

of the temporarily displaced population of the Chechen Republic, including 480 children, were examined. In 11.3% cases some psychological diseases were revealed among the adult population: manic-depressive syndrome, schizophrenia, epilepsy, and psychoorganic syndrome. In 81.5% of cases, non-psychotic disorders were diagnosed, which were demonstrated by neurotic character and behavioral disorders.

Considerable place in the structure of nonpsychotic forms of psychic disorders was taken by lasting hypothymic situational reactions—*anxiety and dysphoria*—caused by situations. Specialists of psychological-psychic teams used the correction program for nonpsychotic forms of disorders (developed by the authors) among persons, being examined. This program included program of pharmacological support (three-cycle antidepressants, MAO inhibitors, etc), transpersonal psychotherapy, information-wave technologies (microwave resonance therapy, mesodyncephaly modulation, etc) that allowed them to obtain corrective effects in 87%. Patients with psychic diseases were sent for treatment into specialized medical institutions in cities of the Russian Federation (Krasnodar, Rostov, Vladicavkaz, etc.).

The system presented for rendering psychological-psychiatric assistance to the population was very effective, since it revealed the main forms of psychic disorders in the early stages. Special programs of treatment allowed correction in 87% of the cases. This system may be proposed for use in other countries in local conflicts and humanitarian disasters.

Key words: complex human emergencies; displaced populations; pharmacological support; psychological disorders; psychotherapy; recognition;

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Deployment of French Military Field Hospital Following the 1999 Earthquake in Turkey

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1. 7th Surgical Airborne Team 1er Toulouse Armees, FRANCE
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On 22 August 1999, France sent a military field hospital to relieve the rescue clearing team of the Security Service and to complete the first aid organization to the victims of the earthquake that occurred in Turkey. This hospital was deployed under tents near the disaster-stricken local hospital in AKYAZI (200 km from Istanbul). It is important to restore the confidence of a disaster-stricken population that suffered from a recurrence of an earthquake. The rules of the action are: (1) reinforcement of the local medical organization that sorts the patients in order to send them to our hospital, (2) total autonomy of the hospital, and (3) close collaboration with the Turkish authorities to adapt the medical activity to the needs of the population.

During 24 days, the activities included 143 surgeries (46% of pediatric surgeries), 1,491 med surgeries, 1,262

radiology procedures, and 151 patients hospitalized.

Key words: deployment; earthquake; field hospital; rules; triage

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Pediatric Anesthesia by Military Field Hospital in Disaster Situation

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Military surgical teams also are employed in disaster situations. During 1999, they were deployed in a humanitarian mission in Turkey for earthquake victims, in East Timor for refugees, and in Chad for helping poor people beside the military mission. In these countries, the population is very young and surgical teams have performed many pediatric surgeries, mainly in emergencies: 158 children, 22% of all surgeries in the three missions and 46% in Turkey.

Many types of surgery were performed, and in these emergency and disaster situations, the anesthetic procedure must be very simple. Loco-regional anesthesia is a good way to easily manage pediatric analgesia.

Key words: anesthesia; children; earthquake; military; refugees; surgery; teams

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Medical Radio Network Contribution for Medevac during Military Operations

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Due to the impossibility of medical coordination, medical assistance in military operations is based upon a convoy of ambulances for medical evacuation, and upon mandatory stages of treatment or dispatching. Medical reports are written on field medical cards (NATO format), and reviewed or transcribed at each and every stage of medical care. Emergency categorization is made at the surgical clearing center, after first level of evacuation and the injured having been through the battalion first aid post. During the Gulf War, casualties were taken directly into the charge of medical teams on the battlefield. In Sarajevo, during peacekeeping operations, in order to reduce the waiting period before surgical treatment, simplified procedures were developed thanks to the use of operational radio networks and special medical messages. With the use of medical radio networks, regiment or battalion medical doctors can sort casualties, which could be dispatched directly to the specified field hospitals that are able to treat their respective injuries. Medical examination data also could be collected through a computer software application. These

procedures could be extended to disaster situations.

