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- 2 Tullos HS, King JW. Throwing fractures in sports. *Orthop Clin North Am* 1983;4:709-20.
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Nurse practitioners

EDITOR,—Freij *et al* have shown that nurse practitioners are as good as senior house officers at deciding which minor trauma patients should be x rayed and whether those x rays show a fracture.¹ Unfortunately there is a lot more to the management of these patients than the requesting and interpretation of x rays.

In particular their correct management often requires a detailed knowledge of anatomy, physiology, pathology, and pharmacology. In addition about 15% of these patients will have a coincidental medical condition which will often affect the management of their injury.² Others will have social circumstances that must be considered. It is therefore clear that only medical practitioners have sufficient training to manage minor trauma patients properly. Freij's findings lead us nowhere.

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- 1 Freij R M, Duffy T, Hackett D, *et al*. Radiographic interpretation by nurse practitioners in a minor injuries unit. *J Accid Emerg Med* 1996;13:41-3.
- 2 Leaman A. Walking wounded patients – how much history is necessary? *Br J Accid Emerg Med* 1986;1:12.

An unusual site to find a "swallowed" foreign body

EDITOR,—A 43 year old DIY enthusiast presented to casualty complaining that he swallowed a nail he had been holding between his teeth, which he felt had lodged at the back of his throat. He had made himself gag several times without any improvement in his symptoms. Oropharyngeal examination and indirect laryngoscopy were unremarkable. However, the lateral neck radiograph showed the nail lying on the floor of the nose (see the figure).

Impacted foreign bodies are most commonly found in the tonsillar area, and only 25% of foreign bodies impact below the hypopharynx. Symptoms are notoriously unreliable at predicting whether a foreign body is actually present. In this case his forced gagging had presumably regurgitated the nail through the choana, and the nail was removed uneventfully.

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