

projection

EMERGENCY MEDICAL SERVICES JULY/AUGUST ISSUE

SPECIAL SECTION: SUMMER EMERGENCIES

COLD WATER DROWNING AND IN-WATER CPR, by Edward A. Rupert, EMT-A, Director; and Steven J. Linton, EMT-A, Director, *International Association of Dive/Rescue Specialists, Fort Collins, Colorado.*

MEDICAL EMERGENCIES PRODUCED BY INSECT BITES AND STINGS, by Claude A. Frazier, M.D., *Diplomate of the American Board of Allergy and Immunology, Asheville, North Carolina.*

THE ROLE OF A HOSPITAL-BASED EMERGENCY HELICOPTER SERVICE IN A RURAL EMS SYSTEM, by Joe Tye, *Administrative Associate for EMS; Thomas Vargish, M.D., Director, Emergency Treatment Center; Andrea Jensen, EMS Research Assistant, The University of Iowa Hospitals and Clinics, Emergency Medical Services Division, Iowa City, Iowa.*

HEAT EMERGENCIES: A GUIDE TO ASSESSMENT AND MANAGEMENT, by Wallace A. Carter, Jr., B.S., EMT-P, *Faculty Member, Institute of Emergency Medicine, Albert Einstein College of Medicine, Bronx, New York.*

SOFT TISSUE TRAUMA INJURIES TO THE FOOT, by William G. Andrade, M.D., *Director, Emergency Department, Le Bonheur Children's Hospital, Memphis, Tennessee.*

PLUS...

EXPERIMENTAL USE OF MOBILE SATELLITE COMMUNICATIONS TECHNOLOGY IN RURAL EMS SYSTEMS, by Cecil D. Burge, Ph.D., P.E., *University of Southern Mississippi, Office of Research and Sponsored Programs, Hattiesburg, Mississippi.*

COMMON EMERGENCIES IN DIALYSIS PATIENTS, by Edward T. Zawada, Jr., M.D., *Chief, Hemodialysis Unit and Hypertension Research; and Monica Ruegner, R.N., Dialysis Research Nurse, VA Medical Center, Salt Lake City, Utah.*

TRAINING OFFICER SEMINAR: IMPROVING EDUCATIONAL SKILLS OF AMBULANCE TRAINING OFFICERS, by Barbara L. Clarke, M.A., EMT, *Training Officer, State of Indiana EMS Commission, Indianapolis, Indiana.*

TRAUMA CENTER UTILIZATION IN ILLINOIS—A REPORT FROM THE ILLINOIS TRAUMA STUDY, by Jack Goldberg, M.A., *Research Associate in Epidemiology-Biometry; Henry M. Gelfand, M.D., Professor of Epidemiology-Biometry; Paul S. Levy, Sc.D., Professor and Director of Epidemiology-Biometry; Julie Boren, B.A., Research Assistant, Epidemiology-Biometry; University of Illinois School of Public Health; and Ross Mullner, Ph.D., Manager of Operations, Data Center, American Hospital Association, Chicago, Illinois.*

THE MID-ATLANTIC EMS COUNCIL, INC., by R Adams Cowley, M.D., *Director; and Sandra Bond, Administrative Aide, Maryland Institute for EMS, University of Maryland Hospital, Baltimore, Maryland.*

THE EMT AND SPORTS MEDICINE, by Wayne Kreger, *Athletic Trainer-EMT, Normandale Community College, Bloomington, Minnesota.*

INSERVICE PARAMEDIC TRAINING, by Robert H. Logan, III, REMT-P, *Salem, Virginia Rescue Squad, and Member, Board of Directors, Western Virginia EMS Council, Salem, Virginia.*

SALPINGITIS AND PELVIC INFLAMMATORY DISEASE, by R.S. Morton, M.D., F.R.C.P. (Edin.), *Visiting Scientist, Center for Disease Control, Atlanta, Georgia.*

ASSESSING EMERGENCY MEDICAL PREPAREDNESS FOR HOSTAGE-TAKING AND TERRORISM, by Michael T. McEwen, M.A., EMT, *Director, Community and Media Services, The University Hospital and Clinics, Oklahoma City, Oklahoma.*



emergency medical services

12849 Magnolia Boulevard North Hollywood, CA 91607

The Journal of Emergency Care and Transportation

EMERGENCY MEDICAL SERVICES, The Journal of Emergency Care and Transportation, is the only publication specifically edited for emergency department physicians, nurses, and administrators; EMTs, paramedics; ambulance company management; fire department rescue squads; police department, engineering, military, and governmental emergency medical services personnel—the men and women who specify and buy your products—in this multi-billion dollar market.