Key words: coordination; doctors; evacuation; Gulf War; military; networks; radio; Sarajevo; treatment; triage
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Feasibility of Transplantation Treatment of Spinal Cord Injuries

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Objective: To investigate the effects of transplation of fetal nervous and hemopoetic cells into patients with spinal cord injuries.

Methods: The cells from fetal nervous and hemopoietic tissues (gestational age 16–22 weeks) were implanted subarachnoidally into eight patients (21-to-49 year old) with severe, traumatic, spinal cord injuries at various cervicothoracic spine levels. The trauma was incurred from automobile accidents. The remoteness of the occurrence of the trauma was from 1 month to 6 years before the transplantation was performed. Before transplantation treatment, the neurological state of each of the patients was consistently a grade =93A=94 of spinal injury according to Francel classification. In seven cases, cell transplantation was preceded by resection of a connective tissue cyst that has formed within the site of traumatic injury.

Results: A noticeable clinical improvement was observed in 6 of 8 cell-grafted patients. The neurological state of 4 and 2 patients became to be clinically consistent with =93C=94 and =93B=94 grade of spinal injury, respectively. No clinical effect was noted in two patients both of whom had the longest time elapsed from the trauma (3 and 6 years). No serious complications of transplantation treatment was noted.

Conclusion: The results presented point out a clinical relevance of transplantation approach to treating consequences of spinal cord injury.

Key words: fetal tissue; injuries; spinal cord; transplantation; trauma

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Early Non-Operative Treatment of Severe Acute Pancreatitis

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Introduction: The effects of different treatments in severe acute pancreatitis (SAP) have not been established.

Methods: From January 1992 to May 1997, 86 cases of SAP were studied retrospectively. They were separated into two groups: (1) operated, and (2) nonoperated patients. The operated group consisted of 43 cases operated upon during the first two weeks after they were admitted in the hospital. The patients in the other group were not operated upon during the same period. The morbidity of complications

and the curative rates were compared.

Results: The morbidity rate associated with complication in nonoperative group (36.8%) was lower than for the operated group (91.7%). The curative rate for the nonoperated group was increased significantly over the rate for the operated group, especially in SAPII cases.

Conclusion: The treatment of nonoperated patients in the early stages can bring a satisfactory therapeutic result. This treatment included: (1) the continuous monitoring in ICU, (2) alimentary support, (3) using the pancreatin inhibitor, (4) rest for the pancreas, and (5) the early administration of antibiotics.

Key words: care; intensive care; morbidity; pancreatitis; surgery

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Advantages of a Common Patient File System for SAMU Emergency Services and Hospitals

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Introduction: The quality of prehospital emergency service medical practice still has not been assessed completely. The main studies available in France are quantitative, describing the level of equipment and the activity of the SAMU emergency service organisations. Medical evaluation of prehospital Emergency Medicine is rendered difficult in France by a number of obstacles. Reluctance to change is only one of these. The means to collect and interpret the medical data often is lacking. Prehospital Emergency Medicine can be compared to the exposure of a negative that will be revealed by the hospital. It is made up of a range of actions for which the only way to assess, if they are appropriate, is the subsequent history of the patient in the hospital. If this part of the picture is lacking, it is difficult to study the quality of prehospital care, the impact of various treatments given prior to transport, the indications according to the pathology, while considering the cost-effectiveness ratio. Consequently it appears difficult to make recommendations that are backed up by solid arguments, whether in terms of clinical practice, means of management, the strategies for allocation of prehospital health care equipment and health policies. The exploitation of data for research purposes is equally difficult, if not impossible.

Methods: The idea is to pool the SAMU emergency service medical files and those of the hospitals. The expected advantage is the possibility of following the patient's history systematically from the beginning—the first patient contact—and through to his discharge from hospital. Identification of the patient respecting all the requirements of law, the succession of diagnoses made from the point when first taken charge of up to the final diagnosis, the succession of treatments, the time required to carry out the main investigations/treatments, steering and any change in destination, the time spent in each department, and the patient's condition on discharge.

Ample use of computer technology together with a