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SUPPLEMENT

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CORRESPONDENCE

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

How do you resuscitate someone with a suspected spinal injury?

SIR,—An increasing number of people are taking courses in first aid; I taught or examined more than 400 such people last year. Although most of them are keen and intelligent, few have even an elementary knowledge of human biology. They therefore have to accept my teaching as dogma and give similar credence to "the authorised manual" of St John Ambulance, St Andrew's Ambulance Association, and the British Red Cross Society.

The manual says (p 35), "Any unconscious casualty should be placed in the recovery position immediately." Pictures of the ordinary and modified recovery positions (p 25 and 41) show the head and neck twisted out of alignment with the thoracic spine and with one another. The manual also says (p 111 on skull fractures), "If any discharge issues from the ear incline the head towards the injured side. . . ."

Mr Andrew Swain and his colleagues (30 November, p 1158) point out that any injury which has caused unconsciousness must be presumed to have caused spinal injury also, a point not mentioned in the manual. In their letter (11 January, p 139) they advise a supine position for those who are conscious or intubated, a lateral position for the unconscious. Dr Andrew K Marsden and others (p 138) suggest "the stable position with the head and chest in one line" after the patient has been carefully rolled on to one side. Dr Andrew Raffle and others (p 139) say that "the view of St John Ambulance is that the prospect of spinal injury should be entertained in all traumatic cases of unconsciousness" and they advise a careful turn into "a stable side position with the head remaining in neutral. . . ." Like Mr Swain and colleagues I cannot find this in the manual.

I am troubled by the fact that while the recovery position is stable, maintaining itself in the absence of any support other than the ground or a stretcher, a lateral position with the head and neck neutral is unstable: indeed it is difficult to maintain for more than a few minutes when conscious, uninjured, and not being jolted about during an ambulance journey or a hand carry.

So what am I to teach my candidates for the first aid certificate? If there are four of them they could attempt the lateral and head neutral position but in other cases they may have to go back to the manual, use the recovery position, and hope that the spine can look after itself. This seems to be the gist of Dr Rowland L Cottingham's advice (p 139).

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SIR,—In their thought provoking contribution (30 November, p 1558) Mr Andrew Swain and colleagues have reversed the customary first aid doctrine that—obvious contraindications apart—all unconscious casualties must be placed in the recovery position. They base their challenge on an assumption—unsupported by corroborating evidence—"that the force that rendered the patient unconscious has injured the cervical spine until proved otherwise by radiography." While it is right to emphasise the possibility of an unstable fractured spine in an unconscious casualty, first aiders must be taught to act according to probabilities; the fact is that the vast majority of head injuries do not have concomitant spinal fractures.

One appreciates that the article was written for doctors called to the scene in a well equipped ambulance, and first aiders are advised not to move a casualty if such help is close at hand, but to suggest that the approach should then be so different from that of the isolated lay first aider must invite confusion. Undoubtedly it is easier to control the head in the supine position but, as the writers say, if vomiting occurs (perhaps stimulated by an oropharyngeal airway) the patient may have to be turned on his side—and many will have observed the precipitate, even panicky, manoeuvre which imminent vomiting tends to initiate.

The British Red Cross Society teaches that the airway has priority over all other considerations. If spinal injury is suspected, the casualty should be log rolled in one piece, head held in neutral position by one first aider, into the semiprone recovery position. To avoid rotation or other movement the head should be controlled by gentle traction throughout any ambulance journey.

The "lateral position" is not recommended; it is unstable, unless the arms are pulled well forwards, and dangerous for stretcher carriage, especially when loading into an ambulance.

The writers make a further assumption (11 January, p 139)—impossible to prove or disprove—that in the single case quoted, the outcome would have differed had the patient been managed supine. Have they forgotten the oft seen patient who moves all limbs in the *x* ray department but, however carefully managed, is tetraplegic or paraplegic by nightfall?

Caution in handling the unconscious casualty is admirable but, in absorbing too many caveats, it may be the first aider who becomes paralysed while the casualty chokes to death.

D D O'BRIEN
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Speaking out in South Africa

SIR,—Dr H Bloem (12 October, p 1052) expresses concern about the treatment of people injured during civil unrest. He questions "whether the South African medical profession has learnt any-