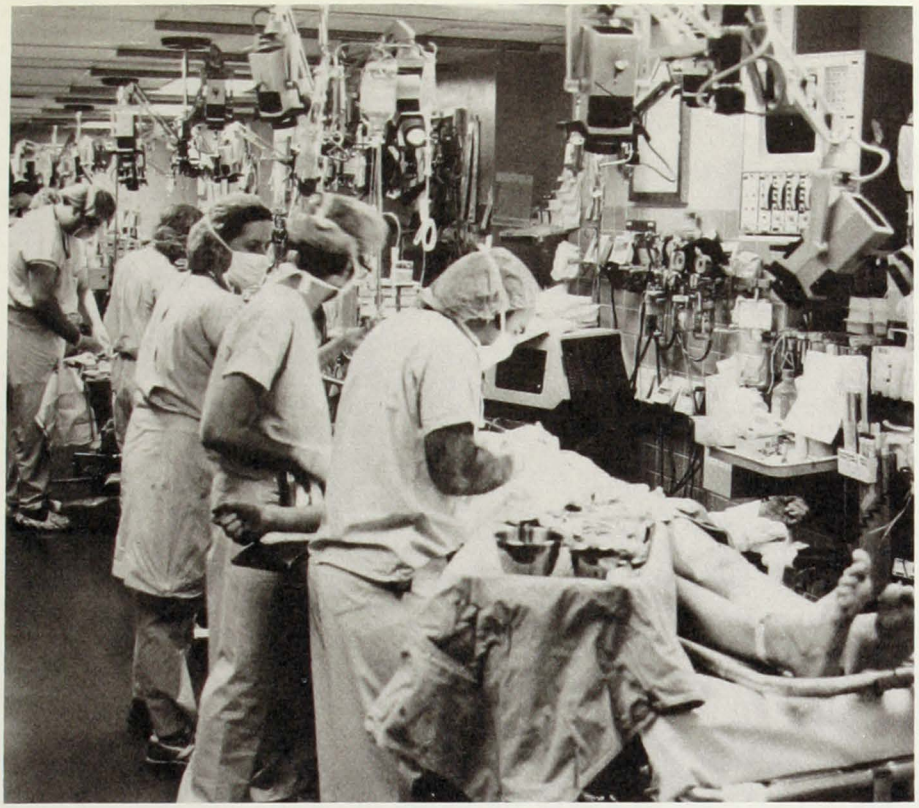

Multiple trauma being treated at MIEMSS Shock Trauma Center.

Maryland
EMS
NEWS

Vol. 12 No. 8 FEBRUARY 1986

Prehospital Treatment of Chest Injuries

"If you shoot a .22 caliber missile into the air, it can go up more than a mile; it has a specific amount of energy. If you shoot the same missile into someone's body, it usually goes in a few inches and then stops. But the energy has to be dissipated somewhere. This translates into bodily damage," explained Willie C. Blair, MD, director of trauma at Prince Georges General Hospital Medical Center, at EMS Care '85 last summer.

"When there is a gunshot wound anywhere in the chest, think of the adjacent cavities," Dr. Blair points out. "If it is above the nipple line, think about the base of the neck; below the nipple line, think of the abdominal cavity. The rule is, if it's between the midclavicular line on the right and the anterior axillary line on the left, you have a heart injury until proven otherwise. Heart injury means that the dispatch with which you move the patient and the x-rays that you do are different if the wound is within this area."

Dr. Blair says that a patient with a gunshot wound who has difficulty with making a gas exchange, has distended neck veins, has his trachea deviated from one side to the other, and is making grunting sounds probably has a tension pneumothorax, a condition that can kill him in about four minutes. The venous system is a low pressure system; when air is trapped in one lung, the lung shifts off the midline and kinks the great blood vessels, the vena cava, inferior and superior. Consequently, there can be no inflow to the heart, and no outflow from the heart. The person dies of lack of oxygen and blood. "This is one of the few conditions that can exist in a young person that can kill in such a short time. It is just like being in arrest," Dr. Blair says.

Penetrating trauma to the chest should make the health care provider think of cardiac tamponade, which occurs in this way. Most of us have about 10 cc of fluid in the pericardial sac that houses the heart. There is enough room around the fluid to allow motion to occur. If blood oozes in from a cut or hole in the heart, it fills the space and interferes with the heart's motion; it can't empty or fill to capacity. This is a tamponade situation. The person will have a sensation of air hunger, distended neck veins, cyanosis of the head, and distended veins in the upper extremities. The only thing that can be done on the scene, according to Dr. Blair, is to give the patient large volumes of fluid. This might override the tamponade for about 10 to 20 minutes. Tamponade may be caused by blunt trauma, too.

