

Stressful Life Events and Grave's Disease

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War in the neighboring countries and sanctions which caused economic deterioration made for highly unfavorable living conditions in Yugoslavia. A case-control study was conducted in order to assess possible relationships between stressed life events and Grave's disease. The study included 100 patients newly diagnosed with Grave's disease and 100 controls matched with respect to gender, age (± 2 years), and type of residence (rural or urban). Paykel's interview for Recent Life Events was administered to each subject.

In comparison with controls, the Grave's Disease patients claimed to have had significantly more stressed life events in the 12 months preceding the diagnosis ($p = 0.0001$). The following eight life events were significantly more prevalent among patients than for the controls: 1) change in time spent on work (McNemar = 12.04, RR = 7.00, 95% CI = 2.35–20.80, $p = 0.0001$); 2) unemployment for at least one month (McNemar = 4.00, RR = 8.00, 95% CI = 1.04–61.39, $p = 0.039$); 3) arguments with one's superior at work or coworker (McNemar = 4.5, RR = 3.50, 95% CI = 1.10–11.08, $p = 0.031$); 4) change in the work conditions (McNemar = 4.26, RR = 4.00, 95% CI = 1.07–14.92, $p = 0.035$); 5) increased arguments with spouse (McNemar = 6.75, RR = 11.00, 95% CI = 1.82–66.44, $p = 0.006$); 6) increased arguments with fiancé/fiancée or a steady date (McNemar = 4.00, RR = 8.00, 95% CI = 1.04–61.39, $p = 0.039$); 7) hospitalization of a family member for serious illness (McNemar = 3.76, RR = 3.25, 95% CI = 1.01–10.68, $p = 0.049$), and 8) moderate financial difficulties (McNemar = 8.5, RR = 3.25, 95% CI = 1.47–7.16, $p = 0.003$). Our findings indicate that stressful life events may be associated with Grave's disease, especially in disasters.

Key Words: Grave's disease; Recent Life Events; stressful life events,

An Ambulance of Comforting Excellence (ACE)

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The Ambulance of Comforting Excellence (ACE) is designed to meet high anthropometric and ergonomic standards for both the emergency patient and the attendant. The ACE is not a conversion of a standard motor-car. The ACE is developed and designed as an ambulance. In this design, it is not the patient who is adapted to the (ambulance-) car, but the (ambulance-) car that is adapted to the patient and his attendant. It meets three important needs for the patient before and during transportation: 1) positioning with the feet in the direction of movement; 2) the body laying between the axles of the vehicle; and 3) positioning as near as possi-

ble to the ground floor. The attendant and the equipment are located around the head of the patient. Both gangways are completely free of obstacles. The patient is loaded through a side-door. The proposed ACE will be realized by MEDIVAC v.o.f., The Netherlands in cooperation with several (Dutch) manufacturers.

Key Words: ambulance; ambulance design

An Assistance Program to Laboratories in Tajikistan, Central Asia

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A disastrous civil war has left diagnostic laboratories in Tajikistan in a severely depleted state. Whilst few were damaged physically, lack of funding has led to senior staff leaving, broken down equipment remaining unrepaired, and a severe shortage of glassware, media, and chemicals.

At the same time, Tajikistan faces several severe problems due to communicable disease. Water supplies no longer are chlorinated and filtration plants are not working properly. This led to a serious outbreak of typhoid in the south of the country last year and a worse one in the capital, Dushanbe in the late winter of this year. Malaria (mainly due to *Plasmodium vivax*, but with an increasing number of cases due to *P. falciparum*) is rife in the southern part of the country.

Merlin undertook a survey of diagnostic laboratories in the Khatlon oblast in the south of Tajikistan earlier this year and has supplied media, glassware, chemicals, stains, and microscopes. The agency also has helped to repair some equipment and was able to supply additional media and diagnostic sera to help with the laboratory work generated by the typhoid outbreak in Dushanbe. A consultant medical microbiologist from Merlin recently spent three weeks working the local hospital and public health microbiology's to strengthen the program and to assess needs for training the remaining staff. A collaborative program to improve malaria diagnosis is being planned.

