

## Clinical and other Notes.

### A SURGICAL EMERGENCY BY AIR.

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EVEN in the present day of long-distance flights, giant airships and so forth, the transport of a case of acute abdomen by aeroplane for operation is an event so rare and having such far-reaching possibilities that a description of it is well worth while.

One morning about 12.30 p.m. I received a message from District Headquarters that I was required to proceed by air forthwith to Fort Sandeman to operate on a case of acute appendicitis. Failing my being able to go, air transport for the case was asked for to bring him in to Quetta. As it happened I was awaiting the arrival at hospital of an officer who was being brought in with a fractured thigh from a hunting accident and so could not leave. Application was made to the Royal Air Force, and at 1.30 p.m. Flying Officer Hughes set off in a British Fighter aeroplane carrying a Neil Robertson stretcher and accompanied by another plane as escort. The distance from Quetta to Port Sandeman by air is roughly 200 miles, and owing to the high mountains which have to be crossed is by no means a comfortable journey. Fort Sandeman was reached at about 4 p.m., and after refilling with petrol and loading up the patient, who was ready waiting at the aerodrome, the return journey was commenced at 5 p.m. At this time of year it is dark at 6.30 p.m., but fortunately there was a rising full moon, although I understand that without the moon the journey would still have been made. The Quetta aerodrome was reached at 7.30 p.m. and a perfect landing without a bump made with the aid of flares. The patient, who was a young Indian soldier, arrived in perfect condition, he was quite warm and not in the least frightened or put out.

He was placed in a waiting ambulance and conveyed to the Indian Military Hospital where I operated upon him at once, to find a gangrenous retrocaecal appendix which would certainly have perforated in another few hours. He has made an uneventful recovery from the operation, and curiously enough did not seem to look upon his experience as anything much out of the ordinary.

The actual time which elapsed between the departure of the plane to fetch the case and the patient's arrival in hospital at 8 p.m. was only six and a half hours. Had I flown to Fort Sandeman I could not have operated upon him until 4.30 p.m. at the earliest, only three and a half hours before I actually did so, this small delay not making any difference to the ultimate result, but what I consider of far greater importance, and an advantage that far outweighs the three and half hours delay, is the fact that had I gone up there I should have had to operate under most adverse conditions, and the after-nursing treatment would have devolved on

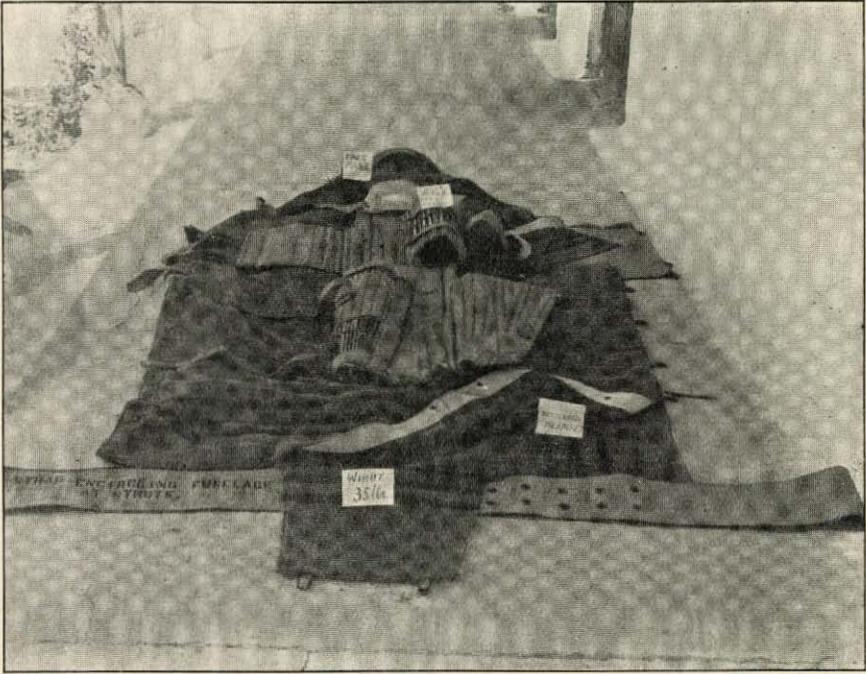


FIG. 1.—Apparatus open.

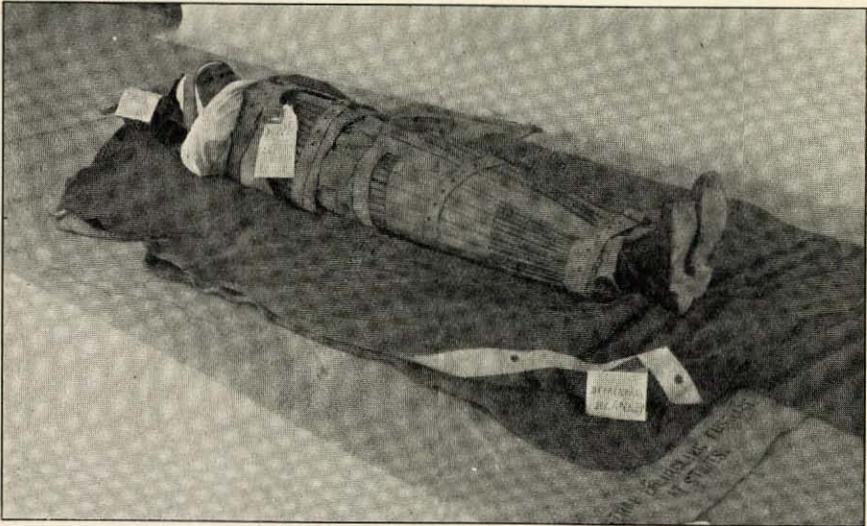


FIG. 2.—Apparatus applied.