Emergency medical services is a fast-growing field. To keep pace, specialists must keep abreast of new developments, new techniques, new products, new equipment. They are particularly receptive to your message in **EMERGENCY MEDICAL SERVICES**, the one journal serving the entire field. Selling this market is easy, once you locate the buyers; **EMERGENCY MEDICAL SERVICES'** circulation (specific breakdowns of readership on request) of 40,000+ buyers and specifiers assures you of effective economic penetration of your total market. You reach the key people you need to sell.

You will see tangible results from your advertising in **EMERGENCY MEDICAL SERVICES** as reader service cards come in after publication of each issue, signed by the people you need to reach. Make the decision now to schedule advertising, and reach your key buyers swiftly, economically, and effectively in:



The Journal of Emergency Care and Transportation

12849 Magnolia Boulevard
North Hollywood, California 91607
213/980-4184

COMBINATION RATES

Advertisers using full schedules in other Creative Age Publications trade journals, in combination with 6 or more insertions in **EMERGENCY MEDICAL SERVICES** during the same contract year, earn a 10% discount on space costs.

ISSUANCE AND CLOSING DATES

Published bi-monthly; issued Jan./Feb., March/Apr., May/June, July/Aug., Sept./Oct., and Nov./Dec.

Advertising closing date is 1st of month preceding month of issue. (Example: March/April issue closes February 1st.) **Cancellation not accepted after closing date.**

PRODUCTION REQUIREMENTS

Printing: Web-offset. Binding: Saddle-stitched. AAAA/MPA/ABP Offset Standards apply. B/W, 2/C, and 4/C SCREEN: 133 recommended; maximum of 150. B/W, 2/C, and 4/C DENSITY: Maximum of 100%. Preferred Material: Negatives (right reading, emulsion side down). Publisher will accept Scotchprints, reproduction proofs and other camera-ready material suitable for offset printing. All material not called for within six months will be destroyed.

INSERTS SUPPLIED BY ADVERTISER

Standard, multi-fold and die cut inserts accepted. Publisher should be supplied with sample insert four weeks prior to publication date in order to determine exact production requirements and costs.

Stock: Minimum 50 lb., maximum 100 lb., white coated or equivalent.

PRODUCTION CHARGES

All production work, other than normal copy setting, required for making copy camera-ready or suitable for offset printing, will be billed at publisher's cost: e.g., submission of proofs; photos or continuous tone copy requiring screening; complete film positives, supplied by advertiser, stripped into page;

enlargements or reductions of finished artwork or supplied positives; finished artwork requiring combination line and halftone strip-ins; ad repeated (to run the same size) to be picked up on positive film; conversion of positives supplied with emulsion on wrong side of film; strip-in copy or key changes on film; and all such necessary production services.

RATE POLICY

All orders subject to terms and provisions of current rate card. Orders subject to changes in rates upon notice from publisher. Advertisers may cancel contract at time rate revision becomes effective without incurring short rate adjustment providing contract rate has been earned up to date of cancellation.

COMMISSION AND CASH DISCOUNTS

Agency commissions: 15% of gross to recognized agencies on space, color, bleed and position if total amount due is paid in full within 30 days from insertion date; **otherwise, no agency commission will be allowed.**

GENERAL

Invoices are rendered at date of publication and are due 10 days following publication.

All advertisements are accepted and published by the publisher on the representation that the agency and/or advertiser are properly authorized to publish the entire contents and subject matter thereof. It is understood that, in the consideration of the publication of advertisements, the advertiser and/or agency will indemnify and save the publisher harmless from and against any claims or suits for libel, violation of right of privacy, plagiarism, copyright infringement, liability for use of classified material, and any other claims based on the contents of subject matter of such advertisements.

The publisher assumes no liability if for any reason it becomes necessary to omit an advertisement.

MAKE THE DECISION TO ADVERTISE TODAY

RATES:	1X	3X	6X
1 Page	\$1443	\$1370	\$1261
2/3 Page	1223	1158	1067
1/2 Page (Island) ...	1077	1019	937
1/2	856	798	731
1/3	658	601	535
1/4	461	439	402

COLOR RATES— Plus space cost

Standard colors	\$210
Standard second colors on spreads	\$260
Special colors	\$245
Special second colors on spreads	\$290
4 color process one page	\$600

Available only to full-page advertisers:

12-time	18-time	24-time	36-time
\$1188	\$1130	\$1079	\$1036

Postcard Action-Pak Response Cards issued two times a year: \$600 each for 3X or more advertisers; \$800 for all others.

