The ARMY MEDICAL SERVICES MAGAZINE

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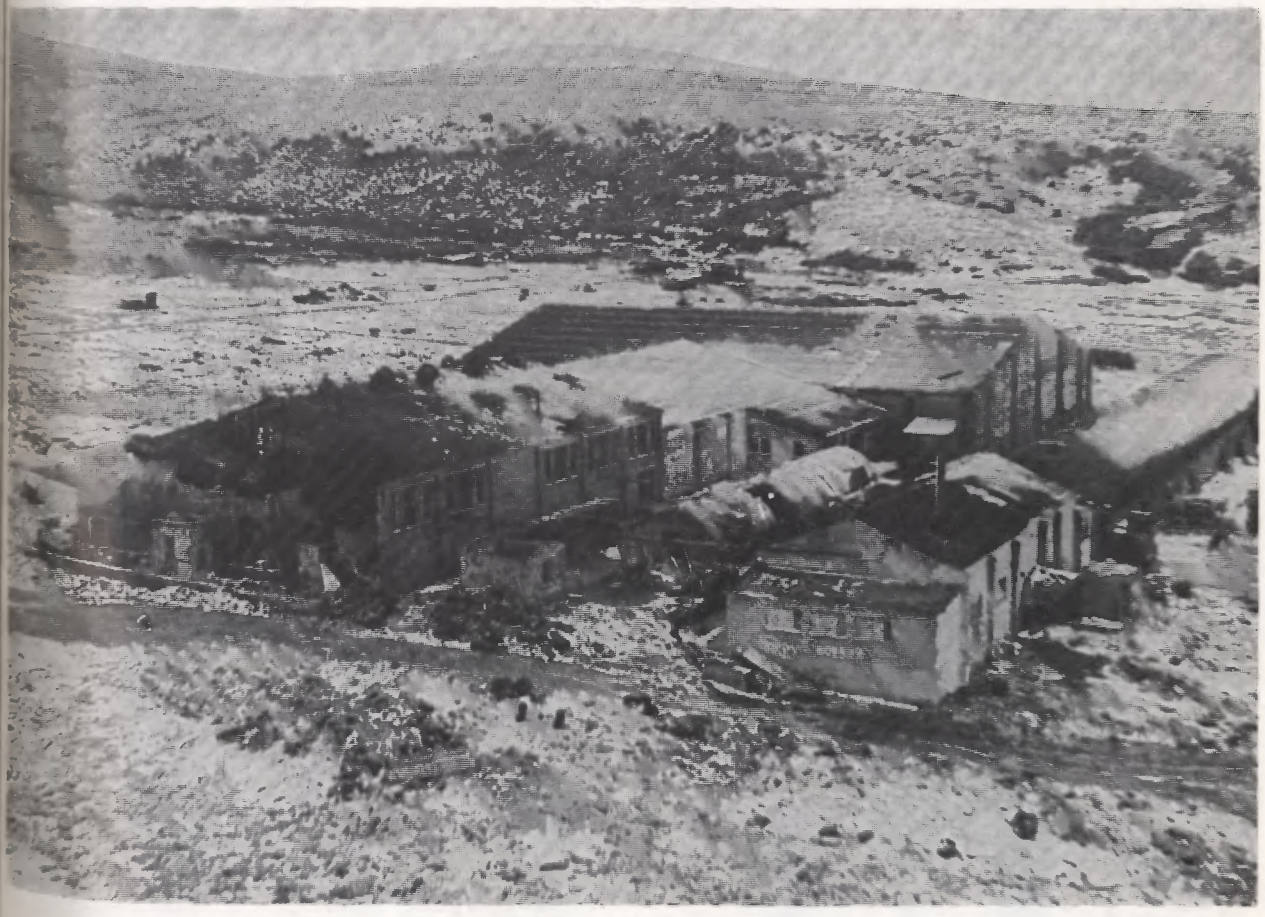

AJAX BAY — FIELD HOSPITAL

The ARMY MEDICAL SERVICES MAGAZINE

AND ORGAN OF
THE RAMC ASSOCIATION

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7. Contributions typed in duplicate with double spacing must reach the Editor, c/o RAMC Historical Museum, Keogh Barracks, Ash Vale, Aldershot, not later than 15 August, December, and April for the October, February and June Numbers.

(With which is incorporated the supplement of the Journal of the RAMC, "News and Gazette" of the RAMC, RADC and Army Nursing Services)

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MEMBER OF THE MOST EXCELLENT ORDER OF THE BRITISH EMPIRE (CIVILIAN)

Mrs Patricia Margaret Nutbeem was the wife of the Second-in-Command of 16 Field Ambulance RAMC, Major Roger Nutbeem, RAMC who was killed in the Falklands War on the Sir Galahad.

She gained the award of the Most Excellent Order of the British Empire (Civilian) for her unstinted devotion and support to the Unit Wives and families during the Falklands War. She held regular and frequent meetings of the Wives Club which she founded and also visited them in the Aldershot Area. She wrote to those outside the area. By so doing, she relieved many anxieties and solved domestic problems which arise when soldiers serve on active service.

On the death of her husband and despite caring for her own two children she actively supported the families of those soldiers killed and visited the families of those wounded. This, in addition to her Club activities. Her behaviour, one of immense courage in view of her tragic loss, showed as an outstanding example in preserving the morale of the young wives of the Unit.

2 FIELD HOSPITAL AND THE FALKLANDS CONFLICT

Introduction

It is possible that there will be some members of the AMS who have never heard of 2 Field Hospital or, if they have, have no idea where it is located or what is its role. For the benefit of the unenlightened, therefore, it should be stated that we are a very small regular unit located in Aldershot not far from the Cambridge Military Hospital. In normal times the established strength is a cadre of 3 officers and 38 soldiers. In war this increases to 48 officers and 141 soldiers sufficient to staff a 200 bed hospital.

The field hospital's primary role is to train for war in a European context but it also has a secondary role to be prepared for any disaster, or other situation, on a world-wide basis. It is on a permanent 7 days notice to move for any eventuality. The cadre alone are insufficient to staff a hospital and so officers (medical/dental and nursing) and servicemen/servicewomen from hospitals and other medical units throughout the country are nominated as potential reinforcements for a 12 month period. These reinforcements are divided into Category 1 and Category 2. Category 1 personnel include a surgical team and, together with the cadre, provide the staff for a 50 bed hospital. The addition of Category 2 personnel enables the hospital to expand to a 100 bed unit with two surgical teams. The balance of personnel required to establish the full 200 bed hospital with 4 surgical teams are only called out in the event of full mobilisation. Category 1 and Category 2 personnel undergo a short introductory exercise at the commencement of their standby duty and participate in a 14 day NATO exercise in the Autumn.

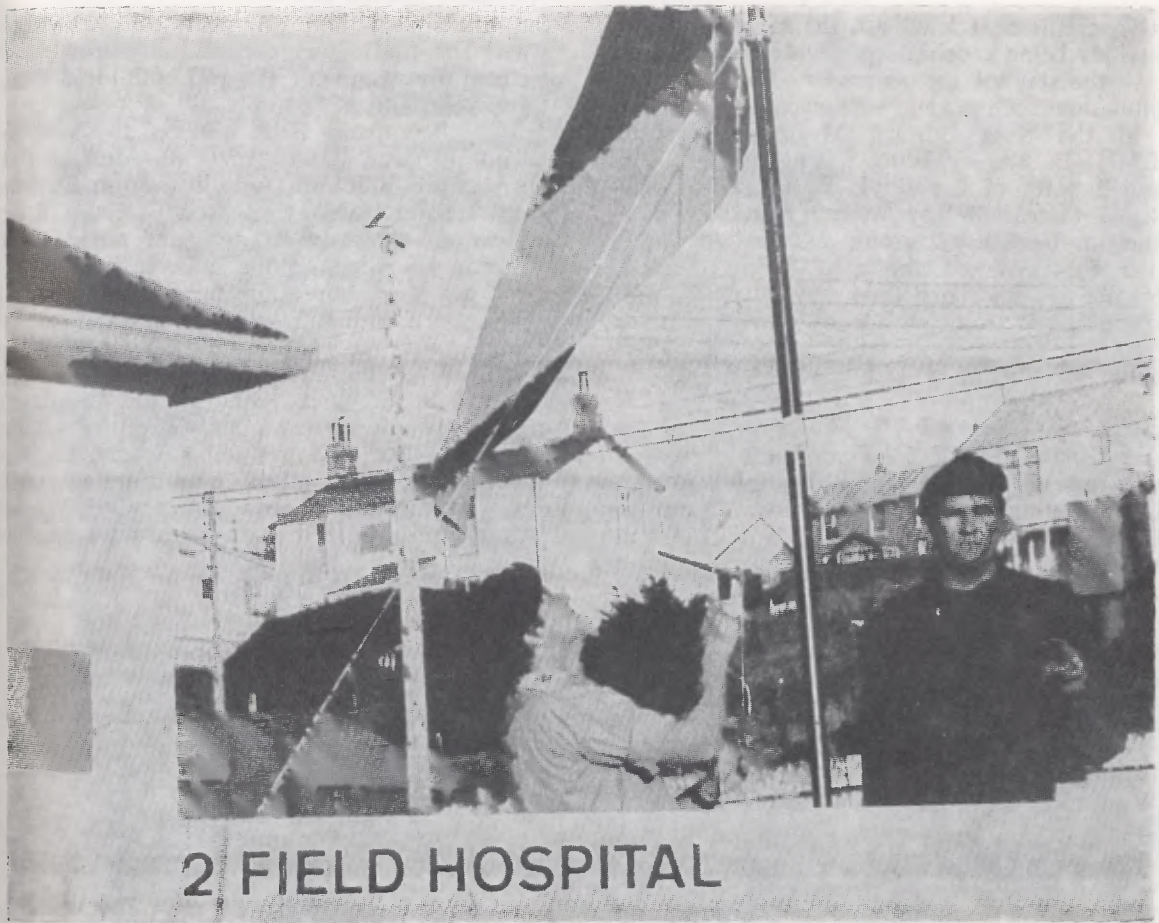
The last occasion that 2 Field Hospital was deployed in earnest however was in 1970 as part of the Ferrie Force in Jordan.

Operation Corporate

At Easter 1982 as tension mounted in the South Atlantic the unit was constantly quizzed by higher authorities as to the details of personnel on standby and available; weight of a 50 bed unit; number of vehicles, generators, blood banks, etc. Envisaged tasks ranged from the staffing of the hospital ship Uganda, setting up a hospital on Ascension Island, to accompanying the Task Force in its proper role. As it happened however the unit eventually moved from Aldershot in three phases and in three differing roles.

Phase 1

Two surgical teams (later to become known as FSTs 1 and 2) and the equivalent of a field ambulance holding section — totalling 7 officers and 29 servicemen, drawn from the field hospital cadre and selected Category 1 and Category 2 personnel, assembled at Thornhill Barracks, Aldershot, for kitting out prior to being detached to 16 Field Ambulance RAMC. Together with the field ambulance they embarked as part of 5 Infantry Brigade and sailed on 1 May 82 aboard the "QE 2".



2 FIELD HOSPITAL

After an interesting and unique voyage they arrived off Grytviken, South Georgia, on 28 May 82 to liaise with the Canberra and the Norland that had preceded them. Here they were transferred to the Norland and, with the Gurkhas as fellow "pax", headed for the Falklands. 1 Jun 82 found them in San Carlos Water ("bomb alley"). They disembarked on to landing craft and moved to Ajax Bay (Red Beach) ostensibly to relieve the Para FSTs who had been working very hard since the landings had begun. On arrival at Ajax however they were informed that the situation had eased and that they would not now be required. They were re-embarked on the landing craft and crossed over to San Carlos settlement where they established themselves and made ready to receive casualties. A few days later, not yet having had to treat any injured, they were once again afloat—this time on the ill-fated LSL Sir Galahad. On 8 Jun 82 they were aboard that vessel when she was subjected to aerial bombardment that resulted in the tragic loss of so many lives. Sgt Naya was awarded his MM for his gallant actions at this time. Once ashore at Fitzroy they assisted with the treatment of the wounded. Later that day they were dispersed to HMS Intrepid and HMS Fearless but eventually re-assembled at Ajax Bay. From here FST 1 was redeployed to Fitzroy to work alongside one of the Para FSTs. The other team (FST 2) remained at Ajax Bay in partnership with the naval surgical team. Having lost all their equipment on the Galahad the teams had to be completely refurbished before they could be regarded as viable once more and able to play a part. Accordingly two SSTs (the RN equivalent of an FST but designed for use aboard ship) were obtained from HMS Hermes and HMS Intrepid. However they had to be completely repacked to fit them for their FST role and required some hours of hard work before they were satisfactorily reorganised into their more familiar form.

Both teams (at Ajax and Fitzroy) were kept

busy over the next few days, the majority of the casualties being received on 12, 13 and 14 Jun 82 — the day of the surrender. Following the capitulation both teams were eventually to end up at the King Edward Memorial Hospital (KEMH) in Stanley being joined there by the Phase 2 party of 2 Field Hospital. As soon as possible thereafter they were replaced by personnel of the Phase 2 group and sent for R&R to the SS St Edmund, and later SS Fort Toronto, before being repatriated on 4 and 8 Jul 82. More graphic details from SNCOs who were with the respective FSTs are to be found at the end of this account.

