

Survival medicine in North Devon

M. S. HALL, B.Sc, FRCGP, DRCOG
General Practitioner, Shebbear

SUMMARY. Last winter, heavy snow and gale force winds isolated a small North Devon village from the outside world for seven days. This paper describes one general practitioner's experience in helping to maintain community morale and health.

Introduction

ONE day last winter, I found myself sitting in a helicopter being whisked over the extraordinary arctic scenery of North Devon. It was the great blizzard of 1978. In an area where the first daffodils usually show in January, the scene below me was unbelievable: drifts more than 5 m (17 feet) high, grey stone church towers plastered white by the driven snow, no movement of vehicles except in the air, and pathetic groups of animals and men struggling through snowdrifts deeper than themselves. So suddenly, in fact overnight, had the landscape changed.

People could not believe it: it took days to realize the enormity of the disaster. Indeed, at first it looked dramatic and wonderful, but quickly the dangers became apparent. First came the danger, or rather, disaster, for livestock through lack of feed; secondly came the danger to people, especially the elderly, from cold brought about by power failure; thirdly came the realization that we were isolated in case of emergency (especially when the telephone service failed); and finally came the fear of economic hazard to the farming community as it became clear that milk would have to be thrown away.

As the full realization of these dangers developed, so our survival instinct came to the fore. Teams of volunteers in the community were alerted to cope with emergencies as they arose.



Problems in the community

First, groups of men volunteered to dig out buried front doors and release those entombed in their own houses, and also to dig out livestock, the priority being the ewes in lamb. Then teams of boys from the local boarding school volunteered to take emergency medicine to those who were running short. Using the practice's age/sex register, my staff and I identified the families who might be most at risk and each one was carefully checked. If necessary they were visited either by me, one of the practice staff, or by volunteers (Table 1). One pregnant

Table 1. Workload for one week in February 1978. (Average weekly workload for February 1977 shown in brackets.)

Type of contact with patients	Number
Consultations	35 (85)
Telephone contacts	88 (61)
Visits on foot	34 (18)
Visits by helicopter	5 (0)

woman who was overdue, and another due shortly, were flown out by helicopter. Emergency medicine and food supplies were flown in, essential pathology specimens flown out. The community spirit rose with each helicopter landing. We were not quite forgotten after all.

A few people began to dig the road clear of snow in front of their property but the farmers, with their pressing need to get the milk tankers in, began digging in earnest, using tractors or any form of heavy equipment they could lay hands on to shift the great banks of snow. It was not easy with improvised machinery, but slowly essential traffic began to move, first within the village and then from one small hamlet to another.

Medical problems

The first major medical emergency happened after the telephone service had failed. The message sounded as if a 67-year-old man had had a severe deep vein thrombosis. Couriers were sent to try and arrange for a helicopter to come, but before arrangements for this were completed, another message arrived which sounded as if a child of nine might have acute appendicitis. The two patients lived in opposite directions, three to four miles from the village. The courier helped to get messages to the ambulance control and it was decided that the helicopter should land in the village, pick me up, and take me to the two patients.

Hence, I was flying high above my practice. It was foggy and difficult to distinguish landmarks; we actually landed once to get our bearings before finding the first patient's house. The diagnosis was confirmed and the elderly man lifted into the helicopter. The next house proved equally difficult to find and the helicopter's fuel supply was running short when eventually we landed. The child had acute appendicitis and, in view of the fuel shortage, it was decided that I would have to find my own way home! With some relief, the helicopter pilot took off for RAF Chivenor and I started a long trek home on skis.

Repairs to the telephone lines and outlying power cables were being carried out by teams of men flown in by helicopter. Meanwhile, five days into the storm, in spite of all the farmers' efforts no link with the nearest main road had yet been made. On the evening of the fifth day, one farmer with very heavy equipment eventually broke through and the next day was spent by teams of farmers linking up the various pieces of cleared road so that at the end of the sixth day of isolation milk could be taken out in tanks on tractors to the nearest

collection centre.

Another medical emergency arose: an elderly lady had fallen and broken her wrist. A journey by tractor and on foot enabled me to confirm a displaced Colles' fracture. It seemed unreasonable to request yet another helicopter flight, and so with the help of a retired general practitioner the wrist was reduced and set under local anaesthesia without x-rays.

Surely, we thought, we should get back to normal soon: the weather had become mild, snow was thawing rapidly, and already it was said that the river at Dipper Mill was in flood, though it meant little to the village itself since the road which led to it was still blocked by hedge-top to hedge-top snowdrifts. At 01.00 hours came a telephone call (the local system was working again, though communications with other exchanges were still difficult): it was a child in the village with possible acute appendicitis. A visit confirmed the diagnosis. The child was too ill to leave until the morning. There followed an hour's manipulation of the faulty telephone connections before arrangements were made for a rescue helicopter to come in the dark. Neighbours were roused, bonfires of straw prepared, and when the helicopter's lights were seen, paraffin helped light the beacons. Mother and daughter were flown to hospital.

Next day, the roads were clear enough for the most intrepid to travel upon. Urgent feeding stuffs still had to be flown in by helicopter to isolated farms, the village was still collecting milk direct from the cow, bread supplies which had run out were restocked by a helicopter drop of 300 loaves, but things were becoming more normal. A few people even came to surgery! I began to settle down, trying to change my attitude from one of survival to one of routine.

Postscript

Both women were delivered normally in hospital, the elderly man required surgery for his deep vein thrombosis, the child that travelled with him had an acute appendicitis, and the child evacuated by helicopter at night had just perforated her appendix by the time she came to operation. As for the lady who fell—her wrist had been accurately reduced and her plaster of Paris was satisfactory. We had made it, but only just. The oldest man in the village said: "T'was worse in 1892, doctor!". But of course in 1892 they did not have helicopters.

By 18 March 1978, exactly four weeks after the great blizzard, remnants of the deepest drifts still remained, in spite of the mild weather, and the wild daffodils, primroses, and even catkins were in the hedgerows. The crisis was past though not easily forgotten.