Public Authorities and Health Crisis in Europe

Medical Emergencies in Europe during the Twentieth Century

Charles-Antoine WANECQ

ABSTRACT

Beginning in the 1970s, medical emergencies became a political issue throughout Europe. However, the notion of a medical emergency has an older history, at the intersection of the history of medical techniques, the treatment of patients, and the social perception of health risks. The notion of a medical emergency truly emerged as a category of action for public authorities during the twentieth century thanks to medical and scientific innovation, as well as the affirmation of the social state. The notion of a medical emergency at the hospital was the result of political choices; the hospital was the site of screening, selecting, and establishing a hierarchy for cases depending on their seriousness, and often represented the last stage of a care process involving various actors with complementary, and sometimes competing, skills.

English ambulance nurse in France, December 1914. Source : Gallica/BnF

Wounded person being transferred by the Alouette III helicopter, 1979.Source : Nederlands Instituut voor Militaire Historie.

Providing First Aid: Medical Work?

For late nineteenth-century urban authorities, managing emergencies was essentially a public health concern related to the larger fight against epidemics, as well as a public order issue, thereby explaining the frequent involvement of the police. During the 1880s, the circulation of ideas among a small group of reform-minded doctors, such as Henri Nachtel and Paul Strauss, led to the creation of ambulance services in a number of major European cities in the late nineteenth century. These initiatives were small-scaled, and were based on highly local management of emergencies, with limited and poorly-coordinated means. Until the mid-twentieth century, emergencies sparked limited interest in the medical community, which did not have the logistical means to treat victims in the civilian world. The doctor often arrived too late at accident sites, leaving the wounded in the hands of first-aid workers with varying amounts of training.

By contrast, the military had more substantial resources for handling collective emergencies. Industrialized warfare had a considerable impact on surgical practices and on the management of wounded patients, although these innovations were difficult to transpose to the civilian world. Conflicts had an especially decisive role through the creation of first-aid societies, which had been spreading throughout Europe since the 1860s (Red Cross, St John Ambulance in Great Britain, Samaritans in Germany, etc.), and continued their activities in times of peace. These organizations established first-aid stations during catastrophes (there were many railway accidents) and in the working world, at a time when clinics for accident victims were rare outside of the Germanic world. Civil defense forces, created during the 1930s to protect civilian populations during attacks, played an essential role in recruiting and training first-aid workers among the European population. During the Second World War, the latter extricated and lend assistance to the many victims of bombardment.

From One Epidemic to Another: The Birth of Medical Emergencies

In the context of the postwar specialization of medicine, the rise of anesthesia and intensive care units opened a new chapter in the history of medical emergencies. A poliomyelitis epidemic that began in Scandinavia in the early 1950s prompted intensive care workers to ventilate patients at risk of asphyxia due to the paralysis of respiratory muscles. As specialists in the preservation of vital functions, these doctors emerged as emergency experts by normalizing effective artificial respiration gestures (especially mouth-to-mouth

and external cardiac massage).

These techniques were soon used to contend with an epidemic of another kind, namely the increasing number and gravity of road accidents, at a time when motorization was developing quickly in European societies. Despite disparities between countries, road accidents rose steadily everywhere until the late 1960s. In 1968 they caused 6 million injuries and 150,000 casualties worldwide, almost half of which were in Europe. While certain countries, especially in Northern Europe, reacted by improving security measures (road improvement, speed limits, wearing of seatbelts, etc.), the reduction of mortality was driven by the organization of emergency services and medicalization. Doctors equipped intensive care ambulances to transport the wounded to hospitals, such as the hospital bus at the Heidelberg clinic. In Italy, the National Institute for Traffic Medicine created in the early 1960s supervised the medical transportation of those injured on highways. Transnational medical circulations helped develop these local initiatives and alert public authorities to the gravity of the situation, while the medical community demanded that dedicated emergency services be organized to combat the deteriorating state of "polytraumatized" victims.

Medicalization and Politicization of Medical Emergencies

The reduction of time between the accident and the start of treatment became a priority for health administrations, which took different approaches, based on the national health and medical context. The efforts of public authorities focused primarily on the creation of warning systems which were made possible by the development of telecommunications. Many states took inspiration from Belgium's "900" or the Soviet Union's "03," which both appeared in the 1950s, to create their own call number in the 1970s, including the FRG (110), Great Britain (999), and France (15). However, it is important to emphasize the diversity of the models: like the USSR, the French Service d'aide médicale urgente (SAMU, Medical Emergency Assistance Service) put doctors and hospitals at the center, as did the Federal Republic of Germany (FRG), while Great Britain perfected its own ambulance service managed by the National Health Service, and improved the training of paramedics, nursing staff who were in charge of emergencies. Medical emergency entered the calculations of public health costs; since early treatment helps reduce subsequent treatment, a network of helicopters was developed in the FRG beginning in 1973.

The 1970s also saw the development of a scientific discourse on emergencies, which was taken up by the World Health Organization and led to the creation of a genuine emergency medicine, referred to as "oxyology" by the Hungarian doctor Gabor. The notion of emergency medical assistance, which was invented by a Belgian law in 1964 and taken up by France in 1986, covers a wide range of situations (psychiatric emergencies, cardiovascular diseases, suicide attempts, etc.), and increasingly helped to make hospital emergency departments the refuge of health and social distress.

The "success" of emergency services ultimately revealed the limits of medicalizing emergencies that medical staff could not handle alone, and complementarity with other actors both voluntary and professional (first-aid workers, firemen, paramedics, nurses, etc.) was adopted in all European countries. National systems for emergency management are therefore connected to varied local configurations, while the development of thought regarding medical emergencies, which unfolded on the European scale, shaped both standards and shared referents, such as the spread of "112" beginning in 1991.

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