Phase 2

A second group of 6 officers and 25 soldiers was organised as the Medical Holding Unit (MHU) of a composite unit titled "Administrative Control Cell and Medical Holding Unit" (ACC & MHU). This ad hoc unit with its unwieldy name was formed with the initial task of administering the anticipated large numbers of Argentinian PWs. The MHU was expected to supervise the medical arrangements. The HQ of 2 Field Hospital travelled in this party.

They flew from Brize Norton to Ascension Island on 6 Jun aboard a VC 10. After an overnight stay in a transit camp at English Bay they embarked on HMS Dumbarton Castle, a fishery protection vessel of 1400 tons and only recently taken into service, having not yet had time to carry out her proper function, for the voyage South. Port William, the outer harbour to Port Stanley, was reached on 19 Jun 82 when all aboard were transferred to the BR cross-channel ferry SS St Edmund. Although the Dumbarton Castle normally carried a complement of 42 there were more than 165 souls aboard and, as every available space was taken up with urgent freight, life was a little cramped. The crew, despite the gross inconvenience to themselves, were excellent hosts.

Hostilities having terminated so quickly repatri-

Theatre — Fitzroy Settlement

San Carlos — In Defensive Position

ation of PWs had already commenced before the ACC & MHU were in a position to help in any way and it was apparent that the unit as such would not now be required. Accordingly it was dissolved and its personnel reorganised into their secondary roles. The ACC element commenced taking over staff appointments at HQ Land Forces Falkland Islands (LFFI) while 2 Field Hospital re-emerged from under the cloak of MHU and adopted its proper function. On 20 Jun 82 the CO went ashore at Port Stanley and the following day personnel commenced disembarking to staff the military hospital now established at the KEMH, the local civilian hospital. At the KEMH at this time were the surgical teams (including FSTs 1 and 2) who had moved in from Ajax Bay, Fitzroy and Teal Inlet.

The KEMH in normal times is a 27 bed hospital. Of these 10 are reserved for use by elderly residents, 3 comprise the maternity unit and the remaining 14 are for general use. The hospital doubles as a residential home for the elderly who were formerly accommodated in the wing taken over by the military. The civilian medical services have an establishment for 3 doctors (a senior medical officer (SMO) and 2 GPs), a dental surgeon, a matron, 3 SRNs and 8 auxiliaries. During the conflict the SMO and 1 doctor (his wife) were placed under house arrest on West Falklands and the care of the civilian population then rested on a local doctor who had earlier retired from practice to tend to her young family but who returned to help out in the emergency. In addition a young, newly-qualified, lady doctor, who happened to be on holiday in the islands, volunteered her services. These 2 lady doctors, together with the acting matron, 2 SRNs and a social worker at the hospital were honoured by the award of an OBE, 2 MBEs and 3 BEMs for their untiring efforts and example during the Argentinian occupation.

The Argentinians first took over the residential wing mentioned above for their sick and wounded — in addition to a fairly large hospital they had set up in a building built, and intended for

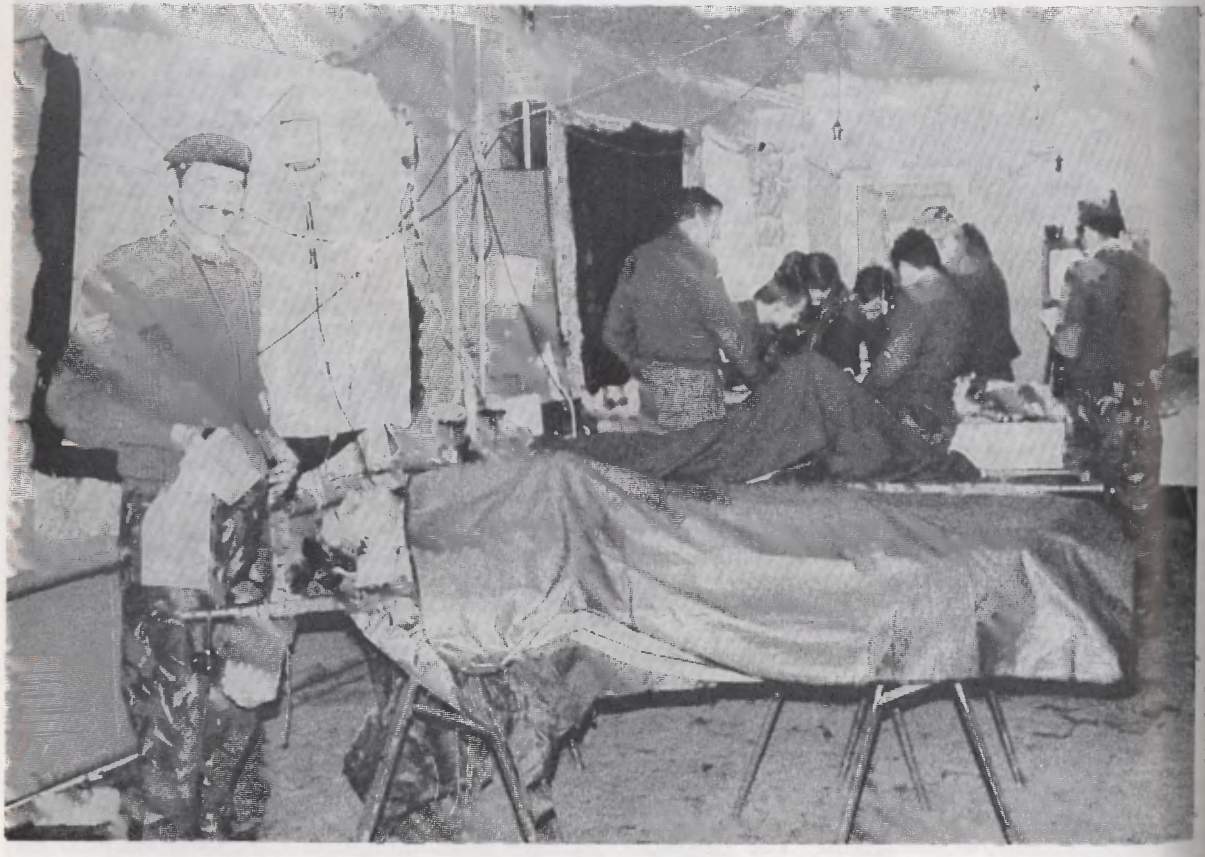
use, as a boarding school hostel for children of islanders living in "Camp". It was, however, never taken over formally for such use as it had structural problems that required attention before children could live in it with safety. It is now the HQ for Land Forces Falkland Islands although no additional work of such nature has been carried out! On the departure of the Argentinians the hospital wing at the KEMH was cleaned out and 2 Field Hospital established themselves. The surgical teams of the Royal Marines and the Paras from 16 Field Ambulance soon departed leaving the theatre in the hands of the FSTs of the field hospital that had been earlier deployed under Phase 1. Attempts had been made to obtain the continued use of the hostel building as our hospital but following the Argentinians the Paras were by then in occupation. HQ, then tenuous tenants of Government House, had earmarked the building as their future home and so our requests in that direction were of no avail!

Phase 3

The rear party of 7 officers (with the QM and 6 QARANC including matron) and 3 servicemen/women (including the RSM and 8 QARANC) sailed from Southampton on 19 Jun 82 aboard the TEV Rangatira, being given a rousing send off and TV coverage (could it be that the female element provided the attraction?). They sailed all the way to Port Stanley arriving on 11 Jul 82. They were soon at work although it was to be some time before all had accommodation of varying quality ashore. With their arrival the field hospital came really into being—they had arrived under the 2 Field Hospital banner not having been detached or subordinated in any way.

2 Field Hospital/British Station Hospital (Falkland Islands)

Soon after the arrival of the second group (Phase 2) the repatriation of those who had been through the hostilities commenced and practically all had left before the rear party (Phase 3) had reached the islands. However they had more than done their bit in the field and had helped in the initial establishment of 2 Field Hospital in Stanley. The surgical teams (2) were replaced by



Theatre/Pre-Post Operative — Fitzroy Settlement

another drawn from UK and BAOR (including an RAF anaesthetist) and the routine of a more static military hospital soon ensued. Although the hostilities had ceased there was still the aftermath to contend with in the form of mines, unexploded missiles, grenades, etc. Several cases of traumatic amputation were dealt with as a result of incidents such as — the accidental discharge, by a Harrier, of a sidewinder missile that had burst amongst a party of soldiers clearing snow on the airfield; booby-trapped equipment; clearance of minefields and the negligent handling of weapons and explosives. One civilian sustained severe burns when as he was sharpening some farm tools an explosion occurred. Apparently the shed in which he was working at the time had earlier been used by the Argentinians to prepare explosives and the sparks from the sharpening process had ignited some spilled material. Fortunately he made a good recovery. There were other burns cases too due to fires in tents and other accommodation. Numerous cases of leg injuries were admitted caused by falls, poor landing on jumping, heavy pieces of equipment crushing legs, etc. Some traffic accident victims soon began to materialise though, fortunately, nothing very serious. A gastric infection with D&V, popularly referred to as "Galtieri's Revenge", generally of not more than 48 hours duration, appeared to be persistent and a large percentage of the Force were affected though happily not all at one time! By this time of course the hospital was functioning smoothly and 25 beds had been squeezed into the wing usually housing the 10 elderly residents. The bed occupancy figure hovering between 15—17.

In the cramped conditions prevailing, coupled with the knowledge that we had usurped a great deal of the space available to the KEMH, proposals were formulated to relieve the pressure. These suggestions were put forward to HQ LFFI as to the future of the military hospital. A meeting of all interested parties, including civilian authorities and medical staff, was held and the subject debated. The outcome was a unanimous recommendation that a new hospital be built on a shared cost basis. The local executive council have endorsed the recommendation and the matter remains to be decided by MOD and the Foreign and Commonwealth Office. As an interim measure requests have been made for portakabin type buildings to be erected in the vicinity of the KEMH to permit stores, offices and staff accommodation to be moved out of the building. It is now known that action has been taken on these requests and staff have been moved into portakabins and a rations store/dining facility erected—progress!

Social life was not neglected and, apart from numerous parties, a very successful dinner was held on Sat 26 Jun 82 to celebrate Corps Day (on 23rd June). Guest of honour was the ADMS to the Task Force, Surg Capt Blackstone RN. The QARANC are very much in demand by other units and are constantly inundated with invitations. One unit that had sent an invitation for 8 nurses to attend a party were not very amused when 8 male SENs turned up.

The military hospital had now been officially designated "The British Station Hospital, Falkland Islands" though it was hard to drop the "2 Field" that all had become so used to. On 13 Sep 82 Lt Col T A M Cook handed over command to Lt Col J S Swanston.

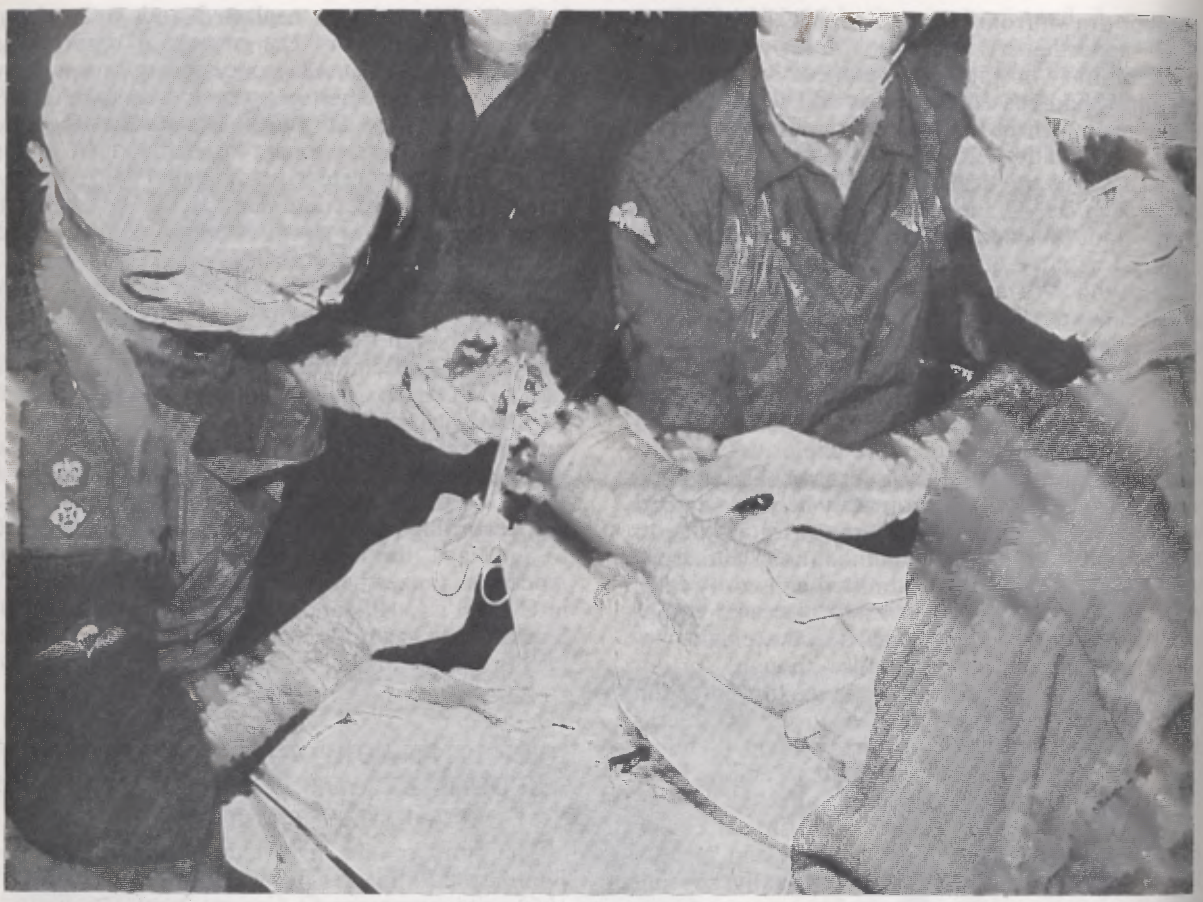
This account cannot be closed without a tribute to all those who were in the "thick of it" — our Phase 1 party attached to 16 Field Ambulance — and recording our pride in the award of the MM to Sgt Naya, the Mention-in-Dispatches to Lt Col Anderson (anaesthetist from DKMH) and the C-in-C Fleet's Certificate of Commendation to LCpl Smith. All acquitted themselves honourably, faithfully and in the best traditions of the Corps.

