

MOSELEY

ACCIDENT SURGERY

Volume Three

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Edited by
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PREFACE

This third series of lectures on Accident Surgery, given at the third postgraduate course on Emergency and Accident Trauma, completes this aspect of the educational program originally planned by me as Director of the Accident Service at the Royal Victoria Hospital. These three courses and three volumes were made possible only by a generous grant from the Johnson and Johnson Company of Canada.

When the contents of the three volumes are correlated, it will be noted that a fairly satisfactory coverage of the field has been attained. However by necessity certain gaps will be found in the coverage of such an extensive, expanding, and changing field of surgery.

Our Accident Service, now completing its fourth year of activity, has proven its value in raising our standards of treatment and understanding of the accident victim. The Service is attracting young men interested in this field of surgery, as evidenced by the fact that at present three of our resident staff have applied for appointments at this hospital to gain experience on the Accident Service and, what is more significant, plan to make this field of surgery their special interest.

The editor wishes to thank each of the authors in this volume for his contribution both in the spoken and written word. Special recognition should be given to our distinguished visitor from Paris, Professor R. Merle d'Aubigné, the third Johnson and Johnson Guest Lecturer. I wish to thank Dr. J. Calixte Favreau and Dr. Alan Turnbull for their assistance in the English translation of his two papers herein included, and Dr. Martin Entin for assistance with the editing of the paper on Injuries to the Median Nerve.

Mrs. Max Slapack has been responsible for the manuscript typing.

I acknowledge the assistance of my wife who organized the illustrative materials and assisted in the integration of the volume.

H. FRED MOSELEY

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THE POLICE AMBULANCE SERVICE IN GREATER MONTREAL

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THE POLICE AMBULANCE SERVICE IN GREATER MONTREAL

G. P. SPRINGATE

Four short years ago, it was not uncommon or unusual—in fact, it was the general rule—to have accident victims lie 25 to 40 minutes on the cold, hard pavement waiting for an ambulance to arrive. The victims deserved much more than the deplorable, inhuman treatment they were receiving. What could be done to remedy the situation? The Montreal Police Department solved the problem. On August 29, 1959, the Montreal Police Department inaugurated North America's first patrolling police ambulance system.

No longer were accident victims forced to wait long, painful minutes for an ambulance. From that date on, in 2.1 minutes after the call had been received, a completely equipped police ambulance, manned by intensively trained police officers, was on the scene; I said intensively trained.

Every Montreal policeman, during his four month training period at police school, studies and must successfully complete, the basic St. John's Ambulance first-aid course. Having acquired the basic knowledge of first aid, a future ambulance man then undergoes an additional first-aid course at police school. Upon successful completion of this course, the police officer possesses first-aid knowledge equivalent to someone who possesses a St. John's Ambulance Medallion. It is at this stage of training that he is taught how to operate the variety of equipment found in our ambulances, including the Stevenson resuscitator. The aspiring ambulance officer then attends a three day study and lecture conference at Notre Dame Hospital. During these days he tours the hospital, paying special attention to the emergency quarters. He attends lectures on the proper manner of bringing a patient into the hospital, and he is taught what to do once the patient is there. At the completion of the three day course at Notre Dame Hospital the officer is required to sit for an examination. If successful, he is then qualified to perform ambulance duty.

In order to ensure that an officer remains abreast of the changes and advances being made in first aid, ambulance men return periodically to police school for two day refresher courses.

At present, 320 Montreal police officers have qualified as ambulance

men. Out of this number, 153 perform regular ambulance duty. The others perform other facets of police work, but replace these men on occasions, such as on annual holidays.

The Montreal Police Department has, at the present time, 17 ambulances on duty, patrolling 24 hours a day. On special occasions, additional ambulances are stationed at various spots where a crowd is expected to gather. For example, an ambulance is posted on the Mountain every week end.

The vehicles employed are of the regular station wagon type. Every ambulance is equipped with two stretchers, four metallic splints, a first-aid kit containing a supply of gauze and tapes, a Stevenson resuscitator with 4,000 pounds of oxygen, and necessary police equipment, including flares, spotlights, handcuffs, and night sticks. Also, as Montreal is surrounded by water, most of our ambulance vehicles have a round cork life buoy.

To ensure that every ambulance is always fully equipped, a first-aid equipment camionette travels from one police station to another replacing dirty linen and dispensing first-aid supplies. In this way our ambulances are maintained in full supply and ready to cope with any situation that might arise.

What does this magnificent 24 hour a day service cost the citizens of Montreal? The total cost per annum is approximately one million dollars. As there are approximately one and one-half million persons living in Montreal, each citizen pays but seventy-five cents per year for this excellent, and I believe, unparalleled service.

How many persons are transported and treated by our ambulance men? In 1961, the statistics for which are the latest available, 8,531 injured persons and 1,744 sick persons were transported to Montreal hospitals by our ambulances. Two hundred and fifty-eight persons were administered first aid on the scene.

Our service handles every type of emergency, such as sudden illness or accidents that occur on any public street, property, or place. We do not transport persons from private dwellings. Our men will administer oxygen to patients in private dwellings who are awaiting a private ambulance, but we will not transport these people to hospital. This must be done by private ambulance. Many hospital administrators disagree with this policy. They believe that we should transport persons from private dwellings. Possibly we should. However, for the present, the Montreal Police Department is incapable of expanding its service into this domain.

