

water; and 74.2% were men. To establish a new classification, clinical parameters such as pulmonary auscultation, consciousness level, necessity for ventilatory assistance, and cardiovascular clinical status were taken into consideration. All cases were classified by physicians in the first-aid department.

Results: The division of ND/D cases into different levels was made possible through clinical evaluation. Mortality evaluation was made within the first 12 hours of the accident. The classification presented correlation with treatment and initial prognosis.

Level	Frequency (%)	Mortality (%)	Internee (%)
I	63.3	0	3.9
II	18.6	0	16.1
IIIa	3.2	0	47.9
IIIb	2.2	0	96.0
IVa	1.3	3.5	86.2
IVb	11.5	93.2	6.4

Conclusion: Szpilman's classification of ND/D demonstrates significance ($p < .05$) in all clinical parameters evaluated. Even though the hospital follow-up has not been completed, the 252 patients needing intervention (126 in ICU) represent only about 10% of these cases.

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One Year in an Emergency Medical Service in Argentina

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Objective: To describe emergency medical services (EMS) developed in the (Argentine) system during one year.

Methods: A study was conducted of all the medical prehospital requests from June 1991 to June 1992. Different classifications were made according to: 1) dispatch codes; 2) age; 3) calling hours; 4) frequency of symptoms; 5) specificity of priority assessment; 6) incorrect triage average; and 7) percentage of patients who needed to be transported.

Results: A total of 83,029 patients received response during the described period. Seventy-four percent (61,638) were associated with the system that serves 180,000 direct members; the others were distributed as indirect members, street public calls, police and fire incidents, etc. A total of 45,849 females (55%) and 45% males requested service. Nearly 39% of those requesting services required emergency attention. The more frequent causes for service requests included:

Diagnosis	% of Cases
Trauma	8.5
Digestive Diseases	6.9
Hypertension	3.1
Fever	3.1
Cardiac Arrest	1.0

Thirty-four percent were over 55 years of age and 30% were under age 12. Categorization was correct in 80% to Code 3; 60% to Code 2; and 43% to Code 1. Only 15% of all the

patients had to be transported to a medical center.

Conclusion: Emergency ambulance crews complained about public misuse and abuse of limited resources that demoralize the staff. Six percent of the calls received incorrect triage and were assigned a lower level of priority than was the need.

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Unexpected High Prevalence of Chlamydia pneumoniae Pneumonia in an Emergency Department in Italy

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Aim of the Study: To determine, by non-invasive methods, the bacterial etiology of pneumonias admitted to an Emergency Medicine Unit.

Materials and Methods: Between February and December 1992, 84 patients were admitted to this ward with community-acquired pneumonia (CAP). All subjects underwent sputum or broncho-aspirate culture, blood culture when body temperature $>38^{\circ}\text{C}$, pharyngeal swab for Chlamydia pneumoniae for direct detection by an indirect immunofluorescence test (Cellabs Diagnostic PTY), and acute and convalescent serologic examination for C. Pneumoniae, (microimmunofluorescence test with specific antigen, Washington Research Foundation, Seattle, Wash., USA), L. pneumophila, and M. pneumoniae.

Results: Among the patients enrolled, 17 had no associated diseases, while 23 suffered with COPD, 17 had chronic diseases, nine were immuno-depressed, and 17 had cardiovascular diseases. Before admission, 16 patients had been treated with antibiotics. Etiologic diagnosis was found in 43 patients (51%; see Table). Only 7% showed Streptococcus p. infection, whereas 15% had C. pneumoniae infection. Gram negative infection also was common (15%), as expected, due to the high prevalence of neoplastic and immuno-depressed patients enrolled.

Table—Microbiologic results

Organism	Prevalence (%)
Clamydia pneumoniae	15
Streptococcus pneumoniae	7
Staphylococcus aureus	5
Mycoplasma pneumoniae	4
Haemophilus influenzae	4
Legionella pneumophila	2
Klebsiella pneumoniae	1
Streptococcus faecalis	1
Enterococcus spp	1
Pneumocystis carini	1
Serratia spp	1
Branhamella catarrhalis	1
Others	3

Conclusions: C. pneumoniae is reported to be involved in about 6%–10% of CAP. However, it was found that an unexpected high incidence of C. pneumoniae together with a low frequency of Streptococcus p.; this could be due, at least par-