Knife or gunshot wounds below the nipple line should be considered injury to the diaphragm unless proven otherwise. Peritoneal lavage should be done in cases of wounds below the nipple line.

"Putting in a chest tube should take care of 85 percent of the cases," says Dr. Blair. The injured diaphragm cannot rest like an injured arm or leg. If it is torn, other organs can fall through when the patient is lying down, and then fall back into place when he sits up for an x-ray.

The amount of tissue destroyed or injured is greater with blunt trauma than with penetrating trauma. Knife wounds do little damage; gunshot wounds do more; but blunt trauma does a good deal more, due to the energy exchange.

Older people with blunt trauma to the chest usually have obvious indications, like bruises or broken ribs. Eighteen-year-olds, on the other hand, have "plastic chests," Dr. Blair says. "The young chest has such elasticity it can be compressed against the steering column and let go rapidly; this can literally snap the lung tissue out. There will be no bruises, no ecchymosis, and probably no fractured ribs.

(Continued on page 2)

Complications of Chest Trauma

(Continued from page 1)

In dealing with young people it is imperative to look at the situation in which the accident occurred, and think of possible injuries. Dr. Blair says that just because you don't see any devastating marks doesn't mean injuries didn't occur. He related that within one month in his trauma center, there were three people less than 20 years of age who had torn aortas, yet had no marks to the chest to indicate injury. In fact, he said two of them were treated for conditions in the abdominal cavity, and it was only in subsequent x-rays that it was discovered that something else was wrong.

Aspiration is one of the most common causes of death in the emergency department. Many people who are shot, cut, or in an automobile accident have alcohol involved. Often they have full stomachs. At impact, they vomit, aspirate, and suffocate.

The danger in several of the most common life-threatening injuries can be reduced by action in the prehospital phase. For example, cut tongues and broken jawbones are common facial injuries. These can be fatal if they cause a blockage of the airway; the patient will drown in his own blood. "One thing the prehospital provider can do is check the jaw and see if it can be pulled out of the back of the throat. It can save someone's life," Dr. Blair says.

If someone has been in an automobile accident and his face is unusually swollen, palpate the superclavicular parts of the neck. If it feels like something is snapping, and crackles and pops can be heard, assume the person probably has a fractured trachea until proven otherwise. If the person has a good oxygen exchange without any difficulty do not try to help him breathe; breathing under pressure might make the airway collapse even more. Keep him quiet, and don't let him talk, Dr. Blair advises.

Flail chest is the rupture of ribs in several places. In an uninjured person, when a deep breath is taken the chest cavity expands and the ribs move apart, bringing the lung tissue along. If the ribs are broken in several places they lose their rigidity. Instead of the chest wall going out, it will collapse. When the lung tries to empty, the chest wall will go out instead of in. This paradoxical movement interferes with the exchange of gases. Dr. Blair says, "Give the patient oxygen and assist ventilation as needed."

Dr. Blair emphasizes, "A person who has been in an accident in which there was a fatality should be observed very closely, and not sent home right away. There is a possibility that the energy dissipated in the accident will show up later as a ruptured spleen or diaphragm. It takes a while for the bruises to show."

— Erna Segal

Olympics Date Change

The date of the 1986 regional EMS Olympics has been changed from Saturday, March 15 to Saturday, March 22 due to the International Society for Fire Service Instructors conference in Ohio, which will be attended by many of the evaluators for the olympics. All Maryland regions will be holding their competitions on the same day.

The BLS and ALS winning teams from each region will compete in the state EMS Olympics competiton on Friday, April 25 that will be part of the EMS Care '86 symposium. The BLS and ALS winning teams from the state competition will represent Maryland EMS at the national competitions in July.

Call your regional administrator for further details and applications.

Region V

The Charles County Association of Emergency Medical Services installed its officers for 1986 at the annual volunteer fire/EMS banquet in Waldorf on January 4.

Region V offers its congratulations to the following: Jeff Brown, president; Kath Kilinski, vice-president; Brenda Jones, secretary; Debbie Williams, treasurer; Father Newman, chaplain; Charlie Willis, executive committee chairman; Jimmie Williams, advisory board; and Bill Wedding, county captain.