OPERATION CORPORATE — EYE WITNESS ACCOUNT BY WO2 AL VINER RAMC AND SGT C P FORSHAW RAMC

The story of the involvement of 2 Field Hospital in the Falklands episode began in early April 1982 with numerous O Groups, conferences and, of course, rumours galore. On Easter Monday the QM, Capt Williams, and WO i/c 55 FST, WO2 Viner, together with many others were recalled from leave in order to prepare the formation of two field surgical teams (FSTs) for deployment under command of 16 Field Ambulance RAMC. The FSTs were also to be accompanied by an ad hoc holding section.

The staff for the FSTs and the holding section were obtained from cadre personnel of 2 Field Hospital and 55 FST together with officers and men who were on standby for the unit. FST 1 was led by Maj Jackson with Maj Bannerjee as anaesthetist and Lt Col Watt RADC as resuscitation officer. FST 2 was likewise led by Maj Ryan supported by Lt Col Anderson and Maj Aitken RADC. Maj Millar took charge of the holding section.

We departed from Southampton at 1600 hrs on 12 May 82. Most of us later confessed to having had mixed feelings — we all looked forward to being able to do what we had been trained for but were more than a little apprehensive as to



Refrigeration Plant — Ajax Bay Lt Col McGregor

what might lie ahead. However the first sight of that great liner "The QE 2" made quite an impression on us as did the friendliness of our new comrades of 16 Field Ambulance. What could not have been anticipated in any way was the wonderful and emotional send off the ship was given by thousands of people lining the quayside and along the shores of Southampton Water. It made us feel humble and proud. We were to discover over the coming weeks that the crisis had put the "Great" back into Great Britain and all members of the Task Force felt the very strong ties with the people back home.

Life on board soon settled down to a routine which for most of the time involved much hard work. Training and more training, with some light relief thrown in with our daily dose of PT. Thank you Capt Coombes for the "Just one more". We worked to integrate as one unit and in so doing made many friends in 16 Field Ambulance.

We sailed South for several days still continuing to maintain our standards of readiness. The main gripe being "Why are there so many Gurkhas on board — the food queue never seems to end?". We soon arrived at Freetown where we were docked for one day to take on fuel and water. The harbour was a hive of activity with small crowds of people being kept at a distance by local troops and police. Dugout canoes were immediately alongside the ship offering wooden masks and idols for what appeared to be anything belonging to the QE 2 that wasn't screwed down. Paludrine was issued to all embarked troops and a blackout was now in force. We left Freetown at approximately 0100 hrs the next morning leaving behind one crew member who had decided he no longer wished to draw his bonus for sailing to the South Atlantic. We sailed on towards the Ascension Islands and the heat was intense. The preparations for war became more obvious now as anti-aircraft guns were set up along the sides of the ship along with blowpipe teams of the Royal Artillery. Live firing practice took place from both back and front of the ship. We reached

Ascension on 18 May 82 but because of the threat of enemy action did not lay anchor and have the proposed two days of training on dry land. Instead we stayed at a respectable distance circling the island. During this period the Sea Kings were kept very busy ferrying stores to and from the island as well as performing routine anti-submarine patrols. HMS Dumbarton Castle came quite close to allow a section of medics from 16 Field Ambulance, who had flown out from UK, to join us. After all the stores had been delivered to us we discovered that 12 large cardboard boxes marked 16 Field Ambulance had mysteriously appeared— each one containing 32 units of blood packed in ice. This caused a small problem as to where it could be stored but space was eventually found in the butcher's chilled meat store! Since sailing from UK the rumour that had been making the rounds of the ship was that we were soon to be visited by some "Top Brass" — Prince Charles was the favourite. We were soon to find out. It was, of course, King Neptune and his entourage. The crossing of the line ceremony was a huge success and took the thought of war away for a few hilarious hours. After that joyous day the weather seemed to get colder and there was a fine wet mist in the air. All military training was increased and as a precaution against air attack the two FSTs had been placed one at each end of the ship. News came through that British troops had landed on East Falklands and had succeeded in establishing a bridgehead. We now knew that there would be no turning round and coming home on reaching South Georgia. We arrived at South Georgia, off Grytviken, on 28 May 82. The weather was cold but not wet and we could see the troopships Norland and Canberra at anchor. Nearby was the abandoned whaling station where it all began.

The Welsh and Scots Guards were sent to the Canberra while we were despatched to the Norland along with our friends the Gurkhas (and more queues!).

It was at South Georgia that the ugly face of war was revealed to us when survivors from the Sheffield, Ardent and Antelope came aboard the QE 2 to take the place of the disembarking 5 Infantry Brigade. They appeared on the ship carrying all their possessions in waste paper bags. Some of us thought it odd the way that they would not leave the bags alone even when going to the toilet — we were soon to experience this same sense of possessiveness ourselves. The Norland was very basic compared to the QE 2! The weather had changed and now huge waves engulfed the front of the ship. A few of the troops became sea sick and the only training was restricted to air raid and life boat drills.

We awoke on 1 Jun 82 to find ourselves in "bomb alley" (San Carlos Water). We had one air raid in the morning which turned out to be a false alarm. Both FSTs were informed that the Para FSTs, already on the ground, had been working round the clock treating casualties and that we would be going to relieve them on Red Beach (Ajax Bay). As we climbed into the landing craft we noticed HMS Intrepid and HMS Fearless nearby together with a frigate and destroyer providing cover for us.

We landed at Red Beach and were informed that we were not really needed as the work load had slowed up. We re-embarked on the landing craft and were taken to San Carlos Settlement. At first we were billetted around a small community hall. Later we moved to an area where we could, if required, set up the FSTs rapidly. Here we stayed for 7 days until the order was given to move to Fitzroy Settlement. We were loaded aboard the LSL Sir Galahad. On the morning of 8 Jun 82 we were at anchor in Fitzroy Sound. The CO disembarked along with the admin section of the field ambulance whilst the remainder of the unit waited their turn to go ashore. They were to disembark on the second maxi-float or landing craft. A fault developed with the ships gates so it was decided to crane the remaining supplies of ammunition and stores out through the main deck of the ship. At 1730 hrs two Skyhawk fighter bombers attacked the Sir Galahad and Sir Tristram which was nearby. No warning was given. One large bomb ripped into the tank deck of the Sir Galahad and another into the accommodation decks. The ship was soon burning furiously and there was little to do but abandon ship. Somehow the troops made their way through the smoke and devastation to the main deck where the majority of medics were already busy treating injuries, while others decided to take to the rafts. On the main deck Sea Kings and Wessex helicopters were busy plucking troops from the burning deck below. RSM McHale was trying to sort the casualties into a system of priorities for exacuation whilst Sgt Naya was earning his MM for his actions in tending to the wounded. It is interesting to note that the last persons to leave the Sir Galahad were, with one exception, all medics. The exception was, of course, the ships Captain who had remained aboard until there was nothing more he could do for his ship or those who had been aboard her. Most of us were taken to the small community hall at Fitzroy where some members of 16 Field Ambulance had already commenced dealing with the majority of the injured. Nightfall saw us all

once more airlifted this time to HMS Intrepid and HMS Fearless. All, that is, with the exception of WO2 Viner who had somehow managed to end up at the Red and Green Life Machine at Ajax. Having no kit or equipment of any kind it was generally anticipated that we would all have to be sent home or, at the very least, sent to help out on the Uganda. This was not to be. We were returned to Ajax Bay and divided into our respective teams. Lt Col Anderson informed us that WO2 Viner's team (FST 1 under Maj Jackson) would be going back to Fitzroy along with one of the Para FSTs and WO2 Newbound. FST 2 (Maj Ryan) and Sgt Clevely-Parker would remain at Ajax with the naval surgical team (SST). The Royal Marines QM managed to supply us with a small amount of personal kit but we were to be without the luxury of a sleeping bag or a weapon and steel helmet. Some change of personnel was needed because of some casualties amongst our own ranks. Cpl Banks had received burns to his hands and was replaced by Lcpl Booth. Cpl Fletcher sustained a fracture dislocation of his humerus (not so funny). Both Cpl Fletcher and Cpl Banks were returned to UK and are now fully recovered. As we had lost the FST equipment we were re-equipped from HMS Hermes and HMS Intrepid each supplying an SST. The two teams began the task of re-scaling these SSTs into something resembling our FSTs. A lot of the SST equipment, such as vast quantities of burns dressings, had to be discarded as they were obviously intended for possible use on board ship and did not have the same necessity ashore. With the help of WO2 Newbound and the Para PCT we re-scaled and re-packed the equipment that same night. The next morning we were despatched to our respective locations. WO2 Viner's team (FST 1) set up at Fitzroy along with the Para FST and rapidly prepared the theatres for use. It was decided to work a shift system with one team on duty and the other resting. If the going became heavy then, of course, we were all to pitch in. Maj Bennerjee, anaesthetist, was making a reputation as the David Bailey of the Falklands campaign. Maj Jackson, surgeon, and Lt Col Watt RADC, resus-

Ajax Bay — (Bomb Alley) Stores Coming Ashore

citation officer, together with Maj Bannerjee soon made themselves comfortable in some civilian accommodation equipped with beds and real mattresses! WO2 Viner and Sgt Naya made the best of a compact machine shed cum stock room while the remainder of the team — Cpl Forshaw, Cpl Richards, Pte McMillan and Pte Grampson spent the nights huddled round the McVicar field operating table if not actually on it. Ah! However we were comfortable compared to some of the holding troop who were mostly accommodated in salvaged life-rafts from the Sir Galahad and Sir Tristram. When placed upside down they at least made a wind and rain-proof shelter.

On 12 Jun 82 we saw our first cases mostly from 42 Cdo and 3 Para. After a hesitant start the team settled down to a routine which seemed to work well. WO2 Viner did most of the assisting at table while Pte McMillan was doing his best to keep Maj Bannerjee from using up all the oxygen. Cpl Forshaw and Sgt Naya were concerned with the laying up and Pte Gramson was kept busy fetching extra swabs, sutures and anything that was needed. Cpl Richards was a great help for, when he wasn't running for blood, he kept up supplies of coffee and biscuits for all — as well as helping with the cleaning up, washing of surgical sheets, etc.

On 13 and 14 Jun 82 both teams were kept busy dealing with casualties from the main advance into Stanley. A most welcome interruption occurred however on the 14th when Lt Col Roberts informed us that Gen Menendes had surrendered and that hostilities were at an end. As it happened the last case we had to attend to was an Argentinian soldier. The theatre equipment was thoroughly cleaned and made ready for packing. The 15th June found Fitzroy a most happy and peaceful place with Union Jacks flying from practically every house. The two FSTs were packed and made ready to move. WO2 Viner and Sgt Naya had by this time moved into the house with the officers, while the rest of the team had also managed to find some sort of room at the inn. The next few days passed very slowly with little to do besides sightseeing. Maj Jackson and Maj Bannerjee managed to escape from Fitzroy, obtain a lift to the Uganda and requisition a few bottles of good cheer. That night we had a sing-song and the lady of the house made a huge rice pudding in which a friend of Maj Jackson managed to fall!

On 24 Jun 82 we moved, together with the Para FST, into Port Stanley where we joined up with the other Para FST and WO2 Sterba as well as FST 2. As there was no accommodation available the majority of us were sent aboard the SS St Edmund and were able to have our first shower since leaving the QE 2. We stayed on the St Edmund for 4 days when, having to make way for Argentinian prisoners of war, we were transferred to the SS Fort Toronto, a water tanker. Here we were treated royally being given the run of the ship and shown many acts of kindness. We were given small jobs to do to pass the time and made many friends amongst the officers and crew.

On the night of 3 Jul 82 we were informed that Lt Col Watt, Maj Jackson, Cpl Richards and Cpl Forshaw were to leave the ship next day to fly home. Toasts were drunk and addresses exchanged. On leaving the ship they were given a rousing send off by the crew and troops still on board. We collected our suitcases from the KEMH — we had last seen them when we left the Norland and had no idea where they were but due to some good work by WO2 White they were located and passed to the KEMH to await a reunion with their owners. A 4 tonner took us to the airfield. Also accompanying us were members of the FST who had managed to get accommodation at the KEMH — Sgt Clevely-Parker, Cpl Wright, LCpl Elsey and LCpl Robson.

Cheers were heard in the Hercules when we left the ground. 10 hours later we landed at Ascension Island where we were given some food and a chance to stretch our legs before being herded aboard another Hercules for the next leg of our journey home. A further 6 hours brought us to Dakar in the Senegal for a one hour stop. 8 hours later saw us arriving at RAF Lyneham. We were the first of 2 Field Hospital personnel to return home the remainder of our party followed over the course of the next few weeks.

