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BRITISH MEDICAL ASSOCIATION TAVISTOCK SQUARE LONDON WC1H 9JR TELEPHONE 01-387 4499

CORRESPONDENCE

Correspondents are asked to be brief

Motorway Disasters

SIR,—It must be apparent by now that there is little prospect of preventing multiple vehicle pile-ups on our motorways in fog, and further incidents are to be expected. It might therefore be useful to record our experiences in this most recent incident on the M.1 on 29 November.

Luton is fortunate in having a modern accident service with multipurpose accommodation. By stopping planned operations and outpatient appointments two operating theatres and one major reception area are made available and the outpatient consulting area becomes a reception space for major as well as minor casualties. The whole of the staff are then free to receive and treat injured people. There were 45 casualties, 20 of whom had multiple injuries. Six people were killed on the motorway; none died on the way to hospital; three died days later.

Visibility at the accident site was so bad that we had no estimate of the number of injured people that we might expect to deal with. Communications were at first a problem, because although we have radiotelephone contact with ambulance personnel the waveband was too congested and we had to rely on information from ambulance crews as they arrived. We knew all these men because they had been trained by us in our accident service and this was the most notable feature of the whole affair—training ambulance crews in the local accident service pays big dividends.

This catastrophe involved all six lanes of the M.1 over a quarter of a mile (400 m) and the crash barrier was not breached. Vehicles were piled three deep and extraction of injured people was slow and difficult; some were trapped for five hours before release and most of these people were badly shocked. Other complications included fat embolism, severe ischaemic renal necrosis, and "battlefield neurosis"—possibly the result of prolonged acute distress and exposure to cold. We were helped with these problems by a senior anaesthetist and the consulting physician on duty. Some of the lorry drivers had been trapped in the sitting position for hours and rapidly developed gross oedema of their legs.

The pattern of injuries was different from the usual type that we have learned to expect from the motorway. There were few head injuries and a preponderance of injuries to the lower half of the body. Of the nine fatal cases no fewer than three had ruptures of the aorta at the junction of the arch and descending portion.

We have learnt how to co-operate with the press—give them all the information they want. If you do not do this you will have them on your back for the rest of the day and for days to come. We actually received a letter from the press thanking us for being so helpful. This can be done only if there is an adequate number of trained receptionists available at all times.

There were many confirmations of usual pitfalls—for example, the need for *x*-ray examination of the cervical spine in patients with head injuries, for pelvic *x*-rays in lower limb injuries, to find the cause of blood loss in abdominal and pelvic injuries, and for repeated assessment of the integrity of the peripheral circulation in crush injuries especially after many hours of pressure. One of the most impressive incidents was seeing a man brought in deeply cyanosed and with a bounding pulse. The ambulance man could not open his tightly clenched jaws to insert an airway. He explained that this state of asphyxia had happened during the journey to the accident service. An old-fashioned mouth gag (condemned by dentists because of the damage it can do to teeth) opened the mouth in two seconds and an airway was inserted without difficulty. The patient rapidly recovered. Should not this gag be part of the ambulance equipment?

The general principles of procedure accepted in most centres proved again to be right: clearing the airway; adequate resuscitation before operation; maintaining adequate note coverage; repeated observation and recording in head, chest, and abdominal injuries; adequate monitoring of peripheral vascular injuries; transfer of certain types of injury to special centres—for example, maxillofacial, after securing an adequate airway; making use of the considerable number of offers to help (for example, sisters who left their administrative duties, rolled up their sleeves and revelled in a return to purposeful nursing); and keeping the press informed.

Within 15 minutes of the start of the incident we had a request for medical help. A consultant and a senior house officer went out by ambulance with prepacked equipment. Not only were they needed to help the trapped and injured, they were important morale boosters for the other rescue workers. Whenever there is a request to go to the motorway we go without hesitation. We know of the risk to personnel from moving vehicles and collapse of damaged vehicles, and we also know that we are not protected. When will the Department face up to its responsibility and provide accident insurance for this potentially hazardous medical necessity?

The operator of one of the lifting cranes said that at the very end when he had separated the last two heavy lorries he found a Mini underneath the rear end of one of them. When he released this car a man climbed out unhurt, and related how he had listened to bangs and crunches for an hour or so, then went to sleep until he was released five hours later.—We are, etc.,

J. F. HINDLE
P. R. N. KERR
J. A. M. PHILIPSON
L. W. PLEWES

Accident and Orthopaedic Service,
Luton and Dunstable Hospital,
Luton, Beds