PREFERRED POSITIONS	Cost
.....	\$100 extra per page
Inside Front Cover	\$150 extra per page
Inside Back Cover	\$125 extra per page
Back Cover	\$175 extra per page
Center Spread	\$200 extra per page

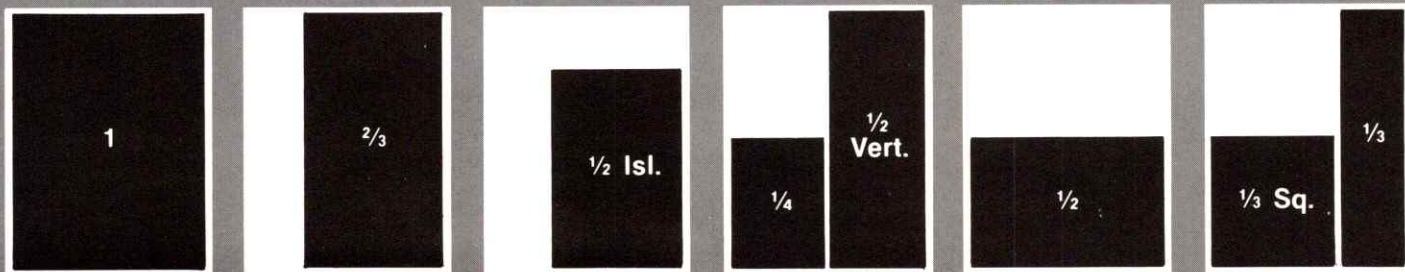
MECHANICAL REQUIREMENTS

	Width	Depth	Width	Depth
1 Page	7"	10"		
2/3 Page	4-7/8"	10"		
1/2 Page*	4-7/8"	7-3/8"		
1/2 Page	7"	4-7/8"	3-1/2"	10"
1/3 Page	4-7/8"	4-7/8"	2-3/8"	10"
1/4 Page	3-1/2"	4-7/8"		

*island or junior

Page is 3 columns. Each column is 10"x 2-3/8"

Trim size: 8-3/8"x 10-7/8". Type size: 7-1/2"x 10". Bleed 8-1/2"x 11-1/8"



RATE CARD #6 JANUARY 1980

The Journal of Emergency Care and Transportation

emergency medical services



EMERGENCY MEDICAL SERVICES

May 21, 1980

Ms. Ann Leasure
MARYLAND INSTITUTE FOR
EMERGENCY MEDICAL SERVICES
22 South Green Street
Baltimore, Maryland 21201

Dear Ann:

I'm enclosing pertinent information on EMERGENCY MEDICAL SERVICES. EMS definitely reaches the people who are your potential buyers. The journal is specifically structured to appeal to their need for continuing updated information in the field. I'll be happy to answer any questions you may have and to discuss your advertising program; call me collect at any time.

Closing date for the July/August issue of EMS is June 13th. I look forward to the opportunity of working with you and to a long and mutually rewarding relationship.

Sincerely,

Suzanne Lloyd
National Sales Manager

EMERGENCY MEDICAL SERVICES

SL:rd
Enclosure

**bonus
distribution
1980**

PROFILE PLUS

Maximize your sales and marketing profile for 1980 with

BONUS DISTRIBUTION

from *EMERGENCY MEDICAL SERVICES*

In addition to our regular bi-monthly readership of 40,000 emergency professionals, copies of **EMS** will be distributed directly to attendees of major shows and meetings in the field.

As an advertiser, you'll be putting your sales message into the hands of the people who matter most...the buyers of emergency equipment, supplies and services. This extensive distribution of **EMS** at key events assures high readership of your ads in a sales-oriented environment.

Our staff will be happy to supply more detailed information on these upcoming meetings; simply call your **EMS** advertising representative or Editor Joan Hart.

Don't miss these important events and more:

74TH ANNUAL CONFERENCE OF THE NEW YORK STATE ASSOCIATION OF FIRE CHIEFS, June 15-18, the Concord Hotel, Kiamesha Lake, New York.

CALIFORNIA AMBULANCE ASSOCIATION MEETING, June 16-20, Red Lion Inn, Sacramento, California.

ANNUAL MEETING OF ACEP, September 15-18, Las Vegas, Nevada.

ANNUAL MEETING OF THE INTERNATIONAL ASSOCIATION OF FIRE CHIEFS, September 28-October 2, Miami, Florida.