For the first three years after inaugurating the ambulance system, patients were transported to hospitals of their choice. For example, a person injured in an accident in the city's east end had the right to demand to

be transported to a hospital situated in the western districts of Montreal. Though police ambulances passed many fine hospitals en route to the one of the patient's choice, they were obliged to do as the patient wished. Needless to say much time was unnecessarily wasted in these maneuvers. In many cases one hour had elapsed before a team had returned to its designated patrolling sector. Evidently ambulances were wasting precious time traveling unnecessary miles to and from distant hospitals.

On other occasions, we felt that persons were abusing our service by using our ambulances as a taxi service. There was a case of a lady who lived opposite a north end hospital, who found herself penniless in Notre Dame de Grace. How did she return home? Very easily—she faked an injury to her leg and called for a police ambulance. When the team arrived on the scene, she demanded to be transported to the hospital opposite her home. Arriving at the hospital, she said her leg felt much better, disembarked from the ambulance, and casually walked across the street to her house.

However, on July 13, 1962, after negotiating with various Montreal hospitals, it was decided to divide the city into hospital zones. Any person injured or taken ill in a certain zone would be transported to the hospital of that particular zone, not driven all over town. Fifteen hospitals participate in the zoning for adult patients, while three participate for pediatric patients.

Are the zones too rigid? According to some medical men they are. In their opinion they should be more flexible. On the other hand, the Montreal Police Department maintains that the zone limits must be respected. If the zone boundaries are not respected by our ambulance teams, we will once again find ourselves in the time-consuming predicament in which we were before zoning was instituted.

The only leeway we will allow in our zones are in cases of head injury, where victims are transported to the Neurological Institute, and in cases of an illness suddenly recurring in public when the patient had been previously treated at a certain hospital for this illness. If the patient does not possess a dossier for this illness, he is transported according to the zones.

When a patient is transported to a zone hospital and, for personal reasons, dislikes the hospital in question, it is up to him to arrange for transportation from that hospital to one of his choice. This move is never made in a police ambulance.

Although, at times, the zoning might inconvenience a patient, we feel that this has improved our service to the public at large and has enabled us to offer an even more efficient and rapid service than ever before.

Important as it is, the number of cases treated and transported to

hospitals by our ambulances is not the only standard by which our work must be measured. One point that we must not overlook is that the men performing ambulance duty are primarily police officers and secondly first-aid men. To attest to this fact, police officers on ambulance duty in 1961 arrested 4,146 persons, investigated the occupants of 9,497 vehicles, investigated 245 persons, recovered 577 stolen automobiles, took 33,585 reports of different types, assisted other police vehicles on 10,351 occasions, performed special bank surveillance 56,565 times, and clocked over 920,000 miles during the year.

Another factor in being first a police officer and then a first-aid man is that, on a call, an officer must constantly search for signs that would indicate foul play. In cases of hit-and-run accidents, we must treat the injured and also attempt to find clues to help establish that the crime has been committed. Was it a sudden death or a suicide? A police officer must find the answers. Was it a miscarriage, or are there instruments present indicating an abortion?

Four years ago in Banff, the Canadian Medical Association adopted a resolution curbing the use of the siren. Many medical men are of the opinion that police ambulances utilize the siren unnecessarily. The Montreal Police Department vehicles use the siren only in emergencies, and then in moderation. We respect the hospital silence signs. I personally believe that it is the private ambulances which are the greatest offenders in siren driving. On many occasions, I have witnessed private-ambulance drivers using their sirens when rushing from a certain downtown garage to Montreal hospitals to act as stand-by vehicles. Our drivers are educated on the use of the siren, and whether using the siren or not, every police driver must obey and respect all federal, provincial, and municipal driving regulations at all times.

Unfortunately, police vehicles are occasionally involved in accidents. Every accident involving police vehicles is investigated. If a driver is found responsible for the accident, he is forbidden to drive a departmental vehicle for a specific period of time, determined by the seriousness of the accident. This means that the police officer finds himself back walking a beat.

One of the dangers facing a large city is the constant possibility of a disaster, a disaster that could strike at any minute. Fortunately, Montreal has been lucky. There have been occasions when Montreal police ambulances have been dispatched to Dorval Airport to take up positions around the landing strip, waiting in readiness in case a crippled airliner would not land safely. Two years ago, a large percentage of our vehicles were dispatched to the scene of a Roxboro train wreck. These incidents occurred in other municipalities on the island. Our aid was re-

quested by the authorities concerned. We assisted them and will always, if possible, assist them in emergencies such as these.

In Montreal proper, we believe that we have the situation well in hand. However, just to make sure, the City of Montreal is studying an emergency disaster plan. This plan would engage the assistance of all municipal departments as well as public utility companies, heavy-construction-equipment companies, the Canadian Red Cross, and similar organizations. The contents of this emergency disaster plan are scheduled to be published in the very near future.

What lies ahead for our ambulance system? All I can foresee is further success. No startling changes are anticipated. It is possible, and quite likely, that a few more patrolling ambulances will be added to our present number of 17. We will continue to supply the citizens of Montreal with the excellent ambulance service to which they have been accustomed.

Editor's note: In 1963, The Montreal Police Ambulance Service consisted of 440 trained personnel with 171 men on routine ambulance duty; 18 hospitals participated in the zoning of the city. The service answered 6,732 calls and clocked 788,583 miles. Treatment was given to 1,352 injured persons and 569 sick persons, 192 of these on the scene.

In addition, the service arrested 1,771 persons, investigated occupants of 3,836 vehicles, investigated 2,878 persons, recovered 183 stolen vehicles, gave bank surveillance 62,921 times, assisted other police vehicles 2,230 times, and made 3,216 different reports.