colour of the skin, and chocolate colour of the blood. The lungs were clear. Methemoglobinemia saturation of the blood was 67%. The laboratory tests included lactic acidosis (pH = 7.32, HCO_3^- = 18.5 mmol.l^{-1}, $PaCO_2$ = 37 mmHg, lactate = 5.39 mmol.l^{-1}) and PaO_2 = 340 mmHg (oxygen 6 l/ min). After 100 mg of intravenous methylene blue, the cyanosis disappeared and the level of consciousness became normal.

Case 2: A 31 year-old-man was admitted for dizziness and loss of consciousness following sniffs of poppers and space. The anomalies were a grey complexion, low blood pressure (90/60 mmHg), pulse rate = 95 beats/min., and SpO_2 = 92%. Otherwise, clinical findings were unremarkable. The arterial blood gases were: PaO_2 = 70.5 mmHg, SaO_2 92%, and the methemoglobinemia saturation = 27%. After 65 mg of intravenous methylene blue, the evolution was rapidly favorable.

Case 3: A 49 year-old-man was admitted for loss of consciousness after 10–12 inhalations of poppers during 30 min. There was diffuse cyanosis without cardiac and lung anomalies, and SpO_2 = 89%. The laboratory tests showed a PaO_2 = 77 mmHg, SaO_2 = 73%, methemoglobinemia = 22% with a normal electrocardiogram and chest X-ray. At the end of methylene blue injection (100 mg intravenous), the cyanosis had disappeared and SaO_2 was 96%.

Case 4: A 39 year-old-man was admitted for headache, fatigue, pallor, cyanosis of lips and extremities, and low blood pressure. The examination noted a pallor, grey complexion, blood pressure = 98/49 mmHg, pulse rate = 85 beats/min., SpO_2 = 92% without cardiac or lung anomalies. The electrocardiogram showed a raised ST segments in V2–V4. Arterial blood gases showed PaO_2 = 68 mmHg and SaO_2 = 92% with normal chest X-ray. Methemoglobinemia was not administered because the diagnosis was not evoked. Later, the patient confessed the inhalation of poppers that provoked palpitations and a loss of consciousness before his arrival to emergency rooms.

Discussion: The poppers contain nitrate of propyl or butyl, causing vasodilation. Ingestion or inhalation of these products can produce a methemoglobinemia that may be fatal. Methemoglobinemia occurs when the concentration of methemoglobin in the erythrocytes is greater than 1%. Because of the potential toxicity of the methylene blue, the patients, symptomatic or not, having a methemoglobinemia saturation of >30% and symptomatic patients (other that cyanosis) with a rate <30% should be treated with methylene blue.

Key words: aphrodisiacs; clinical manifestations; methemoglobinemia; methylene blue; nitrites; poppers
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Examining Networks of Care Proposed by Emergency Departments in France to Patients that have Attempted Suicide

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Introduction: Suicide prevention is a public health priority in France with approximately 12,000 deaths by suicide (prevalence 24 cases for 100,000 inhabitants) and 150,000 suicide attempts per year. Patients having made a suicide attempt commonly have recourse to emergency departments. The purpose of this work is to analyse the networks of care that are proposed to them by the staffs of the emergency departments.

Method: A questionnaire was administered that sought data concerning the patient, the suicidal gesture, the patient's evolution, and the proposed networks of care recommended. The emergency departments that participated in this prospective study had to ensure the inclusion of 50 consecutive patients admitted for suicide attempt.

Results: A total of 3,687 files from 77 emergency departments were abstracted. Characteristics of the suicidants were: female predominance (66%), average age 36 ±14 years, antecedent of suicide attempts (49%), followed by a medical practitioner (77%) or a psychiatrist (43.5%), and voluntary drug ingestion (90%). Non-hospitalised patients (18%) left the emergency departments after receiving a psychiatric notice (68%), against medical advice (14%), or by escape (9.5%). Twenty-nine percent of them left the emergency department without a directive, and 70% were referred to a psychiatrist (45%) and/or to the family doctor (28%) with an appointment in 27% of the cases. A prescription was delivered to 6.2% of non-hospitalised patients with, in half of cases, an antidepressant and/or an anxiolytic drugs. Hospitalizations (82% of patients) were provided in a short-term hospitalisation unit (69%), in medical departments (11%), in intensive care units (9%), or in psychiatry (9%); this varied according to the centers. The majority of patients left the hospital (67%) after the initial hospitalization; except for psychiatry, the duration of hospitalization were 1 day and 2 days for respectively 69.5 and 84% of the patients with suicide attempts. During the hospitalization, 63% of patients met with a psychiatrist one time; services of a social worker were rarely requested (5%)., No follow-up medical care has been proposed for 13.4% of the patients when they left hospital, and in 40% of cases, they were directed to a family doctor and/or a psychiatrist; the assistance of associations for suicidal patients only were requested as an exception. A prescription was given to 16.3% of patients with an antidepressant and/or an anxiolytic in 62% of cases. The main diagnoses obtained by psychiatrists have been "circumstantial crisis" (46.6%), depression (37.6%) with melancholy in 1.3% of depression cases, and psychosis (6.5%).

Conclusion: The hospital management of suicide attempts is short and multidisciplinary. Nevertheless, psychological awakening beds have been created for the best networks of medical care.

Key words: attempts; care; causes; demography; disposition; emergency departments; gestures; hospitalizations; suicide; treatment
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