OPERATION CORPORATE — EYE WITNESS ACCOUNT BY SGT J R AUSTIN

After the separation of the two FSTs on 11 Jun 82, FST 2 was left at Ajax Bay under the control of Surg Cmdr Jolly RN. The first task was to set up an operating table in a vacant area opposite but adjacent to that of the naval surgical team (SST). This was housed in an old abandoned refrigeration plant which was already being used as a makeshift "mini" hospital. Having lost all our medical equipment we were supplied with an SST from HMS Intrepid and the staff got down to sorting out the equipment they would need. In the meantime the holding section took over the duties of the PCT which had, of course, also moved forward to Fitzroy. This involved running five separate departments — reception, resuscitation, pre-op, post-op and wards. Again the

equipment had to be checked so that everyone could familiarise themselves with it. The OTTs finally finished setting up at about 0400 hrs on 12th June. Everyone was then ready to operate in his respective role. For the next three days we were to work on a shift system with the Navy team. Ideally the theatres were going to do a 24 hrs on/off shift and the holding section an 8 hour system, but this was to go by the board on most days as both teams would be called out in times of numerous casualties. On the 12th, 13th and 14th we were kept busy almost all the day with casualties being flown in from the various battles taking place around Port Stanley. It was a routine of work, eat and sleep with a nightly briefing of the battle situation by Cmdr Jolly. At the briefing on 14th June Cmdr Jolly formally informed us all that the various rumours of an Argentinian surrender had been confirmed. There was much jubilation and the order was given to splice the mainbrace! For the next two days casualties continued to trickle in but happily not in the numbers that we had become accustomed to before the surrender. It was decided that when we had finished with all casualties the Commando Support Group would move round to Port Stanley and we were to accompany them. The task now before us was to pack up all the kit and send it back to HMS Intrepid and to clean out the refrigeration plant. When this was completed we were all loaded aboard the container ship Elk which then sailed for Port Stanley on the night of 19th June. We reached Port Stanley at approx 0700 hrs the next morning and the medical section was disembarked almost as soon as the ship dropped anchor. FST 2 and the holding section was now instructed to separate from the Marines and go to the hospital (KEMH). As we arrived at the hospital we were very pleased to meet two most welcome faces — those of Lt Col T A M Cook and Capt Alderson of 2 Field Hospital who had likewise just arrived. Their arrival meant that the field hospital proper was now present and that hopefully it would not now be long before we could go home. The next two days were spent in the hospital preparing it for use and removing all evidence of the Argentinian occupation. On the 22nd June we went aboard the ferry St Edmund for a few days R&R where we were finally rejoined by FST 1 and the remainder of the holding section.

16 FIELD AMBULANCE RAMC PARACHUTE CLEARING TROOP

26 April 1982 was a day of great significance to the Parachute Clearing Troop (PCT). On a bright and sunny morning we deployed with 2nd Parachute Battalion to take part in another historic first. The first amphibious parachute assault from a Car Ferry. We became involved in the Falklands crisis on 2 April 1982 when in conjunction with 3rd Parachute Battalion, whose spearhead commitment we shared, we prepared our kit for travel. Unfortunately, 3 Para Bn sailed away on the Canberra without us and 2 Para Bn assumed the Spearhead duties. Over the next two weeks we were reinforced boosting our numbers to 36 All Ranks. The scenes on Mons Square were of balding NCOs with creaking Officers in what took on the appearance of a 23 Parachute Field Ambulance re-union. Eventually we sailed from Portsmouth on our long cruise south. For over three weeks the ship echoed to the sound of gunfire, crackle of radios and the pounding of boots as efforts were made to maintain efficiency and fitness. The sight of 40-50 lean, young soldiers (and elderly portly ones) trying to do PT on a metal square 30 feet by 30 feet with a water splash on three sides was far from pretty.

Victory Night—Bluff Cove Settlement

At last, early in the morning of 21 May we crept into Grantham Sound and dropped anchor

adjacent to the aptly named hospital point in San Carlos Water. 2 Para Bn deployed by landing craft whilst the PCT hauled nearly 2 tons of stores from the hold to the rear flight deck ready for helicopter deployment. Dawn arrived to the sight of a fleet of ships spread around the bay. We had set up a hospital in the rear lounge to cover the first few days of action, but after 15 hours afloat in San Carlos Water the Argentine Air Force persuaded us to place the medical facility ashore. On the evening of the 21st May while we were waiting for helicopters to take us ashore we were approached by a black faced man in blue uniform. "Are you a helicopter pilot?" we asked. "No" he said, "I am the landing craft driver". We carried our 2 tons of stores back down to the lower car deck. Finally at 2345 hours we were loaded on to a LCU for a 20 minute trip to Ajax Bay. Two hours later we asked the driver when we would arrive "Not long now" he said, "but I think we are in a minefield", not very comforting. We landed at about 0300 hours and commenced unloading. Our new location was a disused freezer plant where we were joined by Elements of the Medical Squadron Commando Logistic Support. The building was a large rambling affair with no windows and one door at each end. We quickly set up two operating theatres, two wards, a reception area and a pre- and post-op unit which despite having to condense the whole thing looked good. It was then we collected a couple of unexploded bombs, explosive still intact, which remained with us to the end. Our first casualties appeared on 23 May when we had seven gunshot wounds from a fire fight at San Carlos settlement. The Army and Navy use different priority classifications with casualties and after confirming that the Army system would be accepted there was no confusion. Two days after our arrival three members of our team deployed forward to support 2 Para Bn in the Assault on Darwin and Goose Green. The rest of us buckled down to gardening to see whose foxhole would be awarded the Ideal Home prize. Everyday we saw persistent air attacks on the ships in bomb alley and were relieved that they ignored us. Suddenly one evening we were bombed. The sight of a Surgical Team under the table with hands over the top holding abdominal swabs on the patient was testimony to the close call that we had at that time. Another picture was depicted of Sgt Davis trying to outrun an Argentine Mirage Jet -- we never knew that he was that fast. We stayed at Ajax until 10 June and during that time performed 79 operations and treated some 1900 casualties. The team then split, one team with Royal Navy support going to Teal Inlet, the other team with the holding section to Fitzroy to join up with the Main Dressing Station of 16 Field Ambulance.

(Article by Captain Terry McCabe of the Parachute Clearing Troop 16 Field Ambulance)

Editor's Note. Captain Terry McCabe RAMC was made a Member of the Most Excellent Order of the British Empire (MBE) for his services in the Falklands War.

ENVIRONMENTAL HEALTH ASPECTS OF OP CORPORATE

INTRODUCTION

These reports are a digest of the final reports produced by the Army Health (AH) personnel involved in Op Corporate. It sets out the role of those personnel immediately before, during and following the Falklands campaign, and relates to the period April to October 1982.

The personnel involved were drawn from a number of units within UK, and represented the Army Health Support for the diverse selection of combat, support and administrative formations of the Task Force and were:

Capt MILLER EHD RAMC Trg Gp
WO1 ANDERSON EHD RAMC Trg Gp
WO2 WHITE 16 Fd Amb RAMC
SSgt BROGAN HQ SCOTLAND (Army)
Sgt BAISS HQ SWDIST
Sgt BIGGS HQ EDIST
Sgt FLETCHER 16 Fd Amb RAMC
Sgt JOHNSON HQ NEDIST
Sgt KNUSZKA HQ LONDIST

MOBILISATION AND DEPLOYMENT

FIRST PHASE

Sgt Biggs RAMC, has the distinction of being the first EHA to embark with elements of the Task Force for the South Atlantic. He was attached to a section of 19 Fd Amb RAMC in support of 3 Bn Parachute Regiment, and sailed from Southampton aboard SS Canberra on 6 Apr 82 in the company of 2000 British troops.

The SS Canberra moved south to Freetown and having taken aboard additional supplies and equipment, made her way to Ascension Island.

During the period 20 Apr to 6 May 82 SS Canberra lay off Ascension, awaiting the main body of the sea borne Task Force. To maintain morale and fitness an extensive training programme was initiated, and included periods of onshore weapon practice, health education projects and physical training.

Having continued her journey south from

Ascension, SS Canberra disembarked 2000 troops at San Carlos in the Falkland Islands on 21 May 82. She then took on board survivors and casualties from HMS Ardent, who were subsequently repatriated to UK.

Following the surrender of the Argentine invasion force on 14 Jun 82, the SS Canberra with Sgt Biggs aboard made passage to Port Stanley. It was from here, under arrangements advocated and supervised by the International Red Cross, that the SS Canberra played an invaluable role in the repatriation of 4000 Argentine PWs via Montevideo in Uruguay.

On completion of this task and following extensive cleansing and disinfection of the ship, the SS Canberra returned to the Falkland Islands, where 2000 British Forces embarked.

The SS Canberra sailed for UK via Ascension, and eventually arrived in Southampton Water on 11 Jul 82, at the completion of an historic and fascinating venture.

SECOND PHASE

The second group of AH personnel to become involved in Op Corporate, during early Apr 82, included WO2 White and Sgts Baiss, Fletcher and Knuszka. This four man team formed the Hygiene Section attached to 16 Fd Amb RAMC, which was tasked with supporting 5 Inf Bde.

In company with 16 Fd Amb RAMC and the troops of 5 Inf Bde, the Hygiene Section took part in Ex WELSH FALCON in the Brecon and Senneybridge area of South Wales.

At the conclusion of Ex WELSH FALCON, on the 10 Apr 82, WO2 White boarded the RMS Queen Elizabeth 2, and with 16 Fd Amb RAMC and the embarked forces sailed for the South Atlantic.

The RMS Queen Elizabeth 2 called at Freetown and then continued her passage to Ascension Island.

On the 20 Apr 82 Sgts Baiss, Fletcher and Knuszka flew from Brize Norton via Dacca to Ascension Island. On arrival at Ascension they moved aboard the RMS Queen Elizabeth 2, and placed themselves under the direction of WO2 White.

The RMS Queen Elizabeth 2 then made passage from Ascension to South Georgia, where the Hygiene Section was trans-shipped to the MV Norland.

The Hygiene Section and the embarked troops sailed aboard the MV Norland to the Falkland Sound. They disembarked at Ajax Bay, and the Hygiene Section split into two sub sections, to enable maximum AH cover to be available over as wide an area as possible.

From 1 to 6 Jun 82, WO2 White and Sgt Fletcher remained in the Ajax Bay area. They also took on responsibility for the San Carlos and Port San Carlos settlements, and the area of the expanding bridgehead.

During this period 1500 Argentine prisoners were taken, and the Hygiene Section became involved in the sanitary regulation of the PW compound, as well as the AH needs of the British Forces.

About this time Sgt Knuszka moved to Goose Green in support of 1/7 GR. During the period he spent with them he gave advice on water purification, waste disposal, food and catering hygiene, and other matters relating to the maintenance of the health of our troops, the Argentine PWs and the civilian population.

Sgt Baiss meanwhile had moved back aboard the MV Norland. This vessel then took aboard 1500 Argentine PWs for transportation to Montevideo. A six day cruise saw the MV Norland discharge her first batch of PWs in Uruguay. On return to the Falklands she picked up 900 PWs at San Carlos and a further 1000 at Port Stanley. The MV Norland then made passage to Puerto Madryn in the Argentine to discharge her passengers.

On return to Port Stanley the MV Norland was fumigated, cleansed and was then used to carry the 2 and 3 Para Bns to Ascension Island, on the first leg of their homeward journey.

On the 24 Jun 82 Sgt Baiss spent one night aboard the MV St Edmund at Port Stanley, and then flew to Fitzroy Settlement to rejoin the Hygiene Section now co-located with 16 Fd Amb RAMC.

Meanwhile on the 7 Jun 82, WO2 White and Sgt Knuszka had sailed from San Carlos to Fitzroy aboard the RFA Sir Galahad. Sgt Knuszka sustained hand and facial burns as a result of the bombing of the Sir Galahad, and as a consequence was evacuated to UK.

The loss of the Sir Galahad left the Hygiene Section with little in the way of equipment and stores. However, WO2 White based himself at Fitzroy and continued to offer practical advice and guidance on a wide range of Army Health matters. Sgt Fletcher provided a similar service from his base location at San Carlos.

THIRD PHASE

At about this time the second Army Health Team comprising Capt Miller, WO1 Anderson and SSgt Brogan, were preparing to play their part in Op Corporate.

This Hygiene Section was to provide the AH

component of the 2 Fd Hosp RAMC element of a newly conceived Admin Control Cell and Medical Holding Unit (ACC and MHU).

In broad terms the ACC and MHU was to be responsible for the welfare, including the sanitary regulation of an expected 10,000 PWs, to be held in selected areas in the Falkland Islands.

The ACC and MHU flew from Brize Norton to Ascension Island via Dacca on 6 Jun 82 and having spent one night on Ascension, sailed south aboard HMS Dumbarton Castle, and arrived off Port Stanley on 17 Jun 82.

It soon became apparent that the intended role of the ACC and MHU had all but ceased to be. The rapid repatriation of the bulk of the Argentine PWs had negated that element of the AHTs tasks, related to the health needs of the PWs.

In many respects this represented a reprieve from what would have been a most difficult task in an extremely inhospitable environment, with insufficient essential resources.

As a consequence, the AHT was now in a position to direct its attention towards the environmental health problems which faced the civil community and military garrison in Port Stanley, plus other civilian settlements and military locations throughout the Falkland Islands.

Capt Miller moved ashore on the 18 Jun 82, and following a briefing in Government House, by the then ADMS Surgeon Captain Blackstone RN; he went on a tour of inspection of Port Stanley. His prime aim was to assess the extent of the difficulties likely to be encountered, and how best to direct the energies and expertise of the AHT towards the rehabilitation of Port Stanley and the surrounding area.

