

Offprint 8

Personal and medical memories from Hillsborough

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Outside every public house and on every verge on my way home there were relaxed groups of young men chatting and joking in their “uniforms” of tight faded jeans, off colour teeshirts, and something red and white. Were these the people whom later I saw laid out on the floor with life just pushed out of them? There were so many I didn’t dare to count them. They looked as they had in life, not disfigured; they were just lying there, not quite the right colour. Not much to identify them on that sports hall floor. Who were they? What had gone wrong? Who was to blame for all this?

Call for help

I was on call for a practice adjacent to the Hillsborough ground for the weekend of Saturday 15 April. On Saturdays when there is a home match at the stadium I avoid passing the ground when crowds are coming and going. My home is one side of the ground and the practice is on the other. On the 15th the atmosphere was special for the semifinal; people were parking their cars miles away from the stadium and walking to the ground many hours earlier than the crowds usually do for home games. I remember being especially cheerful (despite being on duty) and proud that Sheffield was the centre of the sporting world that day. The snooker world championship was on just down the road, and at Hillsborough the semifinal that many people thought should have been the final of the FA Cup was being held. Both sets of supporters wear red and white; I wonder who was who on those verges and which of them now live to tell their tale of the day when such a terrible tragedy happened out of a relaxed and gentle sunny moment?

I switched on the television just after 3 pm and saw the coverage of the snooker being interrupted by scenes from Hillsborough. Like almost everyone else, I imagine, I thought that there had been a pitch invasion and worried about how this might affect the chances of English clubs being allowed back into Europe. I then got into my car and took my daughter to a party that she was due to attend. At about 3 20 pm I heard on Radio Sheffield the call for doctors to go to Hillsborough, so I hurried to drop off my daughter and go to the ground. The party was about 2 km from Hillsborough, and on my way to the ground I followed a fire engine with flashing lights and siren that was going through red traffic lights and on the wrong side of keep left signs. I kept my car glued to the back of the fire engine and was at the ground within a few minutes of hearing the announcement. I parked in Leppings Lane, about 20 m from the blue gate that became such a focus of attention later. I had no notion of the significance of the gate at the time.

As I was parking on the forecourt of a garage that fitted tyres I was approached by some policemen. I told them that there had been a call for doctors on the radio. One of them immediately used his radio to find out where doctors were being asked to go, and we set off, running through the corridors, round the stadium, and towards the sports hall. The stadium was familiar to me as I had often been to matches there. The concrete

beneath the grandstands is unusual: it is stained grey, cold and unyielding; the light is always poor beneath the stands, even on sunny afternoons like that one. As we rushed along the atmosphere was all wrong: there were lots of people but there was no noise. We got to the sports hall in about two minutes, and I entered by stepping through a cordon of police officers who were holding back people who were crowding around the outside of the door.

Bodies everywhere

Nothing could have prepared me for the scenes inside. I had thought vaguely that there might be a couple of members of St John Ambulance standing over a man with his head between his knees, telling him to take deep breaths. I had thought that they might have been overwhelmed because four people fainting was more than they could cope with and that I’d join in their exhortations and be back at my daughter’s party in time for the second round of the Marmite sandwiches. This was not normal though. There were bodies everywhere. Who was alive and who was dead? They couldn’t all be dead. It had to be a mistake; this just didn’t happen on sunny afternoons. Blotchy faces against the floor, not disfigured but apparently peaceful. Bodies higgledy-piggledy just inside the door, the line stretching over to the far wall. I asked a policeman what was to be done. Thankfully he pointed away from the bodies to a section of the hall that was separated from them by a long, low screen of the type used to divide sports halls when two different sports are being played at the same time. There were more bodies here though. My God, what could I do? Who was going to tell me what to do?

Without directions I ran along the line of crumpled bodies. At least this lot were alive. I stopped between two bodies, took out my stethoscope, and lifted up a teeshirt and listened, grateful to have the time at last to do something that I knew how to do. I often use “stethoscope on the chest time” to think during consultations. It’s a good ploy really; the patient thinks that I am being ever so thoughtful and thorough, and I have time to think about what the hell to do next. Panic overtook me on this occasion. How could I be sure that this person was the one who needed help most? What was going to happen to all of the others if I stayed with this bloke? I could hear his heartbeat and breath sounds. For some reason I took my stethoscope out of my ears and crawled up to his face.

“What’s your name, mate?” I asked.

“Terry” was the reply.

“OK Terry, How are you feeling?”

No answer. Silly question really.

How could I help?