Mortality and Morbidity Among Rwandan Refugees Repatriated from Zaire, November 1996

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Health care, morbidity, and mortality associated with repatriation of Rwandan refugees during November 1996 were assessed through mortality and morbidity surveillance, and observation of functioning of health care facilities in Gyaenyi district, Rwanda and Goma district, Zaire. Between 15 and 21 November 1996, 553,000 refugees returned to Rwanda and 4,530 (8.2/1,000) consultation took place at the border dispensary (watery diarrhea 63%, bloody diarrhea 1%). There were 129 (0.2/1,000) surgical admissions (72% soft tissue trauma) to hospital in the subsequent two weeks. Mean daily consultations from 13 health centers during the same period was 500.

Overall, recorded death rate was 0.5/10,000 (all associated with diarrhea). 3,586 bodies were identified in the refugee camps and surrounding areas of Goma, almost all the result of trauma. Many died in the weeks before the exodus. Health centers were overwhelmed and many of the deficiencies in provision of health care identified in 1994 were again evident. Non-violent death rates were low, a reflection of the population's health status prior to migration and immunity from the 1994 cholera outbreak. Health facilities were over stretched, principally because of depleted local health care workers following the 1994 genocide. Health care facilities running parallel to the existing health care system functioned most effectively.

Session 3: Preparedness

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A Law Defining the Transport of Unidentified Casualties: A Necessity to Allow Care on an International Scale

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The probability of the occurrence of a technological accident is increasing constantly in-line with the development of industrial societies. The right of access to care is a right recognized and accepted in all countries that grant their citizens a place in accordance with the Declaration of Human Rights.

What becomes of deceased persons is the subject of national and intergovernmental measures in order to identify the victims and to comply with the laws of each State. Forensic medicine services are mobilized, but recent cases at a European level, define the place of the procedures outlined by the services of Interpol.

The future of injured persons can pose similar problems when the lesions (burns) affect the faces of large numbers of victims, and cause the patients to lose consciousness. In this type of disaster, the country concerned may not have at its disposal an adequate number of specialized care units.

The evacuation of victims to other countries makes it necessary to respect civil laws regarding the first measures to identify those involved prior to crossing borders. It also is desirable that the introduction of a regional law be promoted that will allow, through agreements between states, the evacuation of even anonymous victims to specialized care services.

The example of the bilateral agreements established between Switzerland and France proves that the logic of

humanitarian law is progressing in this direction.

The authors will present their study of the different agreements ratified with the specificities particular to each convention. It is up to each state to further these measures, as much with respect to the acceptance of the reception of anonymous victims as to the agreement of transfer of unidentified victims.

Key Words: anonymous victims; burns; international law

Disaster Medicine Service of a Large Industrial Region

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The main concept of Disaster Medicine lies in the organization for tactical and medico-technological problems. The local service of Disaster Medicine was founded the Sverdlovsk Region in 1993. One of the main principles for its formation was the rational requirement of forces and equipment for the area of 270,000 sq. km. and the 5 million people who inhabit the Sverdlovsk region. The region consists of a sector with a large industrial concentration, and also some areas that are considerably remote. Special attention was paid to the formation of mobile departments that are self-contained and can work autonomously.

Five of these departments are on duty every 24 hours. During 1995–1996 emergency general anaesthesia was provided for 1,530 patients. Among these, 1,163 were done in the military conditions in Chechnya: three of these cases died. There were no such cases during the other 367 anesthetics provided in the territory of Sverdlovsky Region. Sixteen patients were transported by helicopter with the help of artificial lung ventilation; among them, two patients successfully were provided cardiopulmonary resuscitation (CPR). Successful CPR also was provided for two of the 38 patients while being transported by an automobile (ambulance). In all cases, we provided EDC respiratory support, intravenous infusions, indirect cardiac massage, and drug therapy. Thus, the first experiences of the Disaster Medicine Center demonstrated the effectiveness of providing treatment and decreasing the morbidity of patients in conditions of catastrophes.

We want to recognize with great respect, the name of the founder of Disaster Medicine, Rudolf Frey. Today, the realization of his ideas takes place in the whole world and are of great benefit to all mankind.

Key Words: anaesthesia; cardiopulmonary resuscitation (CPR); disaster medicine; management

Problems on the Earthquake Disaster

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At 05:46 hours on 17 January 1995, a major earthquake (magnitude 7.2 on the Richter scale) hit the southern