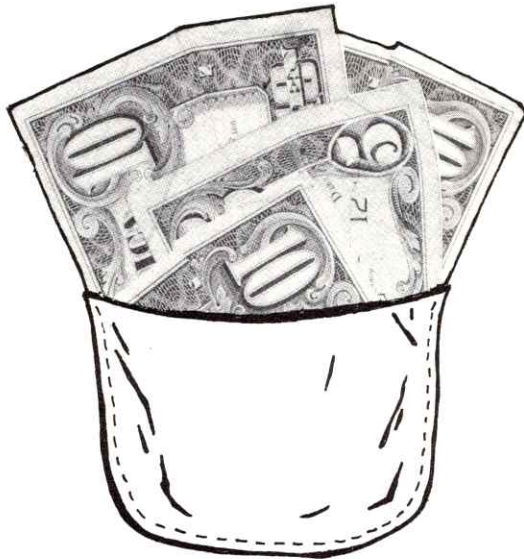
ANNUAL MEETING OF EDNA, October, Peachtree Hotel, Atlanta, Georgia.

EMS for 1980. More Profile For Your Dollar

emergency medical services



Put the Business Where It Belongs. In Your Pocket.



with **Action-Pak Response Cards**

The **Direct Response** Marketing Service from **EMERGENCY MEDICAL SERVICES**

This is your opportunity to sell over 40,000 specifiers and buyers of emergency medical equipment, supplies and services...and do so via a proven, highly efficient direct mail vehicle.

Here are just some of the companies which took advantage of **ACTION-PAK** last year, with big sales results...

Medical Research Laboratories, Robertshaw Controls Company, Jobst Institute, McGraw-Hill Book Company, Star-Line Enterprises, Medi-Ked, Inc., Ferno-Washington, Humetrics Corporation, W.B. Saunders Company, Direct Safety, Omnicron, Rockford Safety Equipment, Wilson Electronics, Meredith Medical Products, Armstrong Industries, Dixie U.S.A., 3M, Valonics, Survival Technology, Williams & Wilkins Book Company, Ohio Medical Products, Datascope Corporation, Knickerbocker Case Company, Pyramid Films, Little, Brown & Company, Simulaids.

ALL SALES LEADS COME DIRECTLY TO YOU, THE ADVERTISER. You can take immediate follow-up action by phone, letter or professional sales call.

The cards are mailed in a clear poly bag directly to **every one of EMS' 40,000 readers.** You get the impact of direct mail backed by the readers' knowledge that the **Action-Pak Postcards** come from the number one publication in the field.

For as little as 1½ cents per prospect, **Action-Pak Postcards**

- generate qualified sales leads
 - improve and update your mailing list
 - increase the pace of your sales activity
 - distribute literature and product information
 - test new products, ideas, surveys
- ...and **MAKE DIRECT SALES!**

Join a winning team! Put **ACTION-PAK RESPONSE CARDS** to work for you...and put the business where it belongs. In your pocket.

Advertising Rates

\$600 for 3x advertisers in **EMS**
Color rates: \$180 standard
\$215 matched colors
\$600 4/color process

All others:	1 card	\$800
	2 cards	\$765
	3 cards	\$700

Commission: 15% to agency, 30 days

Mechanical requirements: See reverse side

There are two Action-Pak mailings a year: February and August. Closing date for the February mailing is **January 18**. The August closing date is **July 18**.

“BUSINESS REPLY CARD” POSTAL PROCEDURES:

Advertisers participating in *Emergency Medical Services*' ACTION-PAK response mailings receive business reply cards direct from inquirers. Postal requirements for reply mail are as follows:

1. Permit is obtained by filling out an application at the Post Office to which the reply mail will be returned. There is a \$30 charge for the permit.

2. Postage is collected by the Post Office on each piece of business reply mail at the time it is delivered. Under current rate schedules these charges are 10¢ postage and 12¢ handling fee, a 22¢ total for each business reply card.

3. The Post Office requires that a specific format be used on the address side of the reply card. Copy in upper right rectangle reads, “No postage necessary if mailed in the United States.” Copy in long rectangle reads “BUSINESS REPLY CARD” in large type under which appears in smaller type, “First class permit No. 000, City, State.” Under this rectangle appear the words, “Postage will be paid by addressee” followed by name, address, city, state and zip code of addressee. Horizontal bars must appear at right. (See address side of *EMS ACTION-PAK* for sample format.) Facing Identification Marks (FIM), a bar code pattern located on the top right portion of the address side, must be used. The horizontal distance from the first bar to the right and the right edge of the mailpiece is to be 2" plus or minus 1/8". The length of the bar is 1/2" minimum, while the vertical distance from the top of each bar to the upper edge of the mailpiece cannot exceed 1/8". A “clear zone” must be provided for the FIM. It must measure 1-1/2" wide by 5/8" deep. See illustrations A and B. For more specific information, contact your local Post Office.