During this tour of inspection Capt Miller met WO2 White who had recently arrived in Port Stanley from Fitzroy. WO2 White briefed Capt Miller on the general environmental health position, as he saw it. On the basis of these discussions, priorities and divisions of responsibilities were identified, and a plan of campaign was agreed, to enable all AH personnel to operate in their respective roles to maximum effect.

On 21 Jun WO1 Anderson and SSgt Brogan moved ashore, and with Capt Miller set up an office in the King Edward Memorial Hospital, Port Stanley.

It was agreed that WO2 White would spend a few days with the AHT in Port Stanley. He then returned to Fitzroy where he and Sgt Fletcher and Sgt Baiss, on his return from Puerto Madryn, would be responsible for the unit locations at Fitzroy, Goose Green and Darwin.

CONSERVANCY AND WASTE DISPOSAL SERVICES

The conditions which prevailed in Port Stanley and the surrounding area were deplorable. Due to a breakdown in public utilities the civilian refuse collection service had failed to function effectively during the campaign. Refuse, rotting food, weapons, ammunition and the debris of war were scattered indiscriminately throughout the town.

Following discussions with 1WG, a refuse collection system was initiated, Using work parties drawn from the remaining PWs, supervised by 1WG, under the direction of the AHT, the clean up of Stanley began.

During the next 3 to 4 weeks a co-ordinated refuse collection programme, which now also involved the civilian refuse collection agency, restored a level of order and normality to Port Stanley.

In parallel with this refuse collection programme it became necessary to exert stringent control over the disposal of refuse once collected.

The municipal refuse tip was in a deplorable state. All classes of refuse had been tipped indiscriminately over the entire site. A number of fires had been started on the tip, and as most refuse contained a large proportion of live ammunition, grenades, etc, tip maintenance and supervision became an unusually hazardous experience.

As the tip face overlooked the sea, and the remaining tip perimeter was bounded by an Argentine mine field, it was not possible to expand the tipping area to cope with the increased refuse burden.

Liaison with the local RE Plant Sqn secured the services of earth moving equipment. The tip was levelled and graded and a civilian tip supervisor was appointed by the Public Works Department (PWD). He operated under the guidance of the AHT to ensure the regulation of tipping operations and tip discipline.

The volume of refuse being produced continued to make tip management difficult, but an acceptable level of order was maintained throughout the period.

With RE support tip maintenance continued on a routine basis, but it became necessary to open a second tip. This enabled much needed road repairs and surface drainage works to be undertaken, to further improve conditions on the principal tip.

It is expected that refuse collection and disposal will represent a continuing problem whilst the military garrison remains at its present level. However, close supervision and the strict enforcement of tip discipline will do much to reduce the health hazards associated with this type of refuse disposal regime.

WATER, PROVISION, SUPPLY AND DISTRIBUTION

When the AHT moved ashore, the civilian water purification and distribution systems were functioning erratically and at a level which could not be relied upon to produce a potable public water supply. The provision of a safe and reliable water supply therefore represented another area to which the AHT had to immediately direct its attention.

The RE had set up and were manning a number of water points in the Port Stanley area, in an attempt to satisfy the needs of the military garrison. Apart from the problems encountered as a result of field water purification equipment freezing, due to the extreme cold, this arrangement proved quite satisfactory.

However, a general lack of appreciation of fixed dose chlorination techniques by the REs manning such water points, gave some cause for concern. It became necessary for the AHT to monitor the water supplied at such locations more often than one would reasonably expect in such circumstances, to ensure the water produced was of the quality demanded.

The civilian water purification plant had been shelled during the battle for the liberation of Port Stanley. It was not functioning correctly, and was therefore incapable of producing water of either the quantity or quality demanded.

Extensive repair and replacement works were necessary. These were undertaken as a joint venture involving the staff of the PWD and the REs. The AHT provided specialist technical advice and guidance as necessary.

During this period water rationing and restrictions on use were imposed, as the volume of water produced from military and civilian sources, was insufficient to satisfy the combined needs of the civil and military populations.

As the quality of the water produced by the civilian purification plant could not be guaranteed, instructions were issued advising all householders in Port Stanley to boil or otherwise sterilise all water destined for human consumption. The implementation of this policy was reinforced by radio broadcasts on the local network, outlining the dangers to health associated with the consumption of contaminated water.

Throughout the period the AHT carried out an extensive bacteriological water sampling programme, involving both civilian households and accommodation requisitioned for military purposes.

The risk of contaminated water finding its way to the consumer, was further compounded, by the condition of the principal water main and associated distribution system.

The main had been damaged as a result of shelling, and a number of fractures had been repaired. However, the movement of heavy military plant and transport, on roads ill suited to this class of use, made further water main fractures a fairly regular occurrence.

It is perhaps worthy of note, that even before the present campaign, the water main was in such poor condition, that up to 50% of all water produced at the purification plant failed to reach the storage reservoirs; but was lost to sub-soil.

The storage reservoirs, three in number, were situated on high ground at the rear of the town. Each had a capacity of 750,000 gallons, which represented about 3 days supply in normal times. The increased demand on the water supply services greatly reduced this reserve. Consequently the REs erected a water point adjacent to the civil purification plant, to boost the volume of water produced to a level that would satisfy the combined needs of the civil and military communities.

At the completion of the major works concerned with the repair of the civilian purification plant and distribution system, the embargo on the consumption of domestic supplies without the application of some means of sterilisation was not lifted until the storage reservoirs, and the delivery main had been subjected to superchlorination. This ensured the destruction of any pathogens which may have gained access to the system via the defective main or treatment plant.

ACCOMMODATION, CLEANSING AND DISINFECTION

As the civilian families who had moved from Port Stanley to the settlements during the trouble began returning to their homes in the capital, further difficulties arose.

It became apparent that many of the dwellings that had been occupied by the Argentines, had been grossly fouled and despoiled by the unwelcome guests.

The Argentines had also occupied many public buildings, warehouses, schools etc, and had left many of these properties in a deplorable condition.

The AHT offered technical advice and practical assistance during the cleansing, disinfection and fumigation of such properties.

As well as the indiscriminate and thoughtless disposal of human excrement and general refuse in such locations, extensive supplies of food including meat in varying stages of decomposition were continually being uncovered.

The efficient disposal of all material of this nature became a priority task, involving the AHT, 1WG and PW working parties. This action enabled families to move back into their homes, made the local schools available to the local children and provided invaluable accommodation, for our forces in church halls, warehouses etc.

It should be realised that much of this cleansing and disinfection was taking place against a background of limited water availability. It soon became apparent that little can be achieved without a reliable water supply, and it became a recurring lesson; that without water a modern developed society can achieve little in the fight against filth, vermin and disease.

The PWD which controlled cleansing services, water supply, building maintenance, road works etc, proved a valuable ally in the resolution of many environmental health problems with those in authority in both the civilian and military hierarchy.

The local fire service provided invaluable assistance when it became necessary to hose out large warehouses, sheds and public halls, as part of the cleansing programme.

ELECTRICITY GENERATION AND SUPPLY

Another major problem was the unreliable nature of the electricity generation and distribution system. Our reliance upon this commodity for pumping and sterilising water, the provision of heating, light and cooking facilities, the refrigerated storage of food, field baking units etc; soon became apparent.

Power failures became fairly regular occurrences. The RE and REME provided additional generation capacity, which was linked to the civilian grid. It was thanks to sterling work by both the RE and REME, that the plant continued to operate.

RODENT CONTROL

Soon after the AHT arrived in Port Stanley it became clear that rodents were likely to present future problems. To prevent the development of major rodent infestations a series of well coordinated rodent control campaigns were instigated. Rodents did not represent a major hazard to health, but vigilance, coupled with a continuing baiting regime will do much to minimise the risk from such pests.

INSECT CONTROL

Insect pests were not a problem. Flies, Bluebottles etc may present difficulties during the warmer periods of the year. Such insects can be effectively controlled using existing facilities. No evidence of biting flies was noted, but again insects of this variety may prove troublesome as the warmer weather approaches. In general terms the prevailing climate does not favour insects, and such pests should not create too many difficulties in the future.

SERVICE AND CIVILIAN LIAISON

By mid July much had been achieved in respect of the control of refuse and waste disposal, the provision of a potable water supply, the cleansing, disinfection etc of all classes of accommodation, as well as an unending assortment of minor but nevertheless important tasks.

It was at this time that many valuable liaison links were forged with both service and civilian agencies, which proved invaluable as the months passed.

All three services were represented in the Falklands. The AHT received requests for assistance from both the RN and RAF, and was only too happy to offer advice and guidance whenever approached. A mutually beneficial liaison developed with the medical staff of the RN Helicopter Sqn at Navy Point, and the RAF Hygienists and eventually the RAF EHO, at Port Stanley Airfield.

The AHTs concern about the implication of animal health, as it was likely to impinge upon the military community, brought it into contact with the civilian veterinarian. From this association, the AHT was able to glean valuable information about local dairy cattle and milk production, the hazards associated with Hydatid Disease in sheep, and the local legislative controls applied to, and the disease risks linked to, the local dog population.

The discussions on the restrictions on dog ownership, movement and importation were to prove of great worth, when the decision was taken to use "sniffer dogs" on mine clearance tasks in the Falklands. As the RAVC Veterinary Officer had not yet arrived in station, the AHT was tasked by HQ Land Forces Falkland Islands (LFFI), to research this matter, as it related to quarantine and immunisation requirements, and restrictions concerning the importation, movement and management of such animals.

The AHT was charged with the responsibility for Port Health matters, including the inspection of ships, the harbour area and dock, and the issue of de-ratting certificates. The AHT developed a sound working relationship with the Harbour Master and Customs Executive.

The AHT also had discussions and gave advice and assistance to the Falkland Island Company, members of the Falkland Island Council, and

representatives of the Education and Public Health Committees, on a wide range of Public Health and Environmental matters.

CONTINUING INVOLVEMENT WITH PWs

All but 1000 PWs had been moved from the Falklands. Those remaining were held in two groups of about equal size. Those in Port Stanley were accommodated in Falkland Island Company warehouses and workshops, and were employed in mine clearance tasks, and the clearing up of the town.

The remaining PWs, all senior officers, were accommodated in a disused meat refrigeration plant at Ajax Bay. This site was visited by Capt Miller on 24 Jun 82. During the visit advice and guidance was given in respect of sanitary, ablution, food hygiene, accommodation, refuse disposal and water facilities.

As a result of this visit, SSgt Brogan was detached to Ajax Bay for 3 days, to supervise and provide practical assistance in the implementation of the plans discussed, to raise the overall standards for both PWs, and our troops at this location.

On 1 Jul 82 the officer PWs were moved aboard the MV St Edmund from the Ajax Bay location. The ship then sailed to Port Stanley to uplift all remaining Argentine PWs.

The MV St Edmund sailed to Puerto Madryn in the Argentine, where the PWs disembarked. The ship then returned to Port Stanley. Throughout the period Sgt Baiss had been aboard, and gave advice on overcrowding, food hygiene and related health disciplines; and the cleansing and disinfection of the ship, following the disembarkation of the PWs.

Sgt Baiss remained aboard the MV St Edmund which sailed for Ascension Island, where Sgt Baiss disembarked and flew to UK, arriving at Brize Norton on 31 Jul 82.

At this time WO2 White and Sgt Fletcher, who had been responsible to date for the Fitzroy, Goose Green and Darwin locations; moved aboard the SS Uganda with 16 Fd Amb RAMC, and returned to UK via Ascension; arriving at Southampton on 9 Aug 82.

EXTENSION OF AHT RESPONSIBILITY AND INFLUENCE

Following the withdrawal of the Hygiene Section with 16 Fd Amb RAMC, the AHT took on responsibility for all Army Health matters throughout the Islands.

At about this time, Port Stanley and surrounding locations began to exert a reduced demand on the services of the AHT, as most of the principal areas of concern had been or soon would be resolved.

This allowed the AHT the opportunity to cast its net much further afield, and inspect those isolated unit locations, which had not been previously visited.

Over a period of weeks, WO1 Anderson and SSgt Brogan, began to visit each of the Rapier Btys situated in the Tumbledown, Mount Longdon Sapper Hill and Wireless Ridge areas.

Capt Miller visited those Rapier Btys located in the San Carlos and Port San Carlos region.

Each location exhibited its own exclusive problems, but in general terms water supply, food hygiene, waste disposal, ablution and laundry facilities, coupled with the thoroughly inhospitable nature of the climate in such exposed locations, created difficulties for the troops at such sites.

With the departure of the Argentine PW, who had hitherto been primarily responsible for the burial of their own dead, the AHT involvement in this area increased.

Capt Miller accompanied burial parties on a number of occasions, to supervise the application of disinfectants and deodorants during such tasks, and ensure those involved were adequately protected and not needlessly exposed to infection.

The AHT also became involved in the supervision of the disposal of a wide variety of domestic and agricultural animal carcases. Burial in pits containing lime was the method most commonly adopted. Veterinary advice and assistance was sought when circumstances demanded.

ACCOMMODATION

The diverse nature and quality of living accommodation occupied by service personnel, presented the AHT with numerous problems.

With the exception of the rapidly expanding RAF camp, at the Port Stanley Airfield, tents were in very short supply. Troops were accommodated in domestic properties, warehouses, public buildings, school halls, churches, sheds, outhouses, garages and improvised shelters.

