mechanism is unclear, it may be related to a decreased intracellular pH due to diffusion of CO_2.

EARTHQUAKE IN MEXICO

**Claude de Ville de Goyet, M.D.,
Washington, D.C., U.S.A.**

The earthquake that rocked Mexico City on 19 September 1985 quickly became an international event. This video reports on the events of the first 10 days after the quake. Starting with the thousands of national volunteers who spontaneously mobilized themselves to search for survivors, we view the devastating destruction to several public sector health institutions and the evacuation of a private sector hospital as a strong aftershock hit the city 36 hours later. Problems with the water supply, temporary shelter and international assistance are also dealt with, as well as identification of victims and rumors of impending epidemics.

EARTHQUAKE IN EL SALVADOR

**Claude de Ville de Goyet, M.D.,
Washington, D.C., U.S.A.**

During 1985 and 1986 Latin America suffered three serious earthquakes; in Chile, Mexico and El Salvador. This video discusses the factors that made the earthquake of 10 October 1986 different from the others. These include the quake's direct physical impact on the government's capacity to operate; the conflicting nature of information on its intensity; the serious and long term impact on the delivery of health care; and the competitive atmosphere in which foreign teams operated and international assistance was handled.

VOLCANIC ERUPTION IN ARMERO

**Claude de Ville de Goyet, M.D.,
Washington, D.C., U.S.A.**

After nearly 150 years of lying dormant, the Nevado del Ruiz volcano in Central Colombia erupted on 13 November 1985, leaving in its wake a trail of death and destruction and almost burying completely the town of Armero. An estimated 23,000 persons lost their life in this disaster. Search and rescue activities could only be carried out by helicopter. This video examines this particular search and rescue effort as well as mass casualty management, triage and other aspects of disaster management.

INTERNATIONAL ASSISTANCE IN DISASTERS

**Claude de Ville de Goyet, M.D.,
Washington, D.C., U.S.A.**

International health relief assistance can alleviate suffering and contribute to more rapid rehabilitation when it is properly directed toward the priority needs of a disaster stricken country. But when it is misguided by unsubstantiated perceptions of what the health needs "ought to be", this assistance exacerbates problems and contributes to chaos.

This video presentation explores the delicate balance that exists between donor and recipient and outlines the positive and negative efforts of international assistance provided by well-intentioned donors on the health care delivery system of disaster-stricken countries.

CELLULAR TELECOMMUNICATIONS AT AMTRAK'S WORST CRASH

Charles E. Wiles, III, M.D. and Ameen I. Ramzy, M.D., Baltimore, Maryland, U.S.A.

The worst rail accident in Amtrak history occurred in Chase, MD, USA, on January 4, 1987. Management of the disaster by the Emergency Medical System was nearly perfect. Essential communications both at the scene of the accident and throughout the region were adequately handled by normal public service (fire, police, EMS) radio frequencies following normal operation procedures. Nonessential but desirable information demands threatened to overload standard radio channels. In addition, unfamiliarity with radio discipline by some physicians impeded communications at times. The use of portable and automobile-mounted cellular telephones eliminated these problems and simplified communications from the disaster site to the rest of the region. Cellular telephones were used for 1) Site to trauma center communication. 2) Site to local hospital communications. 3) Two-way communications from the communication center (SYSCOM) to the accident site. 4) Site to fire station communications

https://doi.org/10.1017/S1049023X0002940X Published online by Cambridge University Press