His leg was at the wrong angle somehow, and so was one of his arms; he looked terrible, and where I had rested my stethoscope earlier was obviously not all right at all: it was moving wrongly and was not the right colour either. Although I could hear breath sounds,

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they were hard to interpret. I think I was just panicking. I remembered how to do a tracheostomy with a Biro. Would this be my opportunity? I turned him over on to his side and pushed my fingers on to the top of his tongue to establish an airway. This seemed to help, and his breathing started again. I had pulled him over on to his bad leg though—there didn't seem much alternative. His face was against the floor, so I reached out and found a leather jacket on the floor and picked up his head and rested it on the jacket. What medical equipment could enable this man to survive? If only someone would arrive who knew what to do. What did I know about anything? I turned around and looked at the man behind me; he was immobile and a terrible blue-grey colour. . . and so it went on.

I had taken my bags full of the equipment and drugs that I usually use. Not much call for antibiotics or infant paracetamol this afternoon. After some time—how long?—I became aware of a friend of mine going between the bodies doing the same as I was. Another general practitioner. We had worked together in the past but not on anything like this, nor are we likely to again. A smile of recognition. I wonder if I looked as lost as he did.

The first large scale equipment arrived, and we started working together, putting up drips on everyone. We intubated as many patients and established as many airways as we possibly could. We needed scissors to cut through clothes. Why didn't I carry them in my bags? We started giving intravenous diamorphine, and some sort of routine and organisation began to be established. I'm quite proud in a funny sort of way to be able to put up so many intravenous drips so quickly without missing a vein. More doctors had arrived by now, and around every body there was a little huddle of workers. Someone said that he was an anaesthetist—a man of gold dust. Come over here and look at Terry for me, mate. He's still alive, but he keeps stopping breathing. "Hang on, Terry". The anaesthetist took out the airway, and it was blocked with blood. Not a good sign. One rib seemed to be almost through the chest and was certainly at the wrong angles. The ambulance stretchers arrived, and we put in a passionate bid for Terry to be taken off first. By now six people were around him, holding the drip bottle, his head, and his legs, which were at all angles. He was rested on to a low trolley. I checked that the ambulance was waiting and could get through to the hospital. The anaesthetist went with Terry to the ambulance. Thank God for anaesthetists. I'll never tell an anti-anaesthetist joke again.

Comradeship amid the horror

Now that I had no one to work on I wandered around and could see the dead bodies again at the other side of the sports hall. Among the doctors I recognised many of my friends and colleagues who had also answered the call of duty. One of them gave me a hug, bless him—a friend for life after what we went through that day. The police were much in evidence, but nobody was in charge of the medical tasks. What should I do next? Where would I be most useful? I decided to use my newly refound skills to put up drips on everybody who was going to be transferred to hospital. I somehow remembered that this was the thing to do in case the patients suffered more collapse on the way to hospital.

It was also a sign to the hospital doctors that we general practitioners could do something right after all. I used up all of my diamorphine on those in need. By this time the routines were more established. Someone was writing down the obvious major damage to each person and what he or she had received in the way of drugs, etc. Then suddenly there was nobody left in the hall who was in need of attention and who wasn't dead.

I noticed a close friend amid the sea of dead faces. He was comforting someone who was leaning over a body. I stepped over some bodies to speak to him and offer some help; there weren't any words, just a look of rare empathy and comradeship.

Not knowing how to react

The doctors in the hall grouped together, almost silent, all wondering what to do next. I left the hall and walked through the silent crowds back to my car. I went home stunned and numbed. My children were playing in the garden; it was all so lovely and normal. Sandpits and skipping ropes. I had not known any of the dead or injured. Why is a major disaster so important for the people who participate as helpers? I meet death almost every day of my working life. Was this worse or was it just larger numbers? Everyone sort of expects that an event like this will be upsetting. But why is it that more attention is focused on the feelings of helpers in such disasters than on those of people concerned with upsetting events that happen every day? For me it seems to have been a major shock to my system in a general sort of way. I was grumpy, washed out, and flat for a couple of weeks. Passing Hillsborough shocked me again when I had nearly rebuilt my professional defences.

All of us general practitioners who were there met a few times to talk about our experiences and to support each other. Why are all the others so articulate about how they are feeling whereas I'm just sort of non-specifically upset? I can't remember what I felt like at the ground and can't describe to the helpful counsellor how I'm feeling during the group sessions. I know all the theory, but I can't get it together for myself—the plight of the modern professional. It's three weeks since the disaster now, and I'm feeling OK again; I make jokes at work and have lots to be thankful for. I've been enormously well supported through all this by family, friends, and colleagues. Time has passed and lessons to be learnt are being thought about. Perhaps British football has changed because of these events, and perhaps major disasters will be better dealt with in the future.

I'd like to tell the official inquiry in a systematic way what I think went right with the medical response that day and what I think could be done better next time. I don't know what training should be given to general practitioners and why none of us took charge of the medical happenings in the sports hall and was prepared to be the coordinator. I've got strong views about the counselling that is necessary and appropriate after the event for helpers at disasters. I'd like to do physical damage to the person who took the pictures for the *Daily Mirror* and reserve a special act of aggression for the person who allowed them to be published. But most of all I'd like to find out what happened to Terry.