MECHANICAL SPECIFICATIONS:

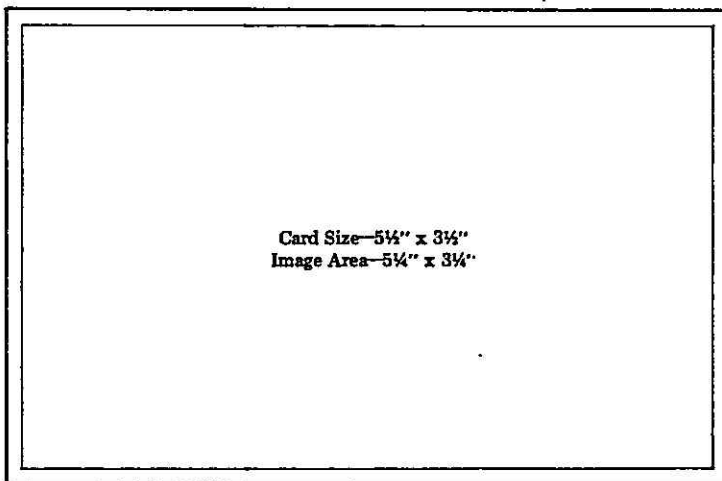
Size: Maximum *image* area for reply card—5-1/4" x 3-1/4".

Preferred Material: Same size screened negatives, emulsion side down, right reading.
Preferred screen, 133 line.

Other Material Accepted (Actual Size): Scotch prints, reproduction proofs, camera ready art. A charge will be made for enlargements, reductions and/or special handling.

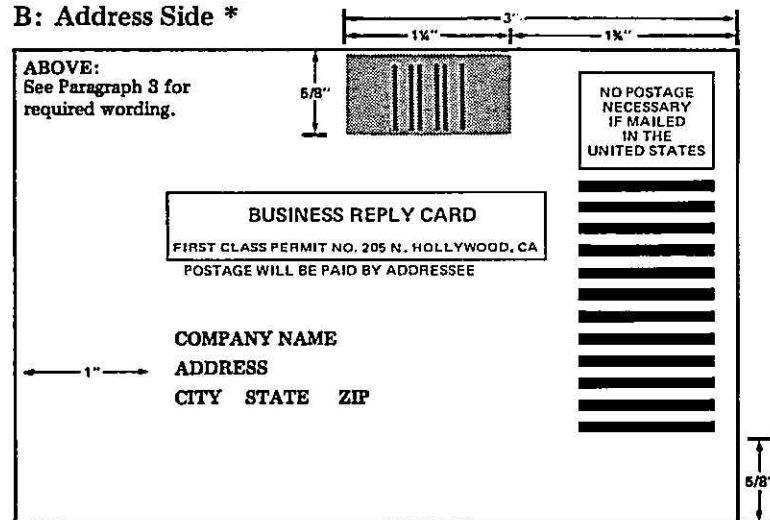
ILLUSTRATIONS A & B:

A: Advertising Side *



*Illustrations A and B are 68 1/2% of actual size.

B: Address Side *



the team concept in emergency medical services:

Speed, precision and accuracy.
Coordination, cooperation and timing.
Product, equipment and medication.

All in the right place at the right time, functioning together to create an effective whole. People who care, working with equipment they can depend upon. This is Emergency Medical Services, the medical system forged from the talents and skills of individuals working together to create the professional life-saving team.

Your role on the team is vital. EMS personnel involved in life-saving procedures don't have time to concern themselves with how well their equipment performs. They must know it can be depended upon to do whatever they ask of it. The role of Emergency Medical Services, The Journal of Emergency Care and Transportation is the proper presentation of information which will help EMS team members to do their job of saving and enhancing life. EMS provides facts on the newest techniques, methods and procedures; the most up-to-date and timely data available written and edited by the experts themselves.

Your advertisement in Emergency Medical Services, surrounded by editorial material of acknowledged value and integrity, insures that EMS team members will read and react favorably to your message. Emergency Medical Services is the publication dedicated to the team concept... for life. Be there when you are needed... in Emergency Medical Services.

together... for life.

Emergency Medical Services

The Journal of Emergency Care and Transportation



□ As regards the article in the January/February issue "Telephone Access to Ambulance Service," it was refreshing to find a report which didn't see the 911 number as a panacea for all emergency communications problems.

I have several specific points to make based on six years in ambulance service, much of it dispatching, and prior to that a number of years experience as a long distance operator and an answering service operator.

Referring to Table I, it is indicated that the chance of the answerer being engaged in other duties is high for operator, police etc. Police, yes. However, when an operator answers an emergency call for help, that call immediately takes precedence, all else waits, and most operators early in their careers memorize all the local emergency numbers, enabling them to make a rapid and accurate connection to the proper emergency agency (fire, police, or ambulance).

