canvas should be easy to clean and it shall be possible to transfer the stretcher from one vehicle to another without having to remove the patient.

For years this has caused great national and international problems. After years of negotiations, the NATO countries in 1983 consented to the Standard NATO agreement, STANAG 2040. This was a follow up of an earlier recommendation from the International Organization for Standardization, ISO R-168 on these measurements.

Accepting the fact that a patient has to wait and has to be transported and treated on the stretcher, we decided in Norway to manufacture a stretcher that can be used as a sleigh, bed, operating table, etc. It can be stacked one on top of the other, put in a lot of different positions, equipped with an infusion stand and much more.

"SMASH HIT": A REVIEW

Harry F. Oxer, M.D., Belmont, Australia

This video documents and shows extracts from "Smash Hit".

"Smash Hit" is a multi-media show, based on the New Zealand idea "Road Show". It was produced in Western Australia and shown to thousands of school children.

The aim was to influence attitudes of young people to drinking and driving, and emphasizes the right of *choice.*

"YOU COULD HAVE SAID NO!"

OPERATION CRASHPOINT PLUS

S.S. Tachakra, M.S., F.R.C.S., London, United Kingdom

The medical management of casualties when hospitals are overwhelmed, was simulated in a civil defence exercise. Two First Aid Posts triaged and treated patients before discharging them or transferring to a Casualty Collecting Center manned by volunteer doctors, nurses and first aiders. The Casualty Collecting Center decided priorities, gave early treatment and sent the seriously ill to hospitals when facilities became available.

Predictable problems were partly overcome. They included communications, traffic regulation, policing, inexperienced doctors, lifting patients, leadership, records, lack of discharge facilities, press arrangements, information center and casualty lists. We knew when casualty care became compromised, equipment was inadequate, along with vehicles required for transport and the capability of volunteers and rescue services.

These arrangements would have relieved the hospitals of a large number of cases and would have been useful in natural disasters, civil unrest and conventional war.

MASS CARBON MONOXIDE POISONING INVOLVING 129 VICTIMS: THE USE OF NEUROPSYCHOLOGICAL SCREENING TEST AND HYPERBARIC OXYGEN THERAPY

Steven J. Rottman, M.D., Timothy Cannis, M.D., Nancy Kaser-Boyd, Ph.D. and John Alexander, M.D., Los Angeles, California, U.S.A.

In December, 1985, 300 students and faculty dormitory residents at a local women's college were exposed to carbon monoxide (CO) due to a furnace malfunction.

Five victims had marked neurological symptoms and acute carboxy-hemoglobin levels ranging from 17.5% to 22.1%. All five were treated with hyperbaric oxygen (HBO). Within a few days of the incident, many of the remaining victims whose exposures were considered mild, developed neurological symptoms including headache, inability to concentrate, memory and language loss, confusion, and irritability. One hundred twenty-nine of these students were treated at 3 ATA 100% oxygen for 46 minutes, *with a subset of 35 victims receiving neuropsychological testing,* both before and after HBO treatment. The neuropsychological testing followed a protocol established at the Maryland Institute for Emergency Medical Services Systems in Baltimore. Test scores indicated a statistically significant improvement after treatment with HBO, with concurrent resolution of symptoms.

To control for possible practice effects due to repeated use of the neuropsychological test battery, a control group of twenty additional students were given the tests, and then retested a week later. Management of this mass CO poisoning incident and the

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