

care, combined with the increasing overattending of emergency wards, indicated that the prehospital care structure was imperfect. Decision makers, who have in their charge to regulate the care system (Regional Union of the Social Security Offices [URCAM], Regional Hospitalization Agency [ARH]) used this study to establish an optimal organization for the use of emergency wards.

Key words: characteristics; emergency wards; patients; prehospital care; utilization

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Activities of JMTDR in Sumatra

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Introduction: On 04 June 2000 at 23:28 hours, an earthquake of 7.4 magnitude on the Richter scale struck the southwest coast of Sumatra Island, Indonesia. The initial report said that more than 900 thousands people were involved, and that at least 58 persons lost their lives. Bengkulu City, the state capital of Bengkulu, and its surrounding area were affected. Entrance into the buildings of Yunus Hospital, the largest medical facility in the area and one of the class B hospitals of the nation, was prohibited for security reasons, and hence, all in-patients were accommodated in tents.

Methods: The Japanese Government dispatched its volunteer-based, medical team, JMTDR (Japan Medical Team for Disaster Relief), and the team arrived at the Bengkulu airport 81 hours after the eruption. The JMTDR established a field clinic in the front yard of Yunus Hospital in cooperation with the local headquarter. Information that many injured victims in a mountainous area could not come to see a doctor prompted us to start another field clinic in Tais, a suburb of Bengkulu. A Singapore army team came first and established a field clinic with minor surgery services in Yunus Hospital, and a Taiwanese team built its facility as well in Sukaraja village near Bengkulu. The JMDTR focused its activities on providing medical care for the most vulnerable, namely children and then, the elderly.

Results: The team saw a total of 526 patients (453 in Yunus, and 73 in Tais) within ten days. The frequency distribution of the medical problems seen in Yunus was: 28% respiratory diseases; 16% minor psychiatric disorders such as headache, sleeplessness, or fear sensation; 15% trauma; and 9% gastrointestinal diseases. On the other hand, we mainly saw trauma patients in Tais (88%) and in Yunus (86%). Eighty-two percent of them in Tais lived within 40 minutes distance on foot or by car, but some of the patients (1.2%) took more than 90 minutes to come to our clinics.

The Indonesian Government declared that all medical services associated with the earthquake were free, but this announcement was unknown to most of the people. The JMTDR offered them free and accessible medical services in the acute phase.

Conclusion: The rapid establishment of a field clinic affords time to the local medical facilities to reorganize and restore their abilities in this kind of disastrous situation.

Key words: clinics; earthquake; field clinics; hospitals; infrastructure; Japan Medical Team for Disaster Relief (JMTDR); responses

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Ingestion of Major Caustic Substances by Children

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Introduction: The ingestion of caustic substances constitutes more than a third of domestic accidents in developed countries: 80% of them concern children under the age of 5 years. Clinical signs either are atypical and limited, or missing half of the time, and lead to an underestimate of the seriousness of the ingestion.

Methods: This retrospective study (1984 to 2000) on 14 children hospitalised for accidental ingestion of major caustic substances in the intensive care unit of Edouard-Herriot Hospital in Lyon).

Results: The studies showed that these substances were various: 79% ingested bases; 14% acids, and 7% oxidisers (concentrated bleach). Most of the children were <5 years old (57% of them were between 1.5 and 3 years old). All of them showed, at sometime, discrete clinical signs: oral burns (43%), oral oedema (36%), hypersialorrhoea and vomiting (29%), dysphagia and thoracic pains (22%), and premature fevers (14%). A systematic fiberoscopy indicated 100% of digestive lesions, 50% of them being gastric lesions. Ingested bases involved 67% of stage II mucous lesions (as for endoscopic classification): ulcerations, and intense oedema. They also involved 33% of stage III mucous lesions: ulcerations, oedema and profuse bleedings. Acids caused 50% of the stage II lesions and 50% of stage III lesions. The only case caused by an oxidiser involved a stage II lesion. Every patient was treated: 55% of dilutions and surgical procedures for stage II lesions, and 80% of them for stage III lesions. Complications occurred frequently (60%), either immediately (chemical epiglottitis) or occurring as long as one year later (lesional or iatrogenic affections). Anamnesia was difficult, practically speaking. Some procedures are dangerous: vomiting, drinks, neutralisations, and stomach tube insertion. The initial undertaking is symptomatic. The child is to be steered within a structure allowing the making of an oesophago-gastric fiberoscopy, which always is necessary (50% of absence of correlation between causticity, ingested quantity, and clinical signs). A cervicothoracic x-ray must precede the fiberoscopy when a perforation is suspected. One-third showed the complications, 10% of which are related to stenosing aftereffects. The risk of later development of