Still referring to Table I, to the coordination with other services column, I think it's not an accurate reflection of most areas to rate ambulance services as low in this regard, particularly lower than operators. Usually their coordination is very high. I found it saved time if an individual calling for help called us direct (or through an operator), I dispatched the ambulance, and then contacted the police (assuming it was a police matter). If the call had gone first to the police, they would have dispatched their cruiser and then contacted the ambulance service.

A point not mentioned in regards to a 911 system is the potential for corruption. I do not know what the experience of areas using this system is, but long acquaintanceship with dispatchers has made me very aware of their opportunity to direct calls to an agency or service of their choice, regardless of proximity, quality, or contractual arrangements. I don't think this should be overlooked in evaluating the system.

The fastest and most efficient method of contacting an ambulance would be to have the number, in the form of a sticker, attached to one's telephone. If that's not available, then dial 0 for an operator who will be able to connect you rapidly.

**Gloria M. Veltman
Dispatcher and EMT
Lamont, Michigan**

□ I would just like to commend you on the excellent magazine which you produce. Your articles are thought provoking, interesting and informative. I feel that *Emergency Medical Service* is one of the best magazines produced for EMS.

I hope that in the future you might do an article on the inter-relationship of police, fire and EMS personnel at the scene of a medical emergency. This area is one that is sadly neglected.

Presently, the Connecticut state police is educating all personnel in the DOT Crash Injury Management Course of which I am an instructor.

Again, your magazine is excellent.

**Tpr. Ronald G. Clark (R.N., EMT)
Connecticut State Police Academy
Meriden, Connecticut**

□ Dear Mr. Dolphin:

I'm ashamed to admit it, but I missed several of your articles in *Emergency Medical Services* and was wondering if I could impose upon you to send me any and all articles that you have written. I operate a private service in a predominately rural area (200 sq. miles) and am the sole supplier of emergency medical services (rescue, ambulance, you name it). I am finding it harder to operate as each day goes by and would like to approach our local government for assistance; any assistance I can get from your articles would be very helpful in the fight I know I'm in for.

Keep up the great articles.

**Russell G. Converse
Saugerties Ambulance Service, Inc.
Saugerties, New York**

commentary

□ Just finished reading your March/April issue and found it very informative. This is a new field for us and naturally we are anxious for as much information as we can get. We will be looking forward to further issues.

**T.K. Denson
Health Equipment Center
Wheaton, Illinois**

□ Reading your open forum on extrication was interesting. One point repeatedly mentioned was the need to shield the patient from loud noises, i.e., the utilization of earphones (headsets) worn by mechanics and related personnel who work in the vicinity of jet engines.

**John R. Gudellis
Memorial General Hospital E.R.
Union, New Jersey**

Be there! Save that life!

□ Your open forum on extrication was excellent. This highly technical field requires specialized training but, due to the complexity and variation in types of incident, the methods and techniques of instruction must be flexible. Setting up a comprehensive education program will require leadership with background and field experience. Standardization of training sounds great, but implementation of such a program would certainly be a masterful undertaking. There are too many differences in state laws, local policies, and even within national organizations to coordinate a sensible standardization.

Possibly through organizations such as yours an evaluation of ideas, a pool of vital knowledge, and classification of incidents could lead to a common direction, but one must keep in mind that this direction must be workable to a small response squad department, such as ours, or a volunteer transport squad. So, you see, this wide scope of participants further complicates standardization efforts.

Another very difficult area to coordinate, yet extremely essential to a standardization program, lies with extrication equipment manufacturers. A common effort utilizing all modern day technology should be employed to design the most workable and dependable tools vital to our field. But, again, reality dictates a different direction.

I would be very interested in future articles and ideas on this subject - hoping for a solution and common direction.

**J.B. deSaullles, Assistant Chief
Boardman Fire Department
Mahoning County, Ohio**

□ Another great issue (May/June); EMS is the best publication in the field. Let's hear more of Dr. Richard T. Rappolt: he's funny, witty, entertaining - and teaches well.

**Ken Schiff
Santa Monica, California**

□ A comment made by Dr. Lambrew in the last First Forum Debate deserves repeating: "We assume that a physician is a teacher by virtue of the fact that he has the knowledge." We should also not assume that only doctors have the knowledge. There is in any medical milieu a number of highly dedicated, knowledgeable and skilled non-physician professionals, such as EMTs, nurses, physician associates, paramedics, etc. who may in fact be competent instructors. Teaching is a separate skill, apart from having a thorough command of the subject matter. We need to seek out those individuals who have the knowledge and the skill and desire to teach.

**Anthony Di Marco
EMS Project-Health and Hospital Corp.
New York, New York**

together for life... **Emer**

Readers rely upon Emergency Medical Services for a continuing dialogue on their professional needs and concerns.