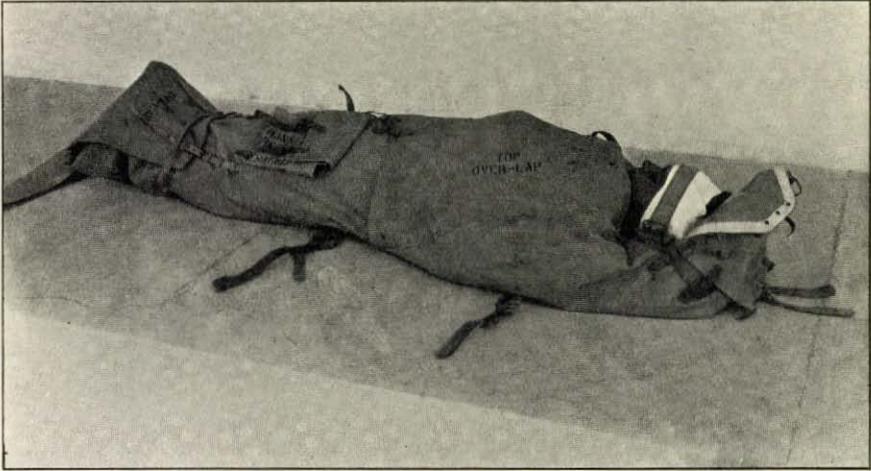


FIG. 3.—Apparatus closed.



FIG. 4.—Patient on plane.

unskilled attendants, whereas by bringing him in to Quetta one had all the advantages of a first-class operating theatre with skilled after-treatment by trained nursing sisters. I should have mentioned that Fort Sandeman is a small frontier outpost with no up-to-date facilities.

The possibilities of this method of bringing in cases for operation, especially in a district such as this, appear to be enormous. The Zhob valley has many isolated stations where operations cannot be undertaken, and in order to reach them long motor journeys are called for with a resulting waste of time, and which in the winter are sometimes impossible owing to the roads being blocked by snow.

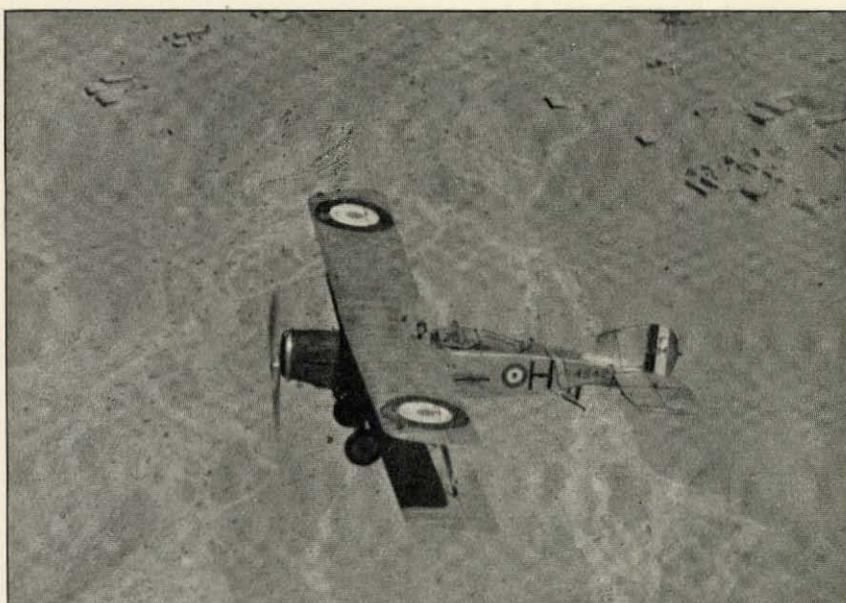


FIG. 5.—Aeroplane, with patient, in flight over Baluchistan.

Even if the surgeon flies he labours under great disadvantages and requires to take a considerable amount of gear with him as well as a theatre orderly. The ordinary fighting plane such as was employed on this case will not take a great load, and it would probably mean that three planes would be required, whereas fetching in the patient only requires two planes, one always having to go as escort in this part of the world.

At the same time it must be remembered that every kind of case cannot be carried on these stretchers, the unsuitable ones being head and spine cases, although with skilful landing I do not see why there should be any exceptions.

The photographs, for which I am indebted to Flight Lieutenant Cross, R.A.F., M.S., show clearly how the stretcher is used, and one actually shows the aeroplane in flight over Baluchistan.