In addition, Thomas A. Pilkerton was sworn in as president of the Charles County Volunteer Fireman's Association and Steve Polan as captain of the medic unit.

The St. Mary's County medic unit installed its new officers on December 28. The president is CRT Dan Brown and the chief is CRT Dennis Gordge.

Chief Baker to Retire

Chief Oscar Baker, who has been the emergency services administrator for Carroll County since 1979, will retire in June. For 31 years prior to accepting that position in the Carroll County government, he had been the fire chief at the National Bureau of Standards. His years of community service are gratefully acknowledged.

Healthy Pregnancies Promoted

"Take Care of Your Baby Right from the Start" is a statewide public education campaign sponsored by the Maryland Coalition for Healthy Mothers/Healthy Babies. The campaign is designed to promote good health practices in pregnant women and in women considering pregnancy.

Radio and television public service announcements addressing low birth weight, nutrition, and smoking will be released throughout 1986. The following printed materials provided through a DHHS grant are available at no charge: "So You're Going to Be a Father" (brochure), "Take Care of Your Baby" (brochure), "If You're a Smoker" (brochure), and stork calendars (which give a health tip for each week of pregnancy).

To request copies of the printed material, contact the March of Dimes, 15 Charles Plaza, Baltimore, MD 21201, 301/752-7990.

April 25–27, 1986

Bethesda Marriott Hotel

EMS Care '86 will be bigger and better than ever. This is the third year of our program, which has grown from a one-day session in 1984 to the exciting program you see here. In response to your requests, we have included programs of special interest to ALS providers and to EMS managers and officers. However, all programs are open to all registrants, and we encourage you to study the programs carefully and pick topics to broaden your knowledge and skill in EMS. Maryland has always been in the forefront of EMS development, and we want to provide programs to keep each of you on the "cutting edge."

In our general sessions, we want to let all participants know of the exciting developments in EMS today. We will begin with a discussion of the "State of the State" in EMS. We will also hear from a speaker on "Infection Control in the Prehospital Phase," an important and timely topic. Maryland's role in the National Medical Disaster System and plans for the 1986 drill will also be presented. The development of standards and new programs for EMS will be examined by a panel of national experts (many from Maryland) who are involved in developing national voluntary standards through a DOT grant.

William E. Clark
State Director
EMS Field Operations Program
MIEMSS

EMS Care '86
April 25–27, 1986

Preconference Programs

Two preconference seminars will be held on Friday, April 25, in conjunction with EMS Care '86.

The seminar on hospital disasters such as fire and power failure, especially those requiring evacuation, will include an overview of general principles of disaster management, a panel discussion on the roles of various agencies in managing a hospital disaster, a "lessons learned" segment, and definition of the issues necessary to address hospital disasters. The program is intended for emergency physicians, nurses, EMS managers, and others involved in disaster planning and is being cosponsored by the Maryland Chapter of the Emergency Nurses Association and the American College of Emergency Physicians.

The topic of the second preconference seminar is cold-water emergencies. In this seminar, emergency care providers will learn to 1) identify physical and mental reactions to cold, especially in trauma victims, 2) apply proper field and clinical procedures for initial assessment, treatment, transportation, and clinical processing of the hypothermic patient, 3) resuscitate victims of cold-water near-drowning as well as terrestrial hypothermic situations, 4) distinguish between human hibernation and death, and 5) use the most current field rewarming and transporting equipment.

Preconference Programs
Friday, April 25, 1986

From 10 am to noon at the Bethesda Marriott Hotel, Board of Directors meetings for the Maryland ENA and the Maryland ACEP will be held.

At the Bethesda Marriott Hotel
5151 Pooks Hill Road, Bethesda

12:00 – 5:30 Hospital Disaster Program

At the Montgomery County Public Services Training Academy
10025 Darnestown Road, Rockville

8:30 – 4:30 Cold-Water Emergencies Program

From 7 pm to 10 pm at the Montgomery County Public Services Training Academy, the statewide finals of the EMS Olympics will be held.