□ With regard to the proposal for a National Institute of Emergency Medical Services, by Frederick Lewis, (EMS March/April, 1974), the goals and objectives of his institute are certainly those which need to be actively promoted by those interested in emergency medical services. One difficulty which arises is the large number of committees, groups, organizations, councils and others who all seem to have an interest and desire to provide input into the emergency medical problem. In the City of Seattle and in the surrounding King County area, multiple committees are attended by essentially the same group of people and much time is wasted by duplication of membership on committees. It would seem that the combination of the purposes, goals and objectives in one or two specific organizational groups would be a great advantage both to the attainment of the goals and objectives and to the saving of considerable time by those involved.

Specifically, the new American Trauma Society has been organized within the last year as its objective many of the same as the proposed National Institute. I recognize that Mr. Lewis' proposal is broader than the field of trauma, but it would be my suggestion that the University of South Florida constitutes its major portion of the communication with Mr. Lewis and taken to make sure that the organization of personnel with an emphasis on medical services be ob-

□ Mr. Lewis' article "The EMS Administrator" was right-on. In recent years we have realized that beautiful ambulances, EMT training courses, defibrillators, etc., will be of little long-term effect if there is no administration. The need for coordination in EMS is particularly apparent when one considers the large number of agencies involved in EMS at metropolitan points and support services. Further, in metropolitan areas adequate resources to establish EMS systems usually exist; the missing link is coordination through a single focal point - an EMS administrator.

Well done, Mr. Lewis.
Steve McDermott
Director, EMS Project
Bay Area CHPC
San Francisco, California

□ In response to your editorial (July/August, 1974) on knowing what to do in an emergency, I would like to comment on what one community of 52,000 people is doing.

The Milford EMS Council recommended adoption of the 911 Emergency telephone number and used the occasion of its inauguration on 6/13/74 as an opportunity for widespread public education about the EMS system. The public is clearly to be regarded as part of that complex community effort to bring help in a hurry to jeopardized people. Much has been said about the need to instruct the man-on-the-street about "what to do" since he is often the closest reasonable aid. The average citizen should:

1. Know what EMSs are.
2. Know the emergency telephone number.
3. Know what he can do is *summon help*. The least he can do is *summon help*. Red Cross is devising a 4-hour course which will teach *basic* emergency care. The Milford *monest medical emergencies*. It is hoped that the brief time involved and the knowledge of what to do for bleeding, wounds, breathing difficulties, and fractures, would instill enough confidence so that people would not turn their backs on a person in medical trouble.
4. Learn Cardiopulmonary Resuscitation. The American Heart Association teaches this important technique in 4 hours.

The citizen should be able to invest 8 hours of his time to be knowledgeable in the whole spectrum of emergency care (of consequence). Milford has a total Emergency Program underway. Education of its high school students has had first aid as part of the curriculum for years. In the fall we plan to educate teachers in CPR so that they may teach the students.

In short, I am not as pessimistic as your editorial is about educating adults. Mayor Joel Baldwin and his alderman have set the example for the community by learning CPR. Many citizens have appreciated the opportunity to learn emergency care.

Allan Brandt, M.D., Chairman
The Milford Emergency Medical Services Council
Milford, Conn.

□ It is indeed good to find a magazine which has information and intelligent news articles. Most other publications in the EMS field are reprints from articles or books we already have tied to a sales pitch for the publisher's equipment.

Please continue your excellent coverage of programs and systems. Your "Liability" and "Systems" articles were excellent.

H.J. Gupton
Rescue Training Co-ordinator
Raleigh, North Carolina



Emergency Medical Services

RATES:	1X	3X	6X
1 Page	\$1312	\$1245	\$1146
2/3 Page	1112	1053	970
1/2 Page (Island)	979	926	852
1/2	779	725	665
1/3	598	546	486
1/4	419	399	365
1/6	326	306	285

Available only to full page advertisers:

12-time	18-time	24-time	36-time
\$1080	\$1027	\$981	\$942

PREFERRED POSITIONS

.....	\$100 extra per page
Inside Front Cover	\$150 extra
Inside Back Cover	\$125 extra
Back Cover	\$175 extra
Center Spread	\$200 extra

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MECHANICAL REQUIREMENTS

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1/2 page*	4 7/8"	7 3/8"	*island or junior	
1/2 page	7"	4 7/8"	3 1/2"	10"
1/3 page	4 7/8"	4 7/8"	2 3/8"	10"
1/4 page	3 1/2"	4 7/8"		
1/6 page	2 3/8"	4 7/8"		

Page is 3 columns. Each column is 10" x 2 3/8"

Trim size: 8 3/8" x 10 7/8" Type size: 7 1/2" x 10" Bleed 8 1/2" x 11 1/8"

PRODUCTION REQUIREMENTS

Printing: Web-offset. Binding: saddle-stitched. AAAA/MPA/ABP Offset Standards apply. B/W, 2/C and 4/C SCREEN: 133 recommended, maximum of 150. B/W, 2/C and 4/C DENSITY: maximum of 100%. Preferred Material: negatives (right reading, emulsion side down). Publisher will accept Scotchprints, reproduction proofs and other camera-ready material suitable for offset printing. All material not called for within six months will be destroyed.

