murphy and Hart (see page 787) wonder whether it might be possible to identify sub-groups who do respond to treatment. We were struck by the very poor outcomes in these patients and suspect that many have complex disease with important comorbidities. Perhaps incorporation of home NIV selectively, as part of the multifaceted, personalised approach advocated by Alvar Agusti (see page 857) is the answer in this important group of patients. Or would this approach be mere desperate data-dredging?

ALWAYS CHANGE A WINNING TEAM (NOT THAT EVER ENGLAND HAS ONE!)

For once, the vacillations of politicians have achieved something useful, albeit at a high price. In Greenland, a high TB endemic setting (be honest: how many of you associate Greenland and TB?), neonatal BCG immunisation was introduced in 1955. This was discontinued in 1991, for the excellent reason that it was working: very little TB recorded. Whoops! More TB, more tuberculous meningitis, so back in came BCG in 1997, but the lost, unimmunised generation were not given catch-up immunisation. This enabled Michelsen *et al* (see page 851) to show that BCG reduced the risk of TB in children and young adults by 50% in Greenland. Even more interestingly, comparison of different cohorts showed that the benefit was not affected by community *M Tuberculosis* exposure. Still huge transatlantic religious differences about BCG, but, as a prominent TB physician once remarked, if all his clothes were stolen while he was skinny dipping, he'd prefer a fig leaf to nothing. Some prevention is better than cure, especially since cure may not be achievable in drug-resistant cases.

RING IN THE OLD, RING OUT THE NEW.

Our golf correspondent writes that the current EIC, Ian Pavord, has yielded the Lipscombe trophy for best scratch score, after 7 successive victories, to Wasif Annes (so forget any *Thorax* publications from now on in, Wasif!). A previous *Thorax* editorial incumbent Alan Knox won the Fowler cup for best handicap score, his first victory after more than 25 years trying. His victory was not without controversy: questions were asked about whether his entry fee had been paid on time and the legality of both his putter and putting stroke (which has to be seen to be believed). However, *nil desperandum* (for the classically challenged, we'll get the b*st*rd somehow); Alex Salmond has carefully concealed the fact that if Scotland breaks away from England, Professor Knox will be unable to defend his title in 2015. Scots, think before you vote!

A STAG NIGHT WITH A DIFFERENCE

Why did this 62-year-old man develop pleural and pericardial effusions. The good news: we have given you an extra clue; the bad news: we have deliberately omitted a key image! Can you get it right before turning to the *Images in Thorax*, (see page 884)?