The general standard of accommodation was poor. The AHT had by necessity to accept the use of accommodation which in other circumstances would have been wholly unacceptable. However, in many locations the application of ingenuity, coupled with a diversity of practical building skills, saw many shanty-type dwellings converted into reasonably wind and weather-proof living units.

A novel aspect of this problem, was the introduction of vessels anchored within the inner harbour as accommodation ships. The class of ship

used for this task varied greatly, and included ferries, a container ship and the hastily refurbished RFA Sir Tristram, which had suffered bomb damage during the Bluff Cove/Fitzroy incident.

The sleeping accommodation aboard such craft was considered satisfactory, if somewhat crowded. The public rooms aboard the car ferries provided suitable facilities for rest and relaxation, but similar facilities were sadly lacking aboard Sir Tristram.

All accommodation ships posed innumerable problems for the AHT, and demanded constant supervision to ensure health standards remained at acceptable levels.

Sanitary and ablution facilities worked well, but were not scaled to cope with the numbers being accommodated. Sewage treatment facilities were operating under great strain.

The need for troops to launder clothing regularly, due to the extremely dirty working conditions encountered at many of the civil engineering project sites, also created difficulties. Some laundry facilities and washing machines were provided, but not on the scale required to cope with the task.

Catering hygiene, food storage and preparation difficulties represented another area of concern. In general the galleys were designed to produce snack type meals for short haul passengers, and could not cope effectively with the demands of producing up to 1000 main meals per sitting. A system of staggered meal times was instigated, and although this eased the problems at the servery end of the food production chain, it left little time to cope with a worsening food hygiene problem.

A programme of routine deep cleaning in such catering complexes was initiated. The success of this campaign relied upon the enthusiasm of the catering management staff, and the vigilance of the AHT. Regular visits to such establishments were necessary to ensure the maintenance of acceptable standards.

The storage and disposal of refuse in connection with accommodation ships represented another area of concern. Whilst plying the route from Harwich to the Hook of Holland, refuse etc. can be stored for discharge at the point of disembarkation. This option was not possible, nor was it possible to discharge refuse and swill directly into the sea, as the ships were permanently at anchor within the inner harbour.

A number of options in respect of refuse disposal were investigated. The method chosen reduced handling and transfer operations to a minimum, and worked well.

The refuse was loaded aboard a captured Argentine tug, which tied up alongside each of the principal accommodation ships, every other day. Once loaded the tug would carry the refuse well out to sea, and then discharge its cargo of waste in a manner and location that would minimise nuisance.

A major cause of concern in connection with the accommodation ships was their inability to manufacture sufficient water of acceptable quality to satisfy the needs of embarked personnel. Water rationing became a common feature of life aboard ship.

This further compounded the matters previously discussed in relation to the short-comings of the sanitary and ablution facilities and clothes washing arrangements.

It is as well to restate here that these vessels are sitting in a shallow almost totally enclosed anchorage, into which the sewage effluent from the ships themselves is discharged.

In addition, no sewage treatment or purification takes place in Port Stanley, and raw sewage is being continually discharged into the inner harbour

The self purifying capacity of a body of water of this type is not limitless. The effluent burden has substantially increased since the establishment of the military garrison in Port Stanley. There is therefore the ever-present risk of grossly contaminated water gaining access to the water storage tanks on ships, if the osmosis plant should fail.

At a very early stage routine bacteriological sampling from accommodation ships, formed an integral part of the water monitoring programme, designed to ensure the quality of the Port Stanley water supply remained at an acceptable standard.

Although the accommodation situation was acute, it is hoped that the construction of hutted camps at various locations throughout the Islands will do much to relieve that problem.

In addition, the floating hotel Safe Dominia has recently taken up station in Port Stanley. This will undoubtedly ease accommodation difficulties. However, close control of the water supply, plus sewage and refuse disposal arrangements, in connection with what will be a floating barrack block will be essential, if problems are to be avoided.

FOOD AND CATERING HYGIENE CONSIDERATIONS

If food hygiene presented difficulties aboard accommodation ships, the problem was no less acute on shore. Many field kitchens were in operation to meet the needs of the Port Stanley Garrison.

Most of these catering facilities were set up in sheds, outhouses, garages and similar totally unsuitable structures. Guidance was given as to how these facilities could be improved, and over a period of some weeks, food hygiene standards were raised, within the limitations imposed by prevailing circumstances, to an acceptable level.

Constant policing of all catering premises became another routine task for the AHT. Where food hygiene standards are most difficult to maintain, their importance is paramount, and to relax this level of vigilance for only a short period, would have been to court disaster.

In addition to a concern for food safety in kitchens, the AHT became involved in the cleansing, disinfection and discussions on the general suitability of a number of warehouses and workshops brought into use for the storage of bulk rations.

During the initial stages of Op Corporate the Composite Ration represented almost 100% of the food stored in bulk. However, with the passage of time increasing amounts of fresh rations became available. As a consequence, consideration had to be given to the storage of such commodities, which included fresh and frozen meat, fish, fruit and vegetables etc., in a manner that would minimise the risk of decomposition and contamination.

REVIEW AND REFINEMENT OF AHT ROLE

With the departure of 1WG, 1QO Hldrs inherited responsibility for routine garrison duties, including public cleansing and refuse disposal. These functions eventually passed to the pioneer element of the Falkland Island Log Bn, and will eventually pass back under the control of the PWD, waste management division.

During this period the ranks of the AHT increased due to the arrival of Sgt Johnson. His arrival eased the burden on the remainder of the AHT, and added fresh stimulus, and a new insight into some of the problems that the AHT had been dealing with during the previous two months.

The AHT was able to pause for breath, take a step back and re-appraise the situation, and redefine the areas where further corrective measures should be applied and reinforced.

A programme of routine standing details was drawn up, and the AHT set about consolidating the ground so far covered, and expanding its sphere of influence in other sectors of the environmental health field.

A paper outlining the projected role, deployment and establishment of the AHT was submitted to the Force Medical Officer. This paper formed the basis of the formal request for the AHT to be recognised as an essential element of BQ LFFI.

Following a protracted debate, and in the face of a considerable amount of opposition; the AHTs case was reluctantly accepted. The EHO was allocated a desk within the Headquarters, which enabled the AHT viewpoint to be advanced more effectively in areas where they had a legitimate interest.

The QO Hldrs were now in the process of deploying in platoon strength, to numerous locations throughout the Islands. Environmental health problems likely to be encountered were discussed with the unit RMO. During the next two weeks, WO1 Anderson, SSgt Brogan and Sgt Johnson visited these locations at Fox Bay, North Arm, Darwin, Goose Green, Roy Cove and Fitzroy.

In addition Rapier Bty site visits continued, as did advisory visits to Ajax Bay, Port Howard, Navy Point, Moody Brook, San Carlos, Port San Carlos, Pebble Island, Hill Cove, Green Patch, Charteris etc., all locations within the Port Stanley Garrison; and of course all accommodation ships.

OCCUPATIONAL HYGIENE AND HEALTH

As basic military hygiene standards assumed a degree of normality, the AHT also directed its attention to the wider aspects of Occupational Hygiene.

Working conditions in fuel dumps, field workshops, constructional and civil engineering sites etc, left much to be desired. Protective clothing ear defenders, protective goggles, specialist footwear, hard hats etc., were in very short supply, and when available were worn with grudging reluctance.

Representation by the AHT to supervising officers attracted varying degrees of support for basic safety considerations. Some improved working practices were adopted, but regular policing of this area will remain necessary if the military workforce in the Falklands is to be protected from itself.

SOUTH GEORGIA

In early Sept WO1 Anderson sailed aboard the RFA Sir Bedevere to visit South Georgia, and the small detachment of QO Hldrs situated there.

The troops were accommodated in Shackleton House, formerly the home of the British Antarctic Survey. The accommodation was a substantial three storey building, designed to satisfy the particular requirements of the hostile Antarctic climate.

In general terms messing and sanitary arrangements were satisfactory, and the water supply had given no cause for concern, at that time.

All sewage and liquid effluents discharged to a septic tank/cesspit, which was reportedly overflowing. This fact could not be verified as it lay beneath ten foot of snow. A further visit is planned for Nov. 82, when a detailed inspection of this installation would be possible.

A major infestation of large rats was also reported, in the abandoned whaling station at Grytvikan during this visit. Further investigations verified that a rat problem did exist. Several large rendering vats, in the now disused whaling station contained vast quantities of whale blubber and fat. This represented an ideal source of food for the resident rodent population. Plans were discussed to initiate a rodent control campaign in this location.

WO1 Anderson returned to Port Stanley aboard the RFA Sir Bedevere in mid Sep 82.

HEALTH EDUCATION

From the time that Sgt. Biggs set sail aboard the Canberra, until the AHT left Port Stanley to return to UK; innumerable health education presentations were delivered, in which all AH personnel took part.

The topics covered included water purification, field sanitation, personal and communal hygiene, the cause and spread of disease, and not unnaturally the preservation of health in cold climates.

In addition Capt. Miller took on the role of tutor to the O level Human Biology group in Port Stanley, Senior School.

GENERAL HEALTH APPRECIATION

CLIMATE

The Falkland Islands climate can at best be described as unpredictable: It must surely be one of the few areas in the world where one can experience all four seasons in one day.

The Islands are situated in the South Atlantic, at 52° latitude south, which relates closely to the position of UK in the northern hemisphere, but that is where the similarity ends.

They lie in the path of the West Wind Drift. They are therefore under the influence of the cold icy seas of the Antarctic, and incessant westerly air currents.

The mean annual Summer temperature is 9°C, with a range of O°C to 21°C throughout the period. In Winter the temperature falls to —5°C, with a maxima of 16° being attained on occasion.

The mean annual wind speed is 20 mph, but gusts in excess of 35 mph are common. The Winter brings with it winds in excess of 50 mph, with gusts of up to 90 mph in exposed locations.

MANPOWER WASTAGE

DISEASE

In all campaigns of this nature, sickness rates and manpower wastage due to disease, are a constant concern.

Fortunately no major epidemics occurred. Sick parades were no more popular in the Falklands, than they seem to be in Western Europe.

No exotic diseases were diagnosed. The general health of the local population remained good. In fact the scope and incidence of disease experienced in the Falklands, was not all that far removed from that encountered in UK during an average Winter.

The disease which became most newsworthy was a form of gastro intestinal upset, of 24 to 48 hrs duration. This condition became known locally as "Galtierie's Revenge".

This disorder was commonest amongst newly arrived troops, seemed to be non-bacterial in origin; responded well to routine treatments, and was probably nothing more sinister than the South Atlantic variety of "Travellers Diarrhoea".

It is not a condition new to the Falklands, periodic outbreaks of "Port Stanley Tummy", as the condition is known by the islanders, are fairly well documented.

The one endemic condition of particular significance was Hydatid Disease. This is associated with the Dwarf Tapeworm. Dogs are the definitive host, and herbivores including sheep fill the role of intermediate host.

The condition can inadvertently be transmitted to man. However, stringent control of dog ownership and movement, coupled with a dog de-worming programme and the destruction of all animal offal; has done much in recent years to dramatically reduce the incidence of this parasite.

CLIMATIC

The troops of the Task Force once landed on the Falklands, had to march over mountainous and wet boggy terrain in the face of driving rain

and extreme cold. It was to be expected that cold weather casualties would occur.

Although no hard statistical data is yet available, it seems that in broad terms, the Task Force did not suffer catastrophic losses in manpower, as a direct result of the adverse effects of the Falkland Island climate.

Nevertheless, many cases of Trench Foot were reported. These however presented with mild discoloration and swelling of the feet, and not with the more extreme forms of this condition.

The majority of those members of the Task Force affected with Trench Foot displayed some difficulty in walking. However, the general appearance of their feet gave little indication of cold injury. Those troops so affected returned to UK during Jul 82.

Little information was available about the incidence of Frost Bite amongst members of the Task Force, but a few cases did occur. In addition a number of troops also suffered from General Hypothermia.

The level of cold injuries reported, seems to indicate that the Task Force did not suffer too greatly from the adverse effects of cold. If however the Argentines had held up the advancing troops, and they had been required to spend more time in the open, without shelter, the outcome could have been quite different.

CONCLUSION

During late September and early October the AHT members were relieved and returned to UK for a well earned rest.

All those involved in Op Corporate admit to having been physically and mentally exhausted, but reunion with their respective families and a few weeks leave, soon put a spring back in their step.

The Falkland Island experience was invaluable, and will prove of great practical benefit to all AH personnel involved in Op Corporate in the first instance, and those who subsequently fill posts in that location in the future.

All EHAs involved in Op Corporate are to be congratulated on the manner in which they conducted themselves throughout the campaign. They all displayed a high level of professionalism, practical skill and determination to get the job done, tempered with a realistic appreciation of the many difficulties faced by the units with which they were involved. They all acquitted themselves well and were a credit to Army Health.

(Submitted by Captain L. J. MILLER,
Environmental Health Officer)

CASUALTY AND MEDICAL ASPECTS OF 2ND BATTALION SCOTS GUARDS OPERATIONS IN THE FALKLAND ISLANDS 1982

THE HUMAN PRICE

Eight men were killed and one Guardsman missing presumed dead. In addition one soldier under command for the operation was also killed. There were no deaths due to natural causes.

There were 43 gunshot and high explosive fragment wounds, 36 of which were serious wounds requiring casualty evacuation to the Force hospital ship, SS Uganda. Seven of the injured returned to the fighting strength after RAP or Field Ambulance treatment. Two of the wounds were due to mortar fragments on the night of 9 June, all the others occurred in the action 13/14 June at Goat Ridge and Mount Tumbledown, the majority sustained by Left Flank.