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INSERTS SUPPLIED BY ADVERTISER

Standard, multi-fold and die cut inserts accepted. Publisher should be supplied with sample insert four weeks prior to publication date in order to determine exact production requirements and costs. Stock: Min. 50 lb., max. 100 lb., white coated or equivalent.

GENERAL

Invoices are rendered at date of publication and are due 10 days following publication.

All advertisements are accepted and published by the publisher on the representation that the agency and/or advertiser are properly authorized to publish the entire contents and subject matter thereof. It is understood that, in the consideration of the publication of advertisements, the advertiser and/or agency will indemnify and save the publisher harmless from and against any claims or suits for libel, violation of right or privacy, plagiarism, copyright infringement, liability for use of classified material, and any other claims based on the contents of subject matter of such advertisements.

The publisher assumes no liability if for any reason it becomes necessary to omit an advertisement.

COMMISSION AND CASH DISCOUNTS

Agency commissions: 15% of gross to recognized agencies on space, color, bleed and position if total amount due is paid in full within 30 days from insertion date **otherwise no agency commission will be allowed.** Cash Discounts 2% of net if payment is made within 10 days from date of invoice.



The Journal of Emergency Care and Transportation

12849 Magnolia Boulevard
North Hollywood, California 91607/(213) 980-4184

RATES:	1X	3X	6X
1 Page	\$1443	\$1370	\$1261
2/3 Page	1223	1158	1067
1/2 Page (Island)	1077	1019	937
1/2	856	798	731
1/3	658	601	535
1/4	461	439	402

Available only to full page advertisers:

12-time	18-time	24-time	36-time
\$1188	\$1130	\$1079	\$1036

PREFERRED POSITIONS	\$100 extra per page
Inside Front Cover	\$150 extra
Inside Back Cover	\$125 extra
Back Cover	\$175 extra
Center Spread	\$200 extra

Postcard Action-Pak Response Cards issued 2 times a year:
\$600 each to 3X or more advertisers; \$800 for all others.

COLOR RATES—Plus space cost

Standard Colors	\$210
Standard second colors on spreads	\$260
Special Colors	\$245
Special second colors on spreads	\$290
4 color process one page	\$600

COMBINATION RATES

Advertisers using full schedules in other Creative Age Publications trade journals, in combination with 6 or more insertions in **EMERGENCY MEDICAL SERVICES** during the same contract year, earn a 10% discount on space costs.

MECHANICAL REQUIREMENTS

	Width	Depth	Width	Depth
1 page	7"	10"		
2/3 page	4 ⁷ / ₈ "	10"		
1/2 page	4 ⁷ / ₈ "	7 ³ / ₈ "	*island or junior	
1/2 page	7"	4 ⁷ / ₈ "	3 ¹ / ₂ "	10"
1/3 page	4 ⁷ / ₈ "	4 ⁷ / ₈ "	2 ³ / ₈ "	10"
1/4 page	3 ¹ / ₂ "	4 ⁷ / ₈ "		
1/6 page	2 ³ / ₈ "	4 ⁷ / ₈ "		

Page is 3 columns. Each column is 10" x 2³/₈"

Trim size: 8³/₈" x 10⁷/₈" Type size: 7¹/₂" x 10" Bleed 8¹/₂" x 11¹/₈"

PRODUCTION REQUIREMENTS

Printing: Web-offset. Binding: saddle-stitched. AAAA/MPA/ABP Offset Standards apply. B/W, 2/C and 4/C **SCREEN**: 133 recommended, maximum of 150. B/W, 2/C and 4/C **DENSITY**: maximum of 100%. Preferred Material: negatives (right reading, emulsion side down). Publisher will accept Scotchprints, reproduction proofs and other camera-ready material suitable for offset printing. All material not called for within six months will be destroyed.

ISSUANCE AND CLOSING DATES

Published bi-monthly: issued Jan./Feb., March/Apr., May/June, July/Aug., Sept./Oct., and Nov./Dec.

Advertising closing date is 1st of month preceding month of issue. (Example: March/April issue closes February 1st.)

Cancellations not accepted after closing date.

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