

## A HISTORY OF THE RESCUE AND AFTER-CARE OF TWO CASES AFTER FOUR DAYS' BURIAL.\*

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On a Thursday, at 1 a.m., a bomb struck a block of three-storied cellared houses. Some of these houses were completely destroyed. As it was known that a number of people were in them at the time of the disaster, rescue work started almost at once but with little hope of saving anyone alive. At 6 p.m., on Friday, an elderly woman was rescued alive, but in such a serious condition that she died a few days later.

### The First Rescue.

At 7 p.m., on Sunday, I was sent for, as the rescue squad had heard a voice under the débris. On arrival I made contact with the trapped girl, one of my own patients, Miss F. B., aged 21, whose voice could faintly be heard, obviously at some distance below the débris. She told me her name, that she knew her father and mother were dead, and that she was quite immobile except for a little movement of the left hand. It was astonishing to find her so completely intelligent, and throughout the six hours before she was finally removed at 1 a.m. on Monday—exactly 96 hours from the time she was first trapped—she retained her intelligence and was of great help in guiding the rescue squad in their difficult task.

At 9.30 p.m., débris having been removed entirely by hand and several wooden beams sawn through, a narrow hole four feet in depth allowed of contact with the girl's left hand. It was just possible to feel her pulse, which was well perceptible at about 90 beats per minute. A short time afterwards her head was uncovered, when it became obvious she was face downwards in position. By means of a length of rubber tubing and a feeding cup we succeeded in getting her to rinse out her mouth, after which she was allowed to swallow a little hot well-sugared tea. Shortly afterwards, as more of her body became exposed, I gave her one-third of a grain of morphine, and about quarter-hourly sips of tea, by now out of the feeding cup direct. By midnight she was completely exposed at the bottom of a deepish hole. The rescue squad also succeeded in burrowing sideways at her body level, a burrow sufficient to admit head and shoulders with débris supported by some flooring cross-beams. It was through this burrow that we succeeded in delivering her.

She was lying crouched, face down, her knees on her chest and heels under her buttocks, her right arm under her chest and left arm by the side of her face—a normal breech position. Across her back was the dead body of her father. It was evident we dared not remove him before the girl, so we arranged the rescue squad with one man from above easing up the dead body as much as possible, another down the main hole supporting the chin, and a third grasping her hips and gently pulling her through the small narrow side burrow. As she was being removed she told us there was a woman alive next door. Once on the warm stretcher I immediately straightened her legs and sent her to hospital, where all was in readiness for her reception.

### The Second Rescue.

On investigating her report that a woman was alive next door, we found, to our surprise, that this was true. After shouting we heard a voice say, "I am A. D. (aged 34); I am all right, and walking about in the cellar. I have a baby with me who is not very well and we have some bottles of milk." This turned out to be delirium, and it was some hours before contact was made. It was then discovered that she was lying on the cellar stairs, her head higher than her feet, and completely immobile.

The only way to deliver her was through a narrow aperture formed by the absence of the upper panel of a door, the rest of the door supporting a mass of débris. It was impossible to risk cutting away the side of the door, but it was possible to remove a triangular piece of the lower panel. Her pulse was weaker than the girl's but countable at about 100. She also received morphine, and was fed in a similar way to the first patient. The dead body of a 3½-year-old boy was lying under her right arm. To deliver her through this narrow aperture one man was able to step inside the hole and just scramble down to place both hands under her shoulders; another man, lying on the débris held by his heels, was just able to reach her legs. I lay over the aperture and, as she was eased upwards, succeeded in grasping her shoulders and bringing her out of the hole over my own right shoulder to stretcher-bearers behind. This was at 6 a.m. on the Monday, 101 hours after being buried. She also was immediately sent to hospital.

### Treatment of the Patients.

When admitted both patients were placed in warm beds with suspended cradle lamps and received a transfusion of two pints of plasma. Blood pressure on admission was: Miss F. B., systolic 85, diastolic ?; Miss A. D., systolic 90, diastolic ? 70. After transfusion both blood pressures were 140/80.

*General Examination of Case I.*—Severely shocked, but perfectly conscious and mentally very alert. Very thirsty. Eyes bright and free from grit; lips and tongue abraded and some dirt ingrained; air passages clear—no evidence of gritty lungs. A few small pressure sores on back and large area over sacrum. Full range of movement in upper limbs; small superficial patches of skin gangrene over patellæ; both lower limbs stiff, and foot-drop present on left. One gramme of sulphanilamide four-hourly for 48 hours, followed by one tablet (0.5 gramme) four-hourly for four days. Frequent hot drinks taken very well. All pressure sores dressed with gentian violet; nursed on an air bed; right foot splinted; rest of skin perfectly clear. Extremities were warm.

*General Examination of Case II.*—Severe shock; cold; mental condition incoherent with periods of delirium; very thirsty. Eyes clear; tongue dry; air passages clear—no evidence of gritty lungs. Bruising of both legs, with large gangrenous patch on right thigh posteriorly, lateral aspect of right leg, and above left outer malleolus; a smaller patch of superficial skin gangrene on right side of chest, also on both wrists posteriorly. Patient was not able to move either of lower limbs; the right leg and foot were oedematous, also right hand and arm. Warm fluids were taken freely. All patches were treated with gentian violet, and sulphanilamide was given as in previous case.

Within 24 hours mental condition became perfectly clear; right foot-drop developed, and foot was accordingly splinted.

Both patients also received 2,000 units A.T.S.

### Subsequent History.

Both patients steadily improved. No vomiting; solid food was begun on the third day, following an enema. On the fourth day both began to bend the affected knee; oedema steadily diminished. Urine, tested daily, revealed nothing abnormal, and the output was never less than 75 per cent. of intake. As in cases reported in the journal of March 22nd, the non-protein nitrogen was estimated on both, and was found to be well within the normal limits—25 mg. per 100 cc. in one and 27 mg. in the other.

By the end of the week the oedema had practically disappeared; there had been no vomiting, the bowels were acting normally, blood pressure in both was 148/85, and fluid output was equal to intake. After ten days all

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