Examination of the injuries and deaths shows clearly that bullet wounds of the head, chest or abdomen were usually fatal. The vast majority of wounds involving the limbs were not fatal. The high number of limb fragment wounds demonstrated the intensity of the bombardment experienced by the unit.

During the period of Active Service conditions (2-14 June) on East Falkland Island there were a total of 18 medivac cases, some of which were able to return for duty in the Islands, some saw action. These medivac cases included two cases of Hypothermia and one of Trenchfoot. Many cases of minor moderate trenchfoot were revealed after action on 14 June. There were 10 cases of severe Hypothermia during the period of operations. Eight managed at the RAP and returned to unit.

During the period 12 May (embarkation on QE2) to 2 June (leaving Canberra) there were 16 cases of illness requiring medivac of which eight returned to duty in action.

The medical service in the battalion attempts to limit the human price of war and to ensure as many battle fit soldiers are available as possible. Prevention of disease and dealing with incidental illness are both involved but prevention of disease is the more important. Field hygiene, water purification discipline and the like activities will hold a force together so that military actions are possible. One of the factors in the defeat of the Argentinian force was, in my view, their failure to carry out some of the field hygiene advice available in publications

captured. There was a distinct absence of deep trench latrines near enemy prepared defensive positions.

Preparation

The Regimental Aid Post:
RMO Lt Colonel A J Warsap RAMC,
NCO CSgt Baird, Scots Guards,
One Sgt and four JNCOs and Gdsm.

Normal scales of equipment and vehicles were used on Ex Welsh Falcon prior to embarkation and were taken to the Falkland Islands. However, it was known that often only light scales of equipment could be deployed at times and such proved the case. The only vehicle used was the $\frac{3}{4}$ ton trailer acting as an air-portable container for essential RAP equipment and underslung on a medium helicopter.

The RAP staff between them always carried emergency battlefield first aid material in addition to their personal kit. This was because the trailer might be lost or not available. Only these items needed for war wounds were thus carried and included:

Morphine	Plastic airways
Shell and first field dressings	Tooth and non-tooth forceps
Crepe bandages	Spencer—Wells forceps
Gauze packs	Local anaesthetics
Hartmann's solution intravenous infusion sets	Syringes/needles
	Antiseptic solution
	Suture materials
Band Aid plasters	Tongue forceps
Elastoplast rolls	Heimlich valve trocar tube
Triangular bandages	

The Medically Trained Regimental Pipers

These Pipers had been trained to the medical standard of Regimental Medical Assistant Class II, similar to that of the RAP staff itself. Their revision training concentrated only on Battlefield First Aid — these men provided on the spot expertise for those injured in action. 18 such Pipers were dispersed through the battalion, typically each company had three with one of these at Company HQ and the other two with the forward platoons.

The character and skill of these men proved crucial to casualty survival in the Mount Tumbledown action when circumstances of terrain, gunfire and weather at night retarded evacuation for some of the wounded.

First Aid Training in the Battalion

This training was given to nearly all members. The knowledge given not only enabled effective Buddy-Buddy first aid for the injured but also prepared men to face injury in their comrades calmly. Injury became a problem to deal with, not a fearful sight.

Medical Selection and Preparation of the Force

Despite the short time available before embarkation this was the least of our problems. CSgt Baird keeps meticulous records of the unit immunisation state and there was little to do except to include personnel joining the unit at short notice. The lesson is that every unit in the British Army must consider itself a Spearhead Unit and be fully up to date with 'Jabs' and routine medical examination.

Fitness for Overseas Service

Everyone downgraded or with a known current medical problem was assessed, if necessary by examination by the RMO, as to his suitability for duty in the South Atlantic in the role proposed for him by the Battalion. Such a judgement in individual cases would seem to be more efficient than an automatic inclusion or exclusion by Pulheems Employment Standard.

Motivation and welfare problems were taken into account and if possible, soldiers up or downgraded to conform with current medical instructions.

Additional Medical Stores

In addition to G1098 equipment, MFO boxes were taken with the complete Battalion Medical Records. In retrospect this was a mistake. They were little used and were difficult to keep track of by nature of the many moves and transfers made by the unit. They should be sent for on going firm in a Garrison Role.

A further MFO box containing commonly used drugs and preparations not found in the Lacon RAP medical chests, however, was very useful. If a unit does not carry such a stock of medicines favoured by the MO, supplementing 11248 stock, efficiency suffers as delays in treatment occur leading to unnecessary medical evacuation.

No Paludrin was taken, we failed to anticipate that the voyage would not be direct. A call at Freetown, Sierra Leone for a voyage refuelling meant a full course of phrophylaxis had to be started from 2 days before and 28 days after the visit. In the event no case of malaria occurred in the unit. 16 Field Ambulance and the ship's frigate packs supplied us all with 2 paludrine tablets a day. Subsequent enquiry revealed that there was some back-sliding in taking the paludrine when active service conditions on East Falkland intruded into the luxury cruise atmos-

phere of the QE2 and Canberra. It is suggested that an aide-memoire dispenser pack for a standard paludrine course be designed, similar to those for certain female hormone tablets. This would protect the paludrine from the wet and be a substitute for the paludrine parades which are impracticable in a forward battle area.

Clothing

In view of the short time before embarkation the standard of clothing issued to combat the Falkland's climate was very high indeed.

Lessons learnt: Extra foul weather clothing is heavy and when everything has to be manpacked, which was the unique situation of the Falklands operation, new problems arise. Men start out in adverse weather, ready in protective clothing, carrying heavy loads. They sweat inside the protective clothing thus wetting it and destroying its insulating properties, there being no opportunity to dry it in the field. Constant revision of what needed to be carried or worn was necessary, but although much good advice was forthcoming from Regimental Officers on what a pack or belt should contain for a particular phase of the operation, some soldiers, unless very closely supervised, could not cope with the many changes required of them. Exposure and heat exhaustion both occurred despite informative films and instructions.

Northern Ireland gloves do not perform well in the wet. There was a need for more 'headovers' to be issued. Arctic socks were a big success and should be considered in different weights for general use. There was a shortage of windproof combat clothing. Webbing soaked up and retained water far too easily. Those soldiers in possession of their own Gortex sleeping bag and clothing were very well equipped. With some items, lack of correct sizes made their issue valueless. Every effort must be made by Regimental and QM staff to ensure only clothing which fits is issued.

It was found that in the cold, windy wet climate of the Falklands that overboots worn with boots DMS much reduced the chance of trenchfoot occurring. Consideration should also be given to an approved pattern of combat wellington rubber boot with appropriate socks for general wet weather field work.

The need was uncovered for more films which deal with the best way to get results from modern military clothing and materials.

Drying Out

It was found that however effective weather proof clothing was, eventually in damp and windy conditions without shelter, that water will penetrate to change clothing, sleeping bags, etc. This means that periodic facilities for drying out should be planned for by the staff. Even special forces require such a facility. The few hours spent on HMS Intrepid on moving out from San Carlos were considered very valuable.

Cold Climate Training and Trenchfoot

Without actually experiencing the weather to come, it proved, in retrospect difficult to motivate training in this area. Considering we were a unit not used to exercising in Norway, quick adaptations took place. Cases of exposure occurred in the journey to, and in the early days at, Bluff Cove, and a few on the night of the attack itself in the severe wind chill experienced on both occasions. WO2 D White, 16 Field Ambulance on the QE2 took most men in sessions of instructions in field and personal hygiene and surviving the cold — especially remembered as effective was the Naval film 'Cold can Kill' seen on Canberra. Cold weather survival advice given to leaders on prevention of trenchfoot, however, did not always get to the men most needing it. Trenchfoot although predicted, still came as a shock. Happily, bad cases were few, only two or three needing evacuation for this reason in the operational period.

Treatment of Trenchfoot and Exposure
Trenchfoot

It is well known that treatment is generally inffective in the short term. Mainstays of treatment were strict bed rest in the oedematous phase. The most useful analgesics being DF 118 or Naprosyn with Tengesic injections for severe cases of night time pain. Opiates are to be avoided.

Exposure

Treatment has to be slick with no reluctance to place the man in his PVC survival bag even when brought in from the cold. Treatment of exposure casualties at Bluff Cove Settlement consisted of:

(a) In peat-heated settlement room or shed, strip off wet clothing.
(b) Towel down.
(c) Apply warm blankets or coverlet with hot water bottle between the layers.
(d) Put on dry underwear and other clothing, either victim's own or borrowed which is removed from his equipment on arrival.
(e) Place in PVC survival bag or sleeping bag or both.
(f) Hot drinks begun in 20-30 minutes.

Important Note

Treatment for exposure and, indeed, operations in the cold and wet as found in the Falkland Islands would be impossible but for the carrying of dry changes of clothes wrapped individually in polythene bags contained in a fully waterproof backpack in the form of a Bergen which fortunately was carried by the majority of the Task Force personnel.

Urinary Tract Infections

An increased tendency to male urinary tract infections was experienced in Op Corporate during the active phase, probably attributable to the lowering effect of the cold and possibly lack of fluid intake where safe drinking was difficult. The presentation of this illness in the early stages was a flu-like malaise, fever and traces of blood in the urine.

Water Discipline

This was a success. Everyone had, and was shown how to use, the damp Millbank bag and puritabs. Two water bottles were issued to cover possible gaps in resupply in conditions of shortage and reduced helicopter capacity. Operations were over ground inhabited by enemy soldiers for the previous months. It is suggested that a Millbank bag waterproof cover be attached to the water bottle cover to improve care of the bags and encourage their use.

Gastrointestinal Illness

Cases of Dysenteric-like illness lasting 24-28 hours of some severity were fairly common. These cases occurred in troops coming to new locations at which there had been human habitation. The illnesses were characterised by vomiting, diarrhoea and severe abdominal colic, along with frequent watery or loose stools stained with blood in many cases. It appeared that the illness did not come from impure water or food but from touching objects touched recently by other humans, eg, farm buildings and houses recently visited by the enemy and also by touching enemy equipment. Following touching contaminated objects, hands go to mouth, especially where there is a shortage of washing facilities.

First Aid Training

Virtually every man was taught effective first aid for Battle wounds, the teaching of all other non-essential first aid being ignored. It had been realised that a set of conditions might exist where the difficult terrain and inability of helicopters to fly might mean some delay in evacuation and hence the need for as much sustaining first aid as possible. The aim was to make everyone competent to deal with gunshot wounds of the head, abdomen, limbs, chest and to administer morphine.

Also taught were care of the unconscious and carrying a casualty to safety. Motivation to learn was very positive in men facing battle. Very little theoretical explanation was given in the instruction but plenty of 'hands on' practice handling battle wounds and casualties.

During Ex Welsh Falcon and during the QE2 journey there were daily, sometimes thrice daily, coaching sessions by the RAP staff. Some soldiers attending two or three sessions.

A typical session lasted $1\frac{1}{2}$ to $1\frac{3}{4}$ hours, 30 men would be divided into four groups, rotation between instructors every 20-25 minutes covering the scheme below plus a practical examination and a discussion.

The Scheme

1. 25 mins — Chest wounds, abdominal wounds. The airway. Sealing entry and exit GSW with inside of field dressing cover and field dressing itself.
2. 25 mins — GSW of the head. Care of the the unconscious. Giving of morphine for limbs and abdominal wounds. No morphine for head and chest wounds.
3. 25 mins — Limb wounds. Arrest of haemorrhage by pressure of dressings. Simple splintage of all limbs GSW. Stretchering.

First Aid Equipment

(a) A first aid kit basic — for every man.

(b) Two first field dressings or more for every man.

(c) Every third man a 3 ins crepe bandage — excellent for arresting haemorrhage.

(d) Every NCO and officer was given two Omnopon syrets 30 mg or two Pantopon Tubonic Ampoule syringes 1ml.

(e) Every fourth man carried a $\frac{1}{2}$ litre collapsible Hartmann's IV infusion set. After the helicopter assault move these were centralised at RAP or CAP level in some instances. In a situation where all men went into action overloaded with mortar bombs, 0.5 Browning ammunition and the like this was not a good idea considering the return for effort involved. In future operations centralising such infusions at Company or Battalion level would be just as effective where no vehicles are available.

(f) Five air portable stretchers per Company were taken into the final asault.
Note: These air portable stretchers proved hopelessly heavy and cumbersome and urgent consideration should be given to replacing them with SAS type light stretchers.

(g) All platoon first aiders and first aider pipers carried extra amounts of first aid material.

(h) Small personal survival kits were carried by every man.

(i) Six sleeping bags per company were taken into assault on Mount Tumbledown to aid casualty evacuation and care.

THE MOVE SOUTH AND A SERIES OF MEDICAL PARADOXES

The most likely time for a man to be casevaced due to physical illness, not caused by the weather, was during the journey south on the QE2 and Canberra. During this time fitness levels were rising and the standard of living luxurious. For example two cases of spontaneous pneumothorax occurred within a week of each other.

The next mystery is that of battle shock, or rather the lack of it. This state of military ineffectiveness due to the exhaustion, fear and noises of warfare is usually at its peak in the first 48 hours of action. It is common in modern warfare as the Israelis tell us. Military thinkers have predicted that its presence or absence may well be decisive in any future war in Europe. The paper in the Royal Army Medical Journal by Colonel Peter Abraham on this subject was read before the crisis developed. It was noted by the Commanding Officer and myself that the preventative action to be taken in order to avoid casualties in the field was to organise hard training in a close knit unit. We were encouraged by the highly disciplined but family and ethnic Regimental atmosphere of the Scots Guards being a sound basis for success.

