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Felland, O. M.

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COLFAX TORNADO JUNE 4, 1958

By

Dr. O. M. Felland

O. M. FELLAND
PHYSICIAN AND SURGEON

COLFAX, WISCONSIN 54730

About two days after the Colfax Tornado of June 4, 1958, I had a telephone call from J. Arthur Myers, M.D., my favorite instructor at the University of Minnesota Medical School. At that time he was Editor-in-Chief of "The Journal Lancet", a monthly journal serving the medical profession of Minnesota, North Dakota, South Dakota, and Montana.

What Dr. Myers asked of me came as a "Bomb-shell". He said, "Will you please write an article or manuscript about the Colfax Tornado so that I can place it in the 'Journal Lancet'? I would so much appreciate it -- what was done; how you handled the injured; etc.; or anything that you think would be of interest and help in villages or small cities that have no hospital." There was a long pause as I felt so inadequate for the task. However, I simply could not say "no" to one who had given to me so much of himself.

So what follows is my article hoping it may be of some value to the several communities that have no hospitals. Also, I have been asked by a few people to have copies made and placed in our Public Library or any conspicuous place for the public to see and perhaps derive some benefit.

I am also including the letter I later received from Dr. Myers.

Signed

O. M. Felland M.D.

Colfax Tornado Disaster

O. M. FELLAND, M.D.

Colfax, Wisconsin

IT WAS 7:00 P.M., June 4, 1958, when our quiet, peaceful village of 1,000 inhabitants was struck with one of the most devastating tornadoes ever to have hit this part of the country.

Twelve people were killed instantly; about 60 suffered severe injuries and were hospitalized; and another 50 suffered minor injuries, bruises, lacerations, shock, and so forth.) The entire village and community were stunned.

About one-third of the homes in the village were destroyed, and many farm sites in the surrounding area were completely demolished.

High tension lines were knocked down, so, of necessity, the power was shut off. Telephone service was out. Our village receives its water supply from a deep well from which it is pumped into a tank. As several water pipes were broken, we also lost our water supply. We were, therefore, without lights, water, and telephone service for the next six or eight crucial hours.

Since I am the only doctor in the village, the survivors naturally came running to me to help the injured. After briefly reviewing the situation, we decided we must have some central station where we could give temporary first aid to the victims. Although I have a large office, I realized it was too small, so it was decided to use the village auditorium basement. The village police officer was contacted, and he, with a number of volunteer helpers, were to bring the injured to the place designated. A number of cots were brought in, and I brought a large supply of first-aid material from my office, such as cotton, gauze, adhesive, splints, bandages, antiseptics, morphine, Demerol, and tetanus antitoxin together with needles and syringes that I keep sterilized at all times. My wife, who is a graduate nurse, several volunteer workers, and I were all ready for the patients as they arrived. We used flashlights at first, but soon someone brought a gas lantern, which served very well.

At this point, I should like to take you back a few years. In 1942 and 1943, it was my patriotic duty and privilege to give a number of Red Cross first-aid courses, both elementary and ad-

vanced, as part of the Civil Defense Program. Although we had more or less forgotten about first-aid and civil defense, on the evening of June 4, our first-aid courses proved invaluable. It so happened that many of the rescue workers who helped the injured out of their ruins and brought them into our first-aid station had either taken our first-aid courses or had received such training while in the service. Those men and women did a wonderful job. No simple fracture was compounded, and, although 1 patient had 3 and another 2 broken vertebrae, no paralysis or injury to the spinal cord resulted.

We have no hospital at Colfax, so those more severely injured had to be transported to hospitals at Eau Claire, Menomonie, or Chippewa Falls—all about 20 miles away. We have only 1 ambulance in town, but, fortunately, our police car is equipped with a radio-telephone, so messages could be sent to various nearby towns for ambulances, station wagons, nurses, and doctors.

Our first victims happened to have severe lacerations, but they were able to sit up and be sent to hospitals in cars. By the time the fracture cases and those more severely injured arrived, we had plenty of ambulances and station wagons.

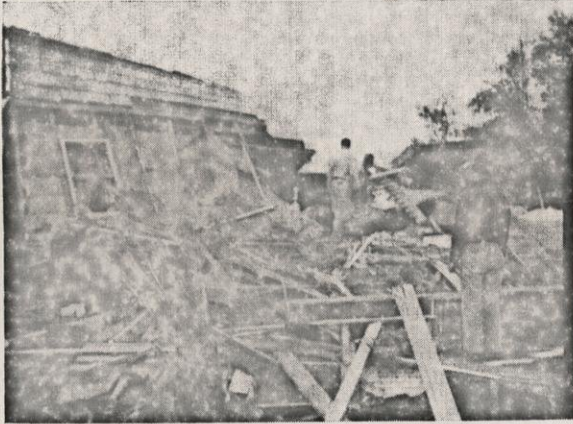
The following is an approximate summary of the different types of injuries:

- About 40 cases of severe lacerations and body bruises.
- One crushed foot, requiring amputation of the toes.
- One crushed heel.
- One fractured tibia.
- Three patients with 1 arm broken (radius and ulna).
- One patient with both arms broken (radius and ulna).
- One badly comminuted fracture at the distal end of the humerus into the elbow joint.
- One fracture of the proximal end of the humerus and injury into the shoulder joint.
- One fracture of the third metatarsal.
- Ten patients with several broken ribs.
- One patient with very severe lacerations of both legs, medially and posteriorly, in whom gas gangrene later developed, but who is recovering.
- About 40 patients had minor lacerations, body bruises, or were simply in shock.

