

technique is described in *Rev. Fac. Med. Bogota*, 1947, 15, 629. The title of the article is, "The Surgical Therapy of Varices of the Lower Extremities by Inclusion of Foreign Bodies (Suture Threads) According to the Triana Cortés Technique."—I am, etc.,

London, W.1.

R. ROWDEN FOOTE.

### Harrow and Wealdstone Train Disaster

SIR,—As an old St. John Ambulance surgeon and having been in charge of the Wembley mobile unit during the blitz, I may be excused if I pass some observations on the rescue work in connexion with the terrible accident at Harrow and Wealdstone station.

The accident took place at 8.20 a.m. on a fine and dry day, and so conditions were fortunate for first aid. An outstanding episode was the arrival of the American Air Force medical unit at about 10.30 a.m., consisting of surgeons, orderlies, and nurses. They rendered most efficient first aid and also gave intravenous plasma transfusion on the spot. What was most important, every casualty went away properly labelled and marked to the awaiting ambulances. The local doctors did pioneer work. They climbed through the wreckage to the trapped victims, and large numbers of patients were given morphine injections, but once released they were whisked away so quickly that it was almost impossible to designate what treatment they had received. I endeavoured to give trapped victims drinks of bicarbonate of soda (two teaspoonfuls to the pint of water), but without exception those who were able to drink absolutely refused to take more than a feeding-cupful.

Naturally, enormous numbers of uniformed personnel were very soon on the spot—railwaymen, firemen, policemen, and, to begin with, a few Red Cross and St. John Ambulance men and officers. There was a sea of blue or dark blue uniforms, and it occurred to me that so far as medical personnel were concerned the blue and bluish uniforms should be discarded and a new uniform of a very distinctive colour introduced. Badges are not enough, although the white strap of the St. John men does stand out.

The purpose of this letter is to cast a few observations and to try to bring to the notice of the higher authorities some facts that emerge in an accident like this. There is no doubt that the Services should be able to supply a first-aid field unit like the American one, to proceed at short notice to anywhere in the country. In London, which is so well supplied with hospitals, this is not so important, but in country districts it could be really life-saving.—I am, etc.,

Wembley, Middlesex.

R. TUDOR-EDWARDS.

SIR,—While the terrible results of the Harrow and Wealdstone train crash are still fresh in all our minds, we would like to put forward some observations and suggestions arising from our experience in receiving the majority of the injured into the casualty department of this hospital. In doing so we would emphasize that we do not wish to detract in any way from the magnificent efforts of all concerned in the rescue operations, for whom we have the utmost admiration. Moreover, our observations are in no way original, being merely reminders of what many of us learnt in the war, and being well known to the medical branches of the Services.

Of the 96 patients arriving at this hospital during the morning of October 8, 54 were admitted to the wards. At least 13 of these had received injections of morphine before arrival, one patient receiving three injections and three others two injections each. In no case, however, was information available to us regarding the dosage and time given, and naturally many patients were doubtful whether they had received an injection or not. It is suggested, therefore, that doctors who may be called upon to give morphine in similar emergencies should carry with them a skin pencil or tie-on labels, and should enrol a lay volunteer to accompany them and record the necessary information in some such suitable way upon the patient. It is also pointed out

that intravenous morphine (though admittedly not always practicable in such circumstances) is the quickest and most effective way of relieving pain in severe injuries, and obviates the necessity, and risks, of repeated intramuscular injections of the drug.

Secondly, we feel that hot sweet tea, and other and more stimulating fluids which were said to have been used, should be reserved for the lightly injured, the shaken, the frightened, and rescue workers, and withheld from the more seriously injured (whether or not intestinal trauma is suspected), who are likely to require general anaesthetics. These almost always vomit them sooner or later (often much later), and clearly do not assimilate them for many hours, thus complicating anaesthesia and further endangering the patient.

With regard to the use of transfusion fluids at the scene of such accidents, though it is difficult to do other than record impressions, we feel (and many with wartime experience will agree with us) that, in general, where surgical facilities are reasonably close at hand, the optimum time and place for transfusion are when the patient reaches the hospital where definitive treatment is to be carried out. On rare occasions, of course, transfusion on the spot may be life-saving, but more often the initial improvement produced is lost during the journey, and valuable time also, before a planned resuscitatory programme can be undertaken with transfusion as its mainstay and a patient fit for surgery as its object.

We fully realize that these few points are well known to most doctors and first-aid personnel, but they are apt, nevertheless, to be overlooked in times of crisis. Finally, it is perhaps worth noting that the burying of numbers of people in a tangled mass of wreckage such as was caused by this terrible accident produced on a small scale the circumstances and the types of injury we must learn to anticipate if aerial warfare should ever again overtake us.—We are, etc.,

IAN J. GORDON.

R. B. McGRIGOR.

Edgware General Hospital.

### POINTS FROM LETTERS

#### It's Overcoats

Dr. E. J. DENNISON (East Grinstead) writes: In December, 1941, my unit set sail from a "cold"-ridden England, swathed in battle-dress and greatcoats. Within 10 days we thankfully changed into tropical kit and our virus-infested winter clothes were stowed away in kit-bags and trunks. Ten weeks' warm weather followed and it was the end of February when, after a 24-hour train journey due north from Basra, we arrived in Kirkuk. Here it was very cold indeed. Out came the battledress and greatcoats—and within 48 hours every other man in the unit had a typically English cold. We had not mixed with any other community on arrival, and the only possible explanation of such a sudden widespread infection was that we had brought it with us under the label "not wanted on voyage." The annual epidemic of autumn colds, which this year, at any rate in this area, seems worse than usual, prompts me to believe that the same factors possibly operate here. How many overcoats, thankfully relegated to their hooks in the spring, and heavily infested with viruses and "secondary invaders," have hung forgotten and uncleared during the summer, to be hastily brought forth from cupboard under the stairs, perfunctorily shaken, perhaps brushed, and gratefully donned at the first spell of cold weather in the autumn.

#### Circumcision

Dr. W. R. WILSON (Doncaster) writes: In order to free the fore-skin circumcision is by no means always needed, for in many cases it is held by adhesion of surfaces rather than by tightness of the opening. This is best dealt with by means of a small pair of Spencer Wells forceps of the "mosquito" type with curved end. They are usually quite easy to insert and can then be opened and moved about in all directions to the full limit of the space. In spite of what has been said about there not being any anatomical differentiation between the layers in the first two or three years, I personally have never found any material resistance, nor bleeding, nor unhealthy reaction afterwards. This makes me wonder what foundation there can be for the assertion. However this may be, retraction is almost invariably quite easy by now. If not, and subsequent stretchings of the opening fail, circumcision is plainly indicated.