DRUGS, DROUGHTS AND SNOUTS

In the late 1990s, amid a glut of cheap, relatively pure heroin, drug overdose deaths in Australia rose alarmingly. However, for various reasons, the supply later dried up and, by 2001, drug users were reporting a veritable drought. Degenhardt et al watched it all unfold. Did the reduced supply lead to fewer overdoses and deaths, or did users simply overdose on other drugs? Turn to *page 20* for the answers.

Of course, heroin overdose is still a common reason for ambulance callouts. Giving intramuscular naloxone, the usual first-line treatment for suspected drug overdose, exposes ambulance officers to the risk of contracting blood-borne viruses from needlestick injuries. In a randomised controlled trial, Kelly et al (*page 24*) tested the theory that intranasal naloxone administration would be just as effective.

CHOPPER SAFETY

We didn't need films like *Black Hawk Down* to associate helicopters with danger — watching the news can also do the trick. However, helicopters clearly have a crucial role to play in aeromedical transport, as well as military endeavours. How safe are they? Holland and Cooksley (*page 17*) evaluate the accident record over 11 years for Australia's helicopter emergency services. Editorialists Garner and colleagues believe we can further improve helicopter safety — find out how on *page 12*.

NOT TO BE SNEEZED AT

Allergic rhinitis is not a trivial condition when you consider its prevalence and its impact on quality of life, other medical conditions and productivity. Walls and colleagues (*page 28*) present a *Clinical Update* on optimal management of this perennial problem.

WHAT'S THE POINT?

This question — with regard to the medical humanities — is often raised with Gordon, author of one of several articles (*page 5*) on this topic. She defines the term "medical humanities" and points out the value of including this subject in the basic medical curriculum, citing "case histories" of doctors and students who've become converts to the cause. In fact, Evans (*page 3*), a UK Professor of Humanities in Medicine and a keynote speaker at a conference on the subject in Sydney last year, argues that the reductionism of modern medicine makes engaging with the humanities even more vital.

GP Hellman (*page 9*) weighs in for the defence with her compelling tale of the death of a friend. The moral: that story-telling can help doctors cope with tragedy.

DOMESTIC AND INTERNATIONAL RELATIONS

If you find the latest Australian immunisation schedule (which includes some unfunded vaccines) confusing, you're not alone. The conference report from the 9th National Immunisation/1st Asia–Pacific Vaccine Preventable Diseases Conference held last year (*page 15*) politely states that this issue "generated vigorous discussion". You'll be interested to hear, though, that rotavirus and HPV vaccines will not be long in the offing. To put things into global perspective, problems associated with providing vaccines in the Pacific were also highlighted.

IMAGINE

Imagine there's no barriers, says Sydney GP Mann (*page 34*), at least not between hospital and community. In this Utopia, the currency is in "bunyas", patient care is seamless, the healthcare world lives as one, and, wait for it, waiting lists fall. You may say she's a dreamer, but Mann cites evidence that suggests some of this dream is well within reach.

HOLIDAY READING

Dip into our *Letters to the Editor* (*page 42*) for our usual varied fare. Did you know about the analgesic tramadol being associated with seizures? How often do hospital doctors prescribe nicotine replacement therapy and how well immunised are our preschoolers against varicella? There were also vigorous responses to previous articles on elective surgery and smokers; using tissue plasminogen activator in stroke; web and telecounselling; playground safety standards; and subsidised access to TNF-α inhibitors.

COLD COMFORT

Two years apart, two elderly women presented *in extremis* to a Taiwanese hospital. Their marked hypertension and pulmonary oedema landed them both in intensive care, where all the usual measures proved ineffective. These women shared a rare complication of a common illness. Lee et al (*page 38*) tell the story.

ANOTHER TIME ... ANOTHER PLACE

If we wish to know about a man, we ask "what is his story — his real, inmost story?" — for each of us *is* a biography, a story. Each of us *is* a singular narrative, which is constructed continually, unconsciously, by, through, and in us — through our perceptions, our feelings and thoughts and our actions, not least, our discourse, our spoken narrations. Biologically, physiologically, we are not so different from each other; historically, as narratives, we are each of us unique.

Oliver W Sacks, 1985