MARYLAND
EMS
CARE '86

Conference Programs
Saturday, April 26, 1986

At the Bethesda Marriott Hotel
5151 Pooks Hill Road, Bethesda

7:30 Registration; Coffee

8:30 Opening Session
Master of Ceremonies
M. H. "Jim" Estepp

State of the State
R Adams Cowley, MD
William E. Clark

Infection Control in the Prehospital Phase
Ellis S. Caplan, MD

10:00 Coffee

Saturday, April 26, 1986
Continued

10:30 **Workshops and Lectures**

A. Ambulance Design: How to Select and Fund Your New Ambulance
Mel Globerman, EE

B. Prehospital Care and Transport of Hypothermia Patients
David S. Smith, PhD

C. Pharmacology: The Latest in Prehospital Drug Therapies*
Speaker to be announced

D. Managing EMS Systems Today and Tomorrow: Creative Staffing and Scheduling Models†
Joseph Saitta
Donald Howell

12:00 **Lunch**
National Disaster Medical System
Thomas P. Reutershan

1:30 **Workshops and Lectures**

E. Ambulance-Medevac Helicopter Interface: Everything You Want to Know about Helicopters
PFC Robert Farrell

F. Pediatric Trauma Case Reviews
Martin Eichelberger, MD

G. Advanced Assessment of Medical Emergencies*
Judy Bobb

H. Who Will Provide ALS Service Tomorrow? What Will It Be?†
Thomas Schwartz
Reggie Shepherd, Jr.

I. Management Issues in Design/Operation of an Infection Control Program†
Kathleen West, RN

3:00 **Coffee**

3:30 **Workshops and Lectures**

J. EMT-Defibrillation: Are Smart Machines Replacing Smart Paramedics?
John Proels
Thomas Schwartz

K. Prehospital Treatment of Sports Injuries
William H. B. Howard, MD
Neil MacDonald

L. Pediatric Medical Emergencies: Epiglottitis, Fever, and Convulsions*
Beth Wieczorek, RN

M. Neurotrauma: Field Assessment and Treatment*
Connie Walleck, RN, MS, CNRN

N. How Will Service Be Provided and Funded?†
Thomas McCaffrey
Richard Schomo

6:00 **Vendor and Hospital Exhibits**

7:00–
8:00 **Vendor Reception (Cash Bar)**

8:00–
1:00 **M*A*S*H BASH Buffet and Dance**
M*A*S*H Look Alike Contest

Sunday, April 27, 1986

At the Bethesda Marriott Hotel
5151 Pooks Hill Road, Bethesda

9:00 **Workshops and Lectures**

O. Computerized Education Programs: How They Can Help in Your Squad
Erich M. Daub

P. Trauma Case Reviews from the MIEMSS Shock Trauma Center
Ameen Ramzy, MD

Q. Nontraumatic Neurological Emergencies*
Wayne Barry, MD

R. Prehospital Quality Assurance: Fact or Fantasy†
Keith Sivertson, MD
Capt. Mary Beth Michos, RN

10:30 **Coffee**

11:00–
12:30 **Closing Session**

EMS Standards: Who is Setting Them?
Panel Discussion by EMS Experts

Closing Remarks

** Of special interest to prehospital ALS providers*
† Of special interest to EMS officers, EMS managers, and emergency nurses and physicians

EMS Care '86

The schedules for Saturday, April 26, and Sunday, April 27, include workshops and lectures on various EMS topics. Conference participants should indicate their workshop choices on the registration form. The $50 registration fee covers workshops, breaks, Saturday lunch, and Saturday evening reception (cash bar). A M*A*S*H BASH (dinner and dance) is planned for Saturday evening; the cost is $25.00 per person.

Hotel Accommodations

EMS Care '86 participants may wish to reserve overnight accommodations at the conference site, the Bethesda Marriott Hotel. Please send the room reservation form directly to the hotel.

The hotel is located at 5151 Pooks Hill Road, Bethesda, MD 20814 (301/897-9400). It is at the junction of I-495 (Washington Beltway), I-270, and Route 355 (Wisconsin Avenue).

Continuing Education Credits

The following continuing education credits have been applied for: American College of Emergency Physicians; MIEMSS Field Nursing Program, which is approved as a total program of continuing education in nursing by the Eastern Regional Accreditation Committee of the American Nurses Association; National Registry of EMTs; and Maryland CRT Continuing Education (local programs must apply for continuing education number approval through MIEMSS).

Additional Information

For more information on EMS Care '86, contact the Region V EMS Office, Landover Mall, West Office Building, Suite 202, 2100 Brightseat Road, Landover, MD 20785, 301/773-7970.