PERSONAL INTEREST STORIES

Two elderly women, aged 55 and 67, were thrown about 400 feet through the air, and, besides suffering body bruises, one had only a

O. M. FELLAND is a physician and surgeon in Colfax, Wisconsin, and is the only doctor in town.



Photographs picturing the devastation wrought by the Colfax tornado.

broken arm and the other had a compression fracture of 2 vertebrae. Another elderly couple rode through the air on the floor of their house and landed in their neighbor's back yard about a block away. The man suffered only a transverse fracture of the fifth metatarsal in addition to a few lacerations on the face and extremities, and his wife sustained only a broken arm besides a few body bruises and lacerations. One young lady was thrown up into a tree from where she was rescued and suffered only a laceration which required 6 or 7 sutures.

It was clearly evident that we could give only the most necessary first-aid measures, as, in the first place, we were handicapped without lights or water, and, in the second place, I was the only doctor in town during the first hour. However, the following is a brief summary of the procedures we tried to carry out:

1. Lacerations were treated with liberal amounts of antiseptics and were dressed and bandaged. Bleeding was stopped for the most part with compression dressings.

2. Fractures were splinted with temporary splints and adhesive.

3. Those in much pain were given morphine or Demerol and tagged accordingly.

4. We decided that patients who were to be hospitalized had best receive their tetanus anti-toxin and toxoid there, so any reaction they might have could be observed.

5. As we had no water or light, no attempt was made to suture any wounds. Those who did not go to the hospital, but were in need of such care, came in the following day for treatment.

We were very fortunate, because, in spite of conditions, no one seemed at all excited. Everything proceeded just like clockwork. We had all the severely injured cases in or on their way to the hospitals within an hour and one-

half. We are indeed indebted to the various hospitals at Eau Claire, Menomonie, and Chippewa Falls and to the doctors who labored throughout most of the night as well as to the ambulances and station wagons that arrived so promptly and also to Drs. Clauson, Murphy, and Asplund of Bloomer, who gave their assistance at our first-aid station.

As I write this, two weeks have passed since our disaster, and only about a dozen patients are still in the hospitals, and these, I think, will make good recoveries.

We are also indebted to the National Guard, who arrived by midnight, to safeguard our village and community from curiosity seekers and looters. The national Red Cross was here the following morning and is still here doing a wonderful job in health and rehabilitation.

From my small experience in this type of work, I believe there are certain conditions which are very desirable in case of such emergencies, and I would recommend the following:

1. Have a central place equipped with the necessary cots, stretchers, blankets, and so forth, where all the injured can be taken.

2. Have efficient help trained and ready for such emergencies, and see that each person, or group, has a specified, prearranged job to do.

3. Have plenty of first-aid supplies on hand at the doctor's office or at the first-aid station.

4. Have on hand emergency lighting facilities—lanterns at least.

5. Have a water supply available that is independent of the regular city water. In our case, one of my sons brought in water pumped from a well on the other side of town.

6. Perhaps the most important equipment that every little village should have is a radio-telephone, such as our police car has, in order to contact surrounding communities for help.

7) Have medications on hand for pain -

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• Concerning THE JOURNAL-LANCET
J. A. MYERS, M.D., Chairman, Board of Editors
730 LA SALLE BUILDING, MINNEAPOLIS 3, MINNESOTA

June 25, 1958

Dr. O. M. Felland
Colfax
Wisconsin

Dear Doctor Felland:

When I returned from the medical meetings in San Francisco a couple of days ago, I was greatly pleased to find your letter of June 14. Today I was delighted to receive your letter of June 23 and your splendid article on the Colfax tornado disaster.

Your manuscript contains exactly what I hoped you would write. I am sure it will be of great interest and value to every reader of JOURNAL-LANCET.

In a previous letter, mention was made of an article on the Fargo disaster of last year by Doctor Pray of that city. However, he dealt largely with hospital facilities. I checked today and find that Doctor Pray's article is scheduled for the July issue of JOURNAL-LANCET which has already gone to press.

We shall try to get your article in as early an issue as possible so as to keep the subject well before our readers.

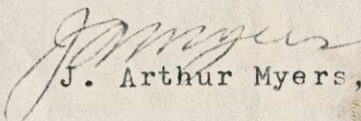
My mind was so relieved to learn from your letter received today that all of your family came through untouched and your home was not damaged. For a long, long time I have had unusually high respect for you and your work, and I really worried the first few days until the casualty lists began to come through in the paper.

Our publisher will decide on whether to use illustrations, and if so, which ones you enclosed. I shall make sure that the photographs are returned to you as soon as possible.

We shall never know how to thank you adequately for your manuscript. I am sure it will put many physicians on the alert.

With my very best wishes to you and your family as always,

Sincerely yours,


J. Arthur Myers, M.D.

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