injuries, burns, etc., accounted for 4.3%. The prehospital care providers performed more than 2,000 non invasive procedures such as airways establishment, splint applications, etc. They also performed more than 300 invasive procedures including IV administered (under the radio direction of the physician), esophageal intubation, etc. The total mortality of this group was 32 patients (2.22%): 29 died at the scene of the accident and 3 patients died during transportation to the trauma center.

Conclusion

This pioneering attempt to create "the consciousness" in Latin America of the value of Pre-Hospital care providers, has been rewarded with a significant decrease in morbidity and mortality from a previous 25% to 2.2%.

DISASTER RESPONSE TO A PHOSPHOROUS FIRE EXPOSURE

Jon R. Krohmer, M.D., Pamela J. Stuart, M.D. and John McCabe, M.D., Dayton, Ohio, U.S.A.

On July 8, 1986, 15 cars of a 38-car train derailed in Miamisburg, Ohio. A car in the derailment contained white phosphorus which immediately ignited upon exposure to air. The resultant cloud of toxic gas forced the evacuation of approximately 40,000 residents in the area. Emergency medical involvement during the incident included emergency physicians at the medical command post and 2 of the 12 evacuation centers, 116 EMS squads from 6 counties as well as personnel staffing emergency departments.

Approximately 500 victims were seen in local emergency departments. Most victims had eye and respiratory irritation. Minor injuries were sustained by several rescue workers. There were no deaths reported related to the incident.

The disaster incident lasted 110 hours and adequately tested the recently revised county disaster plan. A discussion of the evacuation and patient presentation and treatment is provided.

DEVELOPMENT OF A STATEWIDE TRAUMA/EMS SYSTEM: THE MARYLAND EXPERIENCE

R Adams Cowley, M.D., Baltimore, Maryland, U.S.A.

The Maryland Institute for Emergency Medical Services Systems has become a leader in trauma and emergency medical services committed to advancing the total care of the critically injured or ill patient by increasing the ability of the prehospital and hospital personnel to handle critical emergencies. MIEMSS is the control center of an organized, statewide EMS system unmatched in sophistication and scope. It is a composite of numerous interdependent subsystems, operated by public and private agencies and institutions at the state and local levels. MIEMSS coordinates the emergency care services of Maryland's 46 hospitals, 10 areawide trauma centers, 19 specialty referral centers and 6 consultation centers. The MIEMSS Shock Trauma Center, the clinical core of the system, was officially opened in 1961 with 2 beds. Today, the Center has 108 beds and cares for more than 2500 patients annually. Extended rehabilitation care for patients recovering from severe head, spinal cord or skeletal injuries is provided at the MIEMSS Montebello Center. MIEMSS also coordinates the state's EMS transportation and communications systems and provides training for emergency medical personnel. In addition, MIEMSS maintains a statewide registry and runs a baccalaureate and masters program in emergency health services at the University of Maryland Baltimore County. MIEMSS also conducts active public information and education programs to keep the public informed about EMS services and the Institute's accomplishments.

GENERAL CONCEPTS OF JAPAN MEDICAL TEAM FOR DISASTER RELIEF AND ITS PROBLEMS

Tsuguharu Ishida, M.D., Muneo Ohta, M.D., Takashi Ukai, M.D., Yashiro Yamamoto, M.D. and Kenji Honda, M.D., Hyogo, Japan

In cases of large scale disasters which destroy local emergency medical services system or even threaten these at a national level in developing countries,