MARYLAND

EMS

CARE '86

EMS Care '86

Registration Form

Name _____ Day Phone _____

Address _____

Affiliation _____

Preconference Programs (Check one)

Friday, April 25, 1986

___ Maryland ENA Board of Directors Meeting

___ Maryland ACEP Board of Directors Meeting

___ Hospital Disasters

___ Cold-Water Emergencies

Registration Fees

Preconference Programs (Friday) (Indicate only one)

Hospital Disasters	
Physicians, Hospital Administrators	$65 _____
Nurses	$45 _____
EMS Managers	$35 _____
Cold-Water Emergencies	$35 _____
EMS Care '86 (Saturday & Sunday)	$50 _____
MASH BASH	$25 _____
Total	_____

Make check payable to EMS Care '86.

Send form and check to Region V Office, Landover Mall, West Office Building, Suite 202, 2100 Bright Seat Road, Landover, MD 20785.

Refunds, excluding a $10 nonrefundable processing fee, will be made for cancellations received in writing by April 18, 1986.

Conference Workshops (Circle one in each session)

Saturday 10:30 – 12:00	A	B	C	D		Saturday 3:30 – 5:00	J	K	L	M	N
Saturday 1:30 – 3:00	E	F	G	H	I	Sunday 9:00 – 10:30	O	P	Q	R	

Hotel Room Reservation

Please reserve _____ room(s) for _____ person(s).

Name _____

Organization/Firm _____

Address _____

City _____ State _____ Zip Code _____

Phone (___) _____

Will arrive _____ (Date) at _____ (Time) (Check-in time, 4 pm)

Will depart _____ (Date) at _____ (Time) (Check-out time, 12 pm)

EMS Care '86
April 25–27, 1986
$65 Single Occupancy
$65 Double Occupancy
2 Double beds _____
Queen bed _____

RESERVATION MUST BE RETURNED BY APRIL 3, 1986.

Mail to Reservation Manager, Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814, 301/897-9400.

Rooms that are not guaranteed will be honored until 6 pm only. To guarantee your room for late arrival after 6 pm, enclose a check for the first night's room plus tax (add 10%) as a deposit or indicate your credit card number and sign below.

_____ Diners Club _____ Carte Blanche _____ American Express

_____ MasterCard _____ VISA

Card number _____ Exp. date _____

Signature _____

A guaranteed room will be held all night. You will be charged for one night unless you cancel before 6 pm on your date of arrival.

Preconference Program Faculty

Hospital Disasters

Kathleen F. Edwards, RN, PhD
Assistant Commissioner for Aging and Community Health Services
Baltimore City Health Department

M. H. "Jim" Estepp
Chief
Prince Georges County Fire Department

Kathee Henning
Montgomery County Emergency Management

Dan Kohn, MD
Emergency Physician
Franklin Square Hospital

Brigid Krizek, BSN, RN, CEN
Maryland Emergency Nurses Association

John Lewis, EdD
Chairperson, Emergency Health Services Department
University of Maryland Baltimore County

Michael Merson
President, Chief Executive Officer
Franklin Square Hospital

Daniel Morhaim, MD
Chairman, Department of Emergency Medicine
Franklin Square Hospital
Region III Medical Director

Gary Morris
Chief
Phoenix Fire Department

Andrew Sumner, MD
Maryland American College of Emergency Physicians

Cold-Water Emergencies

David S. Smith, PhD
U.S. Coast Guard, Retired
Smith Aquatic Safety Services

EMS Care '86 Faculty

Wayne Barry, MD
Director, Emergency Services
South Baltimore General Hospital

Judy Bobb
Nurse Coordinator
MIEMSS

Ellis S. Caplan, MD
Chief, Infectious Disease Branch
MIEMSS

William E. Clark
State Director
EMS Field Operations Program
MIEMSS

R Adams Cowley, MD
Director
MIEMSS

Erich M. Daub
Research Assistant
Johns Hopkins University School of Hygiene and Public Health

Martin Eichelberger, MD
Director, Trauma Surgery
Children's Hospital National Medical Center

M. H. "Jim" Estepp
Chief
Prince Georges County Fire Department

Robert Farrell, PFC
Maryland State Police

Mel Globerman, EE
Staff Engineer
U.S. General Services Administration

William H. B. Howard, MD
Medical Director
Union Memorial Sports Medicine Center

Donald Howell
Commander
Howard County Emergency Medical Services

Neil MacDonald
Physical Therapist/Athletic Trainer
Union Memorial Sports Medicine Center

