

SOCIALIST MEDICAL ASSOCIATION 13 Prince of Wales Trrc.
VIETNAM DEMONSTRATION 27th OCTOBER, 1968

CASUALTY CENTRE AT LSE

Some cars and vans each manned by a doctor plus a nurse and a helper were used as ambulances along the route of the demonstration and at sites around Grosvenor Square as arranged at a briefing at LSE. These teams gave some 'on the spot treatment' and took some severe cases (e.g. a firework burn to a face) direct to hospital, but their main role was to take casualties back to LSE for treatment.

Almost all casualties dealt with at LSE were brought in by these "ambulances" so proving their need, but perhaps next time there could be more cars with lay drivers, with either a doctor or an experienced nurse but not both, so that more teams would be available.

LSE Two large rooms were made available on the first floor. Dressings had been donated, together with sutures, analgesics, tetanus toxoid, syringes and needles. Instruments were loaned by participating doctors.

About nine doctors were at LSE from about 1 p.m. to 9 p.m., about six nurses, several medical students and student nurses, and many lay volunteers. We had no idea how many casualties to expect, but further doctors and nurses volunteering help were encouraged to go on the demonstration, preferably as "ambulance" teams.

Camp beds, mattresses, blankets and tables were readily made available by LSE students.

The doctors were a useful mixture: two surgeons, a neurologist, a chest physician and some G.P.'s. That two were Arab and a number were Jewish made the good team spirit which soon developed even more inspiring.

A doctor and an experienced nurse were on duty at the LSE door to make a quick check that casualties were neither too seriously nor too slightly injured for treatment in the upstairs treatment room. It was arranged that they should put a red mark on the most urgent cases to assure priority attention (in the event all cases were treated without any delay at all).

In the main treatment room a helper obtained a signature from the casualty acknowledging that the first aid was given by voluntary workers at the casualty's own risk (this was based on legal advice to the "Medical Aid Committee for the October 27th Demonstration" who had taken the initiative in calling for volunteers and dressings and ambulances, getting them together, and organising teams, but are these signatures really necessary when the personnel are qualified?).

A medical student took names and addresses and clinical details, nurses prepared the patient for examination undressing and cleaning up when necessary, then a doctor examined and treated, with a medical student making brief clinical notes. Doctors sutured and nurses applied dressings. An experienced nurse was in charge of the store of dressings and drugs (including preparing smallpacks of mixed dressings for the ambulance teams) and a student nurse in charge of the steriliser.

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When recovered sufficiently, casualties went to a "rest room" with a lady doctor, a cheerful experienced nurse and helpers with tea and sympathy (we thought the latter very important for morale, and the helpers were asked to see that no casualty was lonely unless they wished to be). Clinical notes went with the patient to guide the doctor in the rest room.

The LSE Security Officials valiantly kept the press away from our rooms, and with even greater difficulty sheltered the casualties from publicity (e.g. blankets over head to avoid photographers), but there might be a case for Press releases on say number and type of casualties.

Some doctors and nurses were diffident at first about wearing badges saying "doctor" or "nurse", but these badges did in fact facilitate smooth working. Perhaps on another occasion the badges could be prepared beforehand, and also white coats brought or sought.

About 40 cases were dealt with in the treatment room, of whom 6 were transferred to hospital. There were 3 medical cases, of whom 2 were included in the above 6 sent to hospital. From the surgical point of view, cases were treated as well as in a hospital, and far quicker. From the morale point of view, the casualties appreciated the sympathetic treatment and reception facilities; this was probably particularly true of the girl casualties, in many of whom shock lasted longer than the effect of the kicks they had received.

Lessons for the Future. Since at the beginning of a demonstration, it is not possible to estimate expected casualties, and as most casualties were brought in by our mobile teams, it is suggested that a small nucleus is organised at a centre, say 3 or 4 doctors, preferably including surgeons and if possible a neurosurgeon or neurologist (to sort out possible serious head injuries - we had one of each of these specialists on the 27th), with 3 or 4 nurses, preferably including 1 or 2 with casualty experience and one with psychiatric training. Other trained volunteers should be asked to go out in mobile ambulance teams, but to report back with their casualties to see if they are needed at the centre; in this way the nucleus can be quickly reinforced if necessary as cases arrive.

Although the liaison between doctors, nurses and clerking medical students worked quite smoothly though informally if the casualties had come much more rapidly there might have been some confusion; it is suggested that in future each doctor should have a specific nurse and student attached to him, with a reserve of nurses and students for special duties e.g. stores, escorting or special observation.

Offers of lay help to take home or to public transport shaken or limping cases were very useful; with more casualties there would not have been enough of such help, which should perhaps be more deliberately sought and organised beforehand.

The dressings and instruments available were plentiful but unbalanced, e.g. scores of sutures but only needle holder. Unopened and unused dressings have been collected up and it is hoped to be able to keep these at the offices of the Socialist Medical Association. For any future occasion a steriliser and several needle holders are absolutely necessary; it would help if the organisation of these was not left entirely to lay people; volunteers from the SMA should be able to help.

From midday to seeing the first casualties after 5 p.m. was a frustrating and potentially demoralising period. Groups polarised on a sectarian basis, doctors here, nurses there, student nurses in another room etc. Perhaps joint discussions could be encouraged, for those wishing to take part, on medico-political topics.

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It is possible to have different views about the role of violence in such a demonstration, but the offers of help by trained, student, and untrained volunteers, embarrassing in their numbers and enthusiasm, and the smoothly efficient and sympathetic way they played their role in "Medical Aid for the October 27th Demonstration" can be viewed only with pride and inspiration by those involved.

Dr. L.J. Ison.

Together with other health workers interested in peace in Vietnam, members of the S.M.A., helped man the "first aid" depot at the LSE., during the 27th October demonstration. Great enthusiasm and ability were shown in organising the medical resources, and the comradesly spirit in which everyone worked soon became obvious. Even more obvious was the strong bonds of affection between the patients and the health workers, entirely free of the antagonisms usually present in capitalist society. This resulted in great care being shown to the patients and the health workers received a glimpse of the way they may hope to work in a socialist society.

To some of the members of the S.M.A., who are no longer young it was a great pleasure to feel that today's militant youth would accept their help.

Dr. G. Gould.