

Room for a view

Learning the hard way

Sometimes learning the hard way means learning in a bizarre way. Some forty-odd years ago, the significance of uptake and distribution in the administration of drugs was impressed upon me in the following dramatic manner.

I was one of four recently qualified junior house officers in a small rural hospital in Northern Ireland. On a particular occasion one of my colleagues, on being called to the emergency room, found a 17-year-old girl dead on arrival, the victim of a drowning accident. We were a conscientious bunch of young

docs. Moved by this tragic loss of a young life, we determined that, in future, when any call came from the scene of a potential drowning, one of the junior medical staff would accompany the ambulance on the outward journey, taking along resuscitative equipment and drugs.

Some weeks later, at around noon on my day on emergency-room duty, we received such a call. It came from a luxury hotel not far from the hospital. A young man had taken a liking to the proprietor's daughter, but the relationship was not acceptable to the family.

Hence, the young man was allegedly in the process of drowning himself in the hotel's outdoor swimming pool. I hastily joined the ambulance team, and off we went, hurtling down the road to the scene of the event.

On arrival I found a completely unexpected tableau: a group of rather senior-looking adults — about six of them, I reckoned — had managed to rescue the young man from the pool and were sitting on his trunk and limbs at the poolside to prevent him from jumping in again. At first I thought he was naked, but soon I discerned a pair

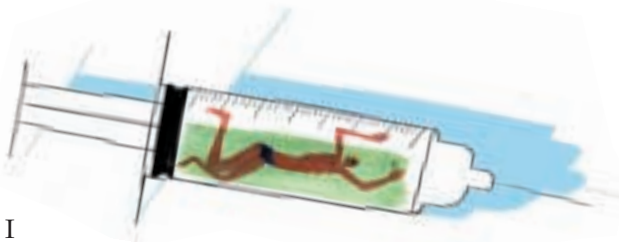
of swimming trunks in the midst of the confusion of bodies.

My first thought was not to reason with him, but to medicate him. But my drug armamentarium was totally inappropriate for the purpose:

sedatives were more the requirement than resuscitative drugs, and I did not have any with me. Thinking quickly, I urged the rescuers to continue their task while I

procured some medications in the nearby village. It was a two-minute dash in the ambulance to the pharmacy. I related my predicament to the startled pharmacist, who offered an ampoule containing papaveretum 20 mg and hyoscine 0.4 mg (trade name Omnopon and Scopolamine or, as we called it, Omn and Scop). We dashed back to the poolside, where the team of holders-down were conscientiously persisting in their effort. The young man appeared

to be of good size and of considerable muscle strength. Therefore I felt confident in administering intramuscularly the full contents of the Omn and Scop ampoule.



Ten minutes later, I confidently announced to the volunteers that they could get up: their captive would by now be in a sedated, cooperative state.

To my chagrin, he jumped up forcefully, scattering the surprised seniors in every direction and racing back to the pool, where he dived in at the deep end. Imagine my disbelief in realizing that I had made matters so much more serious. I could see the

headlines in the press: "Young doctor bungles rescue: sedated man drowns." As it happened, however, the news was good: the young man did not appear to be unduly drowsy and seemed to have lost the resolve to drown himself. In fact, he was now demonstrating that he was a reasonably accomplished swimmer. Some ten minutes elapsed, at which point he agreed to accompany me to the hotel lobby, where clothing was procured. I called the local police and asked them to take over the case. Then my ambulance colleagues and I returned to our base.

It was a dramatic demonstration of how irrational had been my expectation that an intramuscular injection of that combination of agents in the dose given would produce the desired effect in as short a time as ten minutes. A lesson I will never forget.

Robert C. Hamilton
Family physician
Calgary, Alta.