

A gas explosion

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I belong to a generation born a decade after the second world war. As such, I have never had to witness the sudden destruction of people or buildings, nor live with the ruins as a reminder of what happened. Which is why the impact on me was so much greater when I was a member of a mobile team called to the site of a gas explosion.

You become inured to the almost nightly sight of the destruction that one man perpetrates on another, brought to us by the aseptic medium of television. It becomes something that is almost normal—remarked upon once and then forgotten as another small incident in a large and impersonal world. It is more difficult to forget your own image of a block of flats reduced to a pile of rubble, a row of trees with branches full of black and tattered bits of cloth, an all pervading smell of brick dust and gas that cannot be cut off as the mains are buried beneath the rubble. The most indelible image of all is of the people that go with the scene—some concerned, helping; others curious and insensitive.

We set ourselves up as best we could in a blast damaged single storey house some ten yards from the block that had blown up. The baby of the house had fortunately escaped as she had been taken out of her room five minutes before it had ceased to exist. Mother was still there, making us welcome as she began to sweep glass off the carpet, ignoring the fact that the roof had shifted six inches sideways and one wall was about to collapse into the garden.

The firemen, ignoring all danger to themselves, began to shift rubble by hand, digging gently into the mound in the hope of finding someone still alive. Occasionally, they called for quiet, listened, and then continued digging. Two bodies were found, a moment of depression, and then back to the dig. A safety officer hovered over them, whistle in hand, keeping an eye on a large chimney that was only supported by a tenuous attachment to a collapsed floor.

There was a factor that we had not reckoned on—the appalling cold. We took it in turns to sit in a nearby ambulance that had its heater going. The prospect of having to work with frozen fingers seemed real and we were concerned that when the moment came they would not function. Our operating department assistant stood by looking pregnant—he had put two bottles of Haemaccel down the front of his shirt to stop them solidifying.

Sounds of life

Suddenly a fireman heard a faint tapping from the wreckage. We began to hope that someone might still be alive. Several minutes later it was heard again. All the effort now concentrated on one side of the site. The sound seemed to be coming from about ten feet down and it would be several hours before a rescue would be possible.

After this brief period of excitement we settled back into a state of freezing anticipation. A general practitioner did more good than the rest of us, going round to nearby flats, helping people who were too shocked to decide what to do or where to go.

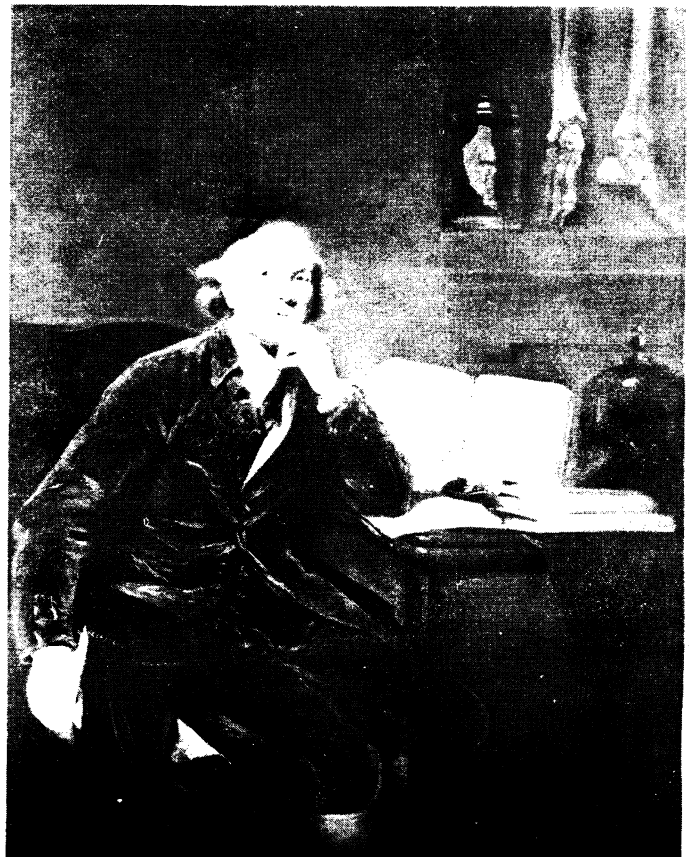
One of us talked to the victim and gave such comfort as was possible. By crawling through the rubble he got a drip up, a potential lifesaver. All this in front of 60 pressmen, cameras and

videorecorders at the ready to record any detail. It had been a long wait for them with little worth recording and we could hear in the background talk of “deadlines” and “would there be enough light at three?”

Eventually the victim was freed, lifted gently down on to a stretcher, into an ambulance and away. Two of us went with her, doing a quick assessment, getting another drip up, stabilising things as much as we could until we arrived at the hospital. There was an odd moment when getting out of the ambulance—the press was there too and it was difficult not to produce the conditioned reflex of a smile in front of a camera. Somehow it would have looked inappropriate.

So now we were back in the familiar world of the hospital, with all the drugs, apparatus, and expertise available that we have come to associate with the practice of emergency medicine. In some respects the urgency had gone. We were on home ground and back in control. We still had a sick patient who was going to need a lot of care, but the familiarity of the surroundings soothed us as much as gave confidence to the injured person. It came down to the practice of assessment, resuscitation, and treatment that we do all the time.

What have I learnt from this experience? Away from his highly artificial environment there is little that the hospital doctor can do apart from basic first aid; people respond well when under a stress of this nature; apart from anything else, the presence of a doctor reassures victims and rescuers alike; and, fortunately, these things do not happen too often.



John Hunter by J Jackson after Sir Joshua Reynolds.