Thomas McCaffrey
Battalion Chief
District of Columbia Fire Department

Mary Beth Michos, RN
Captain
Montgomery County Fire/Rescue Services

John Proels
Major
Prince Georges County Fire Department

Ameen Ramzy, MD
Medical Director
State EMS Field Operations
Traumatologist, MIEMSS

Tom Reutershan
Director
U.S. Public Health Service

Joseph Saitta
EMS Management Institute

Richard Schomo
President
Central Virginia Ambulance Service

Thomas Schwartz
EMS Director
Central Shenandoah EMS Council

Reggie Shepherd, Jr.
Captain
Baltimore County Fire Department

Keith Sivertson, MD
Emergency Department Director
Johns Hopkins Hospital

David S. Smith, PhD
U.S. Coast Guard, Retired
Smith Aquatic Safety Services

Connie Walleck, RN, MS, CNRN
Neurotrauma Nurse Supervisor
MIEMSS

Kathleen West, RN
Infectious Disease Practitioner
Alexandria Hospital

Beth Wieczorek, RN
Specialty Instructor
Pediatric Intensive Care Unit
Johns Hopkins Hospital

EMS Support Groups Cope with Stress

The workshop was well planned and clearly presented—but EMS providers in the group declared that their needs were different. With skill and versatility, the presenter quickly "shifted mental gears" and changed the perspective of the workshop to meet their needs.

Jeffry Levesque, MSW, director of social work at Montebello Rehabilitation Hospital and one of the first consultants/facilitators for the self-help group Trauma Recovery, Inc., intended to talk about the benefits of self-help groups to patients. As part of the Stress and Behavioral Emergencies Conference held recently at UMBC, the room was crowded with various EMS personnel, including firefighters, nurses, social workers, medics, and psychologists. A firefighter from California interrupted about 10 minutes into the lecture to say that while the talk was interesting, he needed help with coping with stress affecting him as an EMS provider, not as a patient.

There was an almost immediate reaction around the room. Other firefighters from around the country voiced the same concerns. A lively exchange followed throughout the remainder of the workshop. The EMS pesonnel needed insights into how they could cope—they couldn't tell their spouses, who wouldn't understand the stresses they had undergone; they would wake up at 2 am, thinking about what they should have done differently—sometimes the crisis situation seemed overwhelming.

"These are normal overstressed reactions," Mr. Levesque explains. "EMS providers can get together as a group and look for commonalities, with the agreement that there is confidentiality, respect, and a sense of mutuality, and that what goes on here, stays here. It's necessary to find the normalities that are shared. People under stress think they're different—no one else feels this way; nobody can understand them. Then they find through sharing symptoms that others share the same experiences. *This is what makes self-help work.*"

One of the providers said unhappily, "If there is no blood showing and there are no cracks evident on an x-ray, in my city it's considered that you have no injury. Psychological trauma is not recognized. They'd probably say, 'Don't encourage the firemen to psychoanalyze one another.' But what we really need is to provide a shoulder to cry on, if necessary."

Another provider answered him. She said that the concept of self-help groups is not dependent on management or the administration; it is a grassroots effort. It does not require management sponsorship. She said it is terrific if management approves of it, but it can exist independently.

Mr. Levesque explained that it is helpful to have someone with expertise in organizing a group, such as a consultant or facilitator, who will give form to the meetings by keeping the subject matter "on track." (Most successful groups for trauma recovery patients have a sponsoring organization, like a hospital, and someone to facilitate the meetings.) Self-help groups are primarily peer groups. Two members of Trauma Recovery, Inc., a self-help group started by former patients of the Shock Trauma Center, were present at the workshop to share their experiences.

Linda Wolfe, chapter president, and Tom Dockery, vice-president, were both enthusiastic about what the group has done for them. Ms. Wolfe says, "They know where I'm coming from. We can help one another because we share common experiences." Mr. Dockery adds, "We perceive that other people think we're different. In our group, we're not. Everybody understands the problems. At first, you think that you're the only one in the world who feels this way—only you find out you're not. Others feel the same way you do. We don't judge one another. We share common experiences, and help one another that way. You need someone to listen, not to say you're wrong."

Trauma Recovery is an open-ended group—people can come as often as they wish, and stop when they want. A group formed for EMS personnel does not have to be ongoing, it can be episodic. When stress mounts, someone says, "We need to get together to talk about it."

