

somewhat akin to emergency medical services research, which has a history slightly longer than disaster medicine.

Tell us about the society. How does its existence help you as a physician and a researcher working in Rhode Island?

The society was first formed in 2014 as a collaboration of Brown University, Harvard (Beth Israel Deaconess Medical Center) and University of Massachusetts Worcester disaster medicine programs. We expanded to include Massachusetts General Hospital this year. The goal is collaboration among the programs for education – we all have active fellowship training programs – and response. There are thoughts of future directions in terms of a research agenda and perhaps the establishment of a scientific journal.

Because the disaster medicine community is small and funding sources scarce, pooling resources is beneficial to all programs. Also, disaster research requires a strong infrastructure and collaborative efforts.

Are there lessons and studies from disaster medicine that help to inform patient treatment in more isolated emergency cases?

As clinicians, we use our experiences to guide patient care in the emergency department. Having taken care of patients in austere conditions with limited resources during disaster response operations, one gains confidence and flexibility to practice everyday emergency medical care. Also, working after specific disasters gives us experience and knowledge in taking care of medical conditions that are not frequently seen in the emergency department – from blast injuries and severe burns to crush injuries and certain infectious diseases, such as Ebola. ❖



Downtown Providence – On September 21, 1938, a Category 5 intensity hurricane traveled up the Atlantic coast at a forward speed of 70 mph. It was the fastest moving hurricane ever recorded. Some radio weather personalities disputed reports that the storm would strike New England, and survivors recall that it seemed to come without warning. A hurricane of this immensity had not struck in 70 years.

The majority of damage was from storm surge. Approximately 700 people died, about 600 of them in Rhode Island. Property loss was immense. This photograph shows downtown Providence, Rhode Island. It was taken by the Army Corps of Engineers.

The Great Storm of 1938

Area hospital flooded with casualties; lights shone on in Rhode Island Hospital

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On September 21, 1938, in a time before hurricanes were named, the Great New England Hurricane and Tidal Wave, as many of that era later referred to it, caught New Englanders by surprise.

Also dubbed the “Long Island Express,” it barreled into the Ocean State at approximately 3 p.m. Records of The Blue Hill Observatory outside Boston document measured sustained winds of 121 miles per hour and gusts as strong as 186 miles per hour.

It was a typical day at Rhode Island Hospital, according to an October 1938 article in the *Rhode Island Medical Journal* written by a hospital nurse on duty at the time. Nurses in training were helping to sterilize gloves and equipment. The 3:30 p.m. shift began to arrive, scurrying in to escape the driving wind, dirt and debris flying through the air as the storm strengthened.

One observer inside the hospital watched what she thought was a flock of birds swiftly fleeing the storm. In fact, they were heavy slate shingles hurtled in formation from the staff room roof at an astounding speed. The wind strengthened and smashed the skylights over the dental clinic. The Superintendent of the hospital,



All that remained of a house on Third Beach in Newport.

Dr. William O. Rice, barked at a nurse to clean up the broken skylight glass as he was paged to attend three workers injured by a downed cable in front of the hospital. Trees started to fall and the twin towers of the hospital began to sway. Dr. Rice raced back inside to call the fire department but the phone line was dead. By 4:20 p.m., as electricity fluctuated, the clocks on the hospital walls stopped.

Dr. Earl Bowen, who had managed to drive through the storm and was dressing in the staff room, came rushing out as the windows exploded and sent shards of glass flying everywhere.

The wind began to tear at the hospital fire doors and staff wedged loose branches from trees, sand bags and boards to keep them shut. Hospital employees ran to gather operating room lights, cans and equipment as the rain and wind swept in. Dr. William Bell rushed to retrieve supplies from a storage room, as the disaster and the needs to address it sunk in.

The windows gave way in the sterilizing and scrub rooms and equipment was hastily

covered with rubber sheets and aprons.

Ambulance sirens added to the wail of the winds as storm victims poured in. "We turned to the task of repairing torn, bruised and bleeding humanity," the RIH nurse recalled in the RIMJ article. "The bravery of the patients was astounding. Little or no anesthesia was used for the most part. Perhaps the stunning fury of the storm had dimmed the pain. The fright of what the next blast might bring may have caused patients to forget their battered, painful, broken bodies."

Well past midnight, the victims of the storm continued to arrive. The wards overflowed, until an "annex was opened in Dr. Peter's old apartment." And the

Seaside homes all along Narragansett Bay were submerged under 12 to 15 feet of water, and Providence was inundated with 20 feet. Union Station in downtown Providence served as a refuge and hospital for hundreds of people that night.

Amidst the chaos and carnage wrought by the great storm, local newspapers reported the following day that, "Rhode Island Hospital is ablaze with lights and all departments functioning," and had enough diesel fuel to keep its generators running for two or three days.

Police and firefighters served as initial responders. In the aftermath of the storm, 2,000 National Guardsmen and Works Progress Administration (WPA) workers



This photo was taken on Sept. 22, 1938 and shows damage to a building in Bristol.

usual emergency patients arrived as well, with cases of tonsillitis and ruptured appendixes operated on by weary physicians.

Tidal surge and the storm's aftermath

Reports of the storm drifted in by word of mouth as the phone and radios were silent. News arrived in the morning, when Dr. Harry C. Messinger rushed in with a two-page emergency bulletin from the Providence Journal, which reported on the tidal flood.

The storm came ashore at the time of the high tide, during the autumnal equinox, which added to the surge of water being pushed ahead by the hurricane.

were also deployed in search-and-rescue missions. For days after the hurricane, bodies washing up on the beaches and shoreline would be conveyed to temporary morgues in several towns. Embalming fluid and blood supplies were sent from unaffected neighboring cities and states into needed areas.

Throughout the state, disaster relief committees took steps to provide all physicians with anti-tetanus serum and other medicines and alert the public of tainted drinking water and other dangers. Ultimately, it is estimated anywhere from 600 to 800 people died in the great storm, most by drowning. ❖

PHOTOS: NOAA'S NATIONAL WEATHER SERVICE (NWS) COLLECTION
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