

## Personality and emergency medicine

There is a popularly held belief that personality trait has a major influence on an individual's choice of career. Hypothesising that paramedics and emergency physicians may have certain personality traits and have an affinity for sensation seeking and risk taking behaviour, Frank-Gerald Pajonk and colleagues investigated using a questionnaire involving the Hamburg Personality Inventory. It may sound reassuring that up to 70% of paramedics and emergency physicians have personality characteristics which may be regarded as 'resilient and stable', but what about the rest? Turn to (*see page 141*) to find out.

## Interhospital transfers

Various different models exist around the world for the transfer of critically ill patients between hospitals. In some places, interhospital transfer teams are staffed by anaesthetists and/or specialists from the intensive care unit. Many Emergency Departments (EDs) are not staffed to a level which permits them to release individuals to staff an interhospital transfer team. Shuk Man Lo and team report upon their experience of transfer of patients from the ED of a large hospital in Hong Kong, in a system which utilised a doctor from the transferring hospital's ED. The authors use their results to argue that their model was cost-effective (*see page 151*).

## Body packers

The ingestion of packets of illegal drugs as a means of smuggling them across international borders is associated with obvious risks to health. Medical management of individuals who are suspected of being body packers can be tricky, often involving difficult ethical and legal issues. Review of the cases of the 1250 body packers apprehended at JFK International Airport in New York over a thirteen year

period makes interesting reading. A small but significant proportion of body packers required surgical intervention. Based upon their experience, Mandava and colleagues propose a protocol for the diagnosis and medical management of body packers. (*see page 98*).

## Cyanide

Continuing the theme of dangerous substances, a large series of cyanide poisonings reported to 61 Poisons Centres in the US makes sobering reading. Cyanide has an understandably fierce reputation as a poison, which is not diminished by the paper by Vikhyat Bebartha and colleagues from San Antonio. They focus upon poisoning following the ingestion of cyanide rather than that which occurs after inhalation (as occurs as a result of some fires). A total of 435 cyanide ingestions were reported over a seven year period. The lack of use of antidotes to these cases of cyanide poisoning is both surprising and rather disappointing. The potential barriers to the use of these antidotes and the suggested way forward can be read on (*see page 155*).

## Getting close to snakes

If anyone ever tells you that medical research is inevitably dull, safe and uninteresting, why not point them in the direction of a paper from Lam and colleagues (*see page 107*). They investigated the oral bacterial flora of venomous snakes in Hong Kong. Having captured 47 venomous snakes, they obtained relevant oral swabs using techniques that many medical researchers would regard as being somewhat adventurous and then performed cultures and antibiotic sensitivities. Having analysed their data, they offer recommendations about the use of prophylactic antibiotics for those unfortunate enough to suffer a snake bite. Animal lovers will be reassured that all of the snakes which were captured in the

course of the study were released back into the wild afterwards.

## Decisions based upon evidence

This edition of the journal continues to present the latest evidence in (Best Evidence Topics) in order to allow its readers to follow best practice. Among this month's offerings, Zaffer Qasim and Janos Baombe review the use of the Glidescope videolaryngoscope in the Emergency Department. While perhaps not the complete answer, they conclude that there may be a role for this device to assist with tracheal intubation in the patient with a difficult airway (*see page 165*). Quite whether all important decisions in medicine in the future will be based upon an evaluation of the evidence is open to question. This important question is, in fact, posed in relation to the future powers of the UK's National Institute for Health and Clinical Excellence (NICE) in the editorial on (*see page 90*). Quality adjusted life years, general practitioners and medical economics make for an interesting mixture.

## Community acquired pneumonia

Various prognostic scoring systems are available for patients who present with community acquired pneumonia—perhaps readers will be most familiar with the 'CURB-65' score. Ki Young Jeong and colleagues present the results of their investigations into the role of a new biomarker (N-terminal, pro-B type natriuretic peptide) in determining the prognosis of hospitalised patients with pneumonia (*see page 122*).

## Head injury and anti-coagulants

One of the most frequent clinical problems facing emergency practitioners is deciding how to manage patients with a head injury who are anticoagulated. Aaron Leiblich and Suzanne Mason review the evidence and question current guidance. Read more on (*see page 115*).