According to Mr. Levesque, a self-help group is useful because it offers cohesiveness, identification, universality, catharsis, and hope. "There is an altruism that takes place in the group. By helping someone, you feel good about yourself. People learn a lot from one another. You see others who have overcome burnout, and have survived years later. It puts things into perspective."

The spirited interchange of ideas ended with Mr. Levesque expressing appreciation that they had changed the perspective of the workshop to meet their needs, and the group thanking him for the informative session.

—Erna Segal

5 Neonatal Nurses Certified Nationally

Five neonatal transport nurses (NTNs) from the Maryland Regional Neonatal Program (MRNP) were recently certified as Neonatal Nurse Clinicians/Practitioners by the Nurses Association of the American College of Obstetrics and Gynecologists Certification Corporation. "They achieved scores well above what was necessary," says Cheryl Bowen, RN, MA, administrator of MRNP.

The NTNs who received their national certification were Carol Dean, RN, Kathy Kostkowski, RN, and Vickie Maenner, RN, of University of Maryland Medical System and Jenny Gelhaus, RN, and Rose Serio, RN, of Johns Hopkins Hospital.

Candidates could qualify for the certification examination by either completing a one-year formal academic program or its equivalent. There is no formal teaching program in this field associated within a school of nursing in Maryland, so the MRNP nurses followed the second option. (In order to become an MRNP nurse, there is a prerequisite of two years of experience as a neonatal intensive care nurse; extended training by neonatologists follows.) This is the last year in which nurses will be certified without the formal course.

Chief Mooney Retires

Chief Charles R. Mooney retired from the Baltimore County Fire Department on January 1. Following his appointment in 1954, he advanced through the ranks of the department as lieutenant in 1961, captain in 1963, battalion chief in 1969, deputy chief in 1977, and chief deputy in 1983. His many contributions during 31 years of community service are deeply appreciated.

Address Correction Requested
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Baltimore, Maryland 21201-1595

Focus on Disasters will be the theme of the Second International Assembly on Emergency Medical Services, April 2–4, at the Baltimore Marriott Hotel (formerly the Baltimore Plaza). The assembly will have speakers from around the world. It will review strategies and approaches that deal with mass casualty incidents. The assembly will provide the opportunity for professionals from various fields and countries to share information on prevention, mitigation, and response to risks of mass casualty incidents.

The assembly is sponsored by MIEMSS, the Federal Emergency Management Agency, the U.S. Department of Transportation, and the Office of Foreign Disaster Assistance/Agency for International Development. Anyone interested in attending should contact Pat McAllister, 301/528-2399.

9th NATIONAL TRAUMA SYMPOSIUM

THE NEGLECTED DISEASE — 20 YEARS LATER

The landmark white paper *Accidental Death and Disability: The Neglected Disease of Modern Society,* published 20 years ago (1966) by the National Academy of Science/National Research Council, outlined the problem: *the lack of services, facilities, and care for trauma and emergency victims.* It made specific recommendations designed to reduce accidental death and disability. This report called for sweeping changes both in the delivery of emergency care and in the priority accorded accidental injuries as "the leading cause of death in the first half of life's span."

The 9th National Trauma Symposium is calling for abstracts for papers to be presented at the meeting (November 3–5).

Presentations will be limited to 20 minutes; abstracts should be limited to one single-spaced 8½ × 11-inch page. The name and title of each author should appear on the abstract. A cover letter containing the name, address, phone number, and current position of the lead author should accompany the abstract. Deadline for submission of abstracts is May 2. Abstracts should be mailed to Patricia McAllister, MIEMSS.

Notification of papers accepted for presentation will be sent by June 5. The registration fee will be waived for all accepted abstracts.

Abstracts must include:

1) statement of the purpose and relevance to trauma and EMS and

2) major conclusions, with implications for the practice of trauma and emergency medicine.

Suggested topical areas include:

- Accident prevention
- Emergency first aid and medical care
  - First aid
  - Ambulance services
  - Communication
  - Emergency departments
  - Interrelationships between the emergency department and the intensive care unit
- Development of trauma registries
- Hospital trauma committees
- Convalescence, disability, and rehabilitation
- Medicolegal problems
- Autopsy of the victim
- Care of casualties under conditions of natural disaster
- Research in trauma

Selection of original papers based on the abstracts submitted is the responsibility of the Program Planning Committee; selection will be based on the data listed above.

For further information, contact Patricia McAllister, MIEMSS, 22 S. Greene St., Baltimore, MD 21201, 301/528-2399.