There were no cases of battle shock of any sort seen despite an action in which the noise of the bombardment was described in the official 5 Brigade report as being "at times indescribable in its intensity." This was out and out warfare in an intermittent blizzard at night. Every sort of ordnance was used from Naval gunfire and Smart bombs to 155mm guns and heavy mortars. All the enemy had automatic weapons.

The scene of Tumbledown Mountain viewed from the East end of Goat Ridge at the height of the battle is well remembered. The sphinx-like mountain, at whose feet sat a dark valley of fear was shrouded in snow flurries, highlighted from a myriad different angles by the revealing light of RA para illum shells, gunfire explosions and arcs of every sort of tracer.

The cold seemed to intensify as the night progressed. One felt the slate black crags and pools of chemical light harboured kings of military death holding court for a night only to be banished for ever when dawn came and the Scots Guards moved forward. Tac HQ Staff were huddled against Goat Ridge seeking some shelter more from the ice particles in the wind and occasional moonlight than the crump of mortar and artillery rounds.

When I reviewed the figures another mystery was to find not one case of psychiatric or emotional instability during the whole of the period to date, 10 July 1982. This is despite a personal consultation tendency to note the presence of welfare or psychological factors in explaining the presence of a patient in front of me. Helpful factors I decided might include a unit of common ethnic background, volunteers, discipline and self-discipline. All ranks in close contact in which there is both a family atmosphere and a respect for individuals.

Throughout this campaign we were lucky to have at the RAP and looking after the welfare and spiritual needs of the men, Padre Angus Smith. Successful units pray together joyfully and unselfconsciously.

Two other phenomena noted were that following the successful action, all forms of illness (apart from trenchfoot contracted before the victory) dropped dramatically in frequency as did numbers of accidents and injuries. For example there were few, if any, knee and back injuries so common in military medicine. The feeling of wellbeing and relief following the surrender I can compare with the "glow" which is experienced following a parachute descent only more long lasting. Even the cold felt unimportant. I believe the adrenergic experience indeed cast out many a dull care. In the same way it was reported to us of the rise in national morale at home.

The Battle Casualties

These occurred on three days only:

(a) **Night of 9 June** — The Harriet House Patrol Base Incident. Due to mortaring in the area there were two GSWs and one injury. One wound was serious, the other returned to duty in a few days.

(b) **13 June** — During the time that the battalion was digging in the assembly area, one

man was hit by a mortar fragment. He was dealt with and evacuated back by the RAP which had been set up on the South side of Goat Ridge, Grid 299718. Co-located minus equipment being D Section of 16 Field Ambulance acting as backup RAP under command of Major K Miller, RAMC. At that time, from the RAP, could be seen the unreal sight of the battalion constructing peat sangars as shell and mortar fire began in sunshine and clear visibility.

(c) **14 June.** The RAP was called forward to Bn Tac HQ at the East End of Goat Ridge facing Tumbledown Mountain as Left Flank began to take casualties. We were lightly equipped and tasked to begin early treatment because delay and difficulties were being met in getting casualties out of the company positions. One casualty eventually arrived and was treated. In the severe weather conditions stretcher parties broke up. Three walking wounded passed Tac HQ on their way back to the RAP without being seen even though picquets from the Drums were on the lookout.

Left Flank were truly locked in battle. It was not considered practical to send RAP staff further forward and after some three hours in which stretcher parties attempting to leave Left Flank were cut down by fire, they returned to the RAP. The RAP treated casualties picked up in the meantime by Major Miller, pending our return, from the walking wounded earlier mentioned. Thus for hours, enemy fire, the dark, the terrain and not least, the weather, prevented most attempts to get casualties back from Tumbledown Mountain. Eventually, before first light, some casualties, both from our own and neighbouring units, did get back to the RAP and helicopter evacuation. However, the stretcher haul under those conditions was too long and heavy, being nearly 3 kms. The RAP had been positioned prior to the assault as far forward as possible consistent with safe helicopter evacuation, but, despite the help of the Drums and pre-planned assistance of 'A' Echelon personnel as stretcher bearers, delay occurred. Happily, as we later found, all casualties reached and alive were saved. At first light a medium helicopter arrived to pick up the wounded at the RAP. On two occasions and even following the acquisition of special clearance by the Adjutant, Captain Mark Bullough, from Brigade the helicopter declared itself unable to fly towards Tumbledown Mountain beyond the forward edge of Goat Ridge, even when urged on by the RMO and CSgt in the aircraft. One happy outcome of this hovering was alighting on 5 seriously injured soldiers of the 1/7 Gurkha Rifles who we were able to get to resuscitation and surgery with 16 Field Ambulance, then at Fitzroy. One man declared dead by his guardians on the hill being very much alive on arrival at Fitzroy. The sight of these seriously injured well-loved comrades was indescribably touching. The impasse concerning our own casualties was finally resolved when, at the RAP, arrived Captain Sam Brennan, AAC in his Scout helicopter. As an ex Scots Guardsman he gladly flew in to pick up the more seriously injured. A number of lessons were apparent here.

In conditions present on such a night, at times, even fairly safe casualty evacuation may become impossible. Fortunately first aid saved and sustained life at this time.

Secondly, at times a light helicopter piloted by someone working with a unit and identifying with it, may well get to casualties when other more impersonal arrangements will fail.

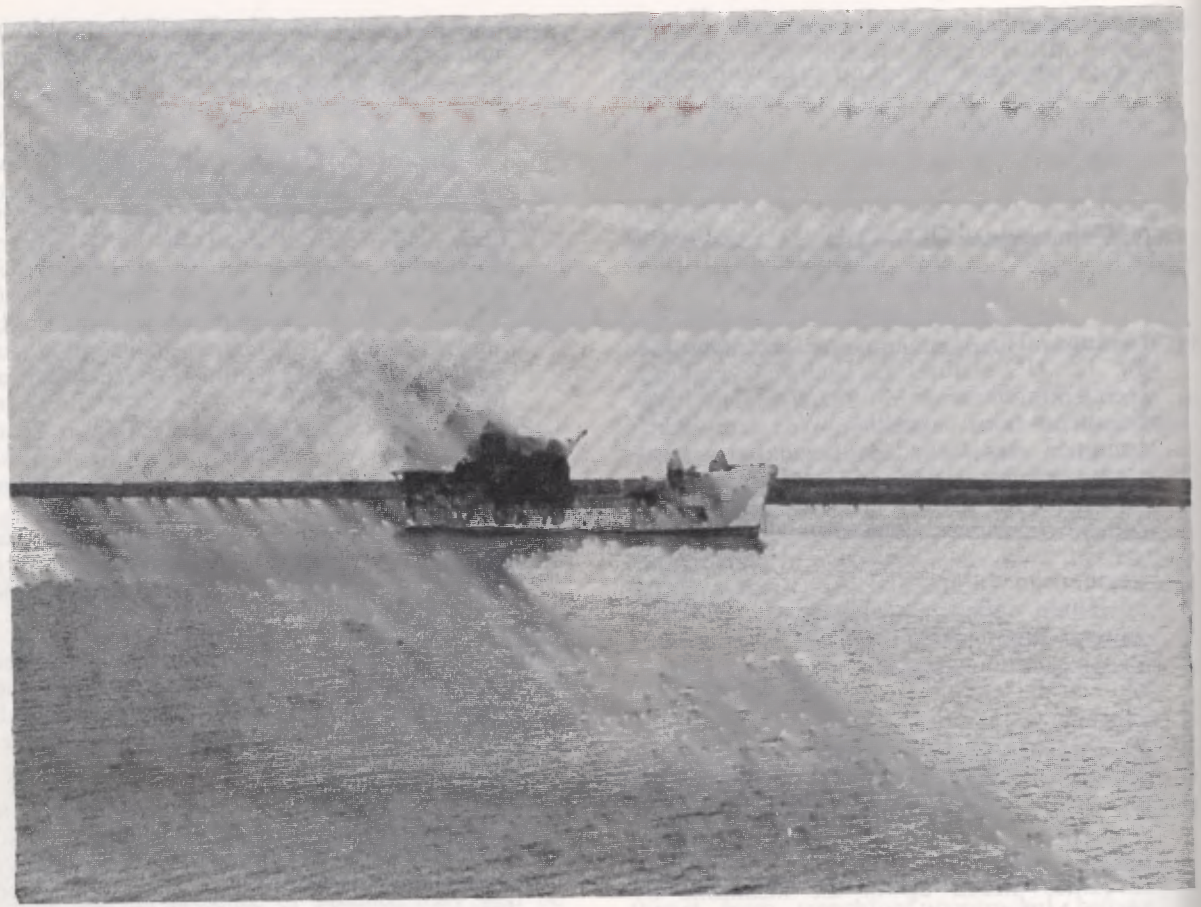
Thirdly, the stretcher bearer arrangements were not able to cope fully with the load on them, casualties and their kit are a heavy drain on manpower which must be allowed for.

Lastly, communications were excellent during the battle. All information and helicopter requests being handled by the Pmr. Captain Dennis O'Keefe, RAPC on the unit log net. However, just occasionally there were gaps in information and direction concerning medical events in the battle. One feels again medical resources must be more practised in exercises in a real way — a recurring plea so that as much use is made of such resources as say, artillery or some other vital service supporting infantry.

Conclusion

First class, Battlefield First Aid will save almost all life to be saved, especially if in difficult terrain it is backed up by tracked evacuation vehicles or a Regimental light helicopter. Good military hygiene practise is a force to be reckoned with.

(Submitted by Lieut-Colonel A J Warsap, RAMC Regimental Medical Officer).



THE EVE OF THE SINKING OF THE 'SIR GALAHAD'

Sir Galahad, Sir Galahad
My heart for you doth weep
You're going to die tomorrow
So that fifty souls can sleep

For on a cold June morning
Rained madness from the sky
Our soldiers, screamed and perished
You heard and knew not why

You burnt and writhed and twisted
And you knew all their pain
But you kept it all within you
Your memories and our slain

Your burning funeral pyre
Was there for all to see
A reminder of man's inhumanity
And of how stupid we can be

But when you die Sir Galahad
The picture God will see
Mankind washing its conscience
In this cold and bitter sea

So Sir Galahad we will sink you
We will send you to the deep
Lay quiet in your watery grave
And guard our soldiers sleep

For your name will stand in history
As guardian of our slain
You will die with honour
While men will bear the shame

(This poem was written by Mr Jack Crummie, bosun on the Tugboat "Typhoon" and handed to WO2 Viner.)

MY EXPERIENCES IN THE FALKLAND ISLANDS WAR (OPERATION CORPORATE)

by Captain J. Burgess RAMC,

Regimental Medical Officer, 3 Parachute Battalion

It all began for us on the Second of April, 1982, when we heard that the Argentinians had invaded the Falkland Islands. Most had never heard of these remote parts and had not been following the events of the previous week when the Argentinians had moved into the Island of South Georgia

At the time of the Invasion 3 Para were on Spearhead, as well as being part of the Parachute Contingency Force. All the medical boxes had already been packed and were fully scaled for a quick move. At 1645 that Friday I asked the Intelligence Officer whether we would be required that weekend, and he said that there were no plans for the battalion to be deployed. I left for London. Minutes later a call came through from UKLF putting the unit on a greater stage of alert. A message was phoned to me in London and I hastily returned to Tidworth.

Nothing happened until the following morning when the CO spoke to his officers, though he knew few facts. Every organisation in the battalion hastily obtained further war stocks, and on the medical front this meant taking a trip to Ludgershall to collect a large number of individual first aid packs and extra dressings and drips.

These preparations went so smoothly that by the following day they were nearly completed Meanwhile, a small group of the unit had flown to Gibraltar on the Friday night to requisition the SS Canberra and arrange the accommodation. There followed a few days of waiting; would we go or was it a preparation for nothing? Eventually the date for leaving Tidworth was agreed and on Wednesday, 7th we boarded the coaches for Southampton.

This was a moving experience, large crowds turning up to wave goodbye as the police-led convoy drove to the docks.

Once on board the Canberra it all shook into place, with the Regimental Aid Posts of 3 Para, 40 and 42 Commando occupying the crews' hospital in the stern of the ship. This arrangement worked extremely well with sufficient space for each unit. The medics shared cabins while the doctors were in the old First Class areas of the ship. Drugs and other medical stores required for the journey were removed from the hold and brought to the crew hospital. On Good Friday we sailed away from Southampton to great cheers from a massive crowd that lined the shores on either side of the water. Car hooters blew, lights flashed and the cheers could be plainly heard coming over the calm water. If this was going to war it was a great way of setting about it.

Life soon became more of a routine with morning sick parade, and then the rest of the day split into physical training and lectures on various topics from interrogation to first aid. Everyone received extra medical lectures and soldiers have never been so keen to learn all about these important matters. An extra team of stretcher bearers was found on the voyage and these consisted of the cooks, mess staff and soldiers from the Pay Corps. They were to do sterling work on the slopes of Mount Longdon. A few medical problems were encountered on the way: one soldier developed appendicitis and was operated on by a Royal Navy Surgeon in the passenger hospital on SS Canberra; he recovered in time to be fit enough to go ashore with the rest of the force. The ship put into Freetown for the day to refuel, and this necessitated the taking of anti-malarial prophylaxis until the Falklands were reached, though there were no cases of malaria encountered. The Canberra reached Ascension Island after about ten days at sea, and there we stayed for about two weeks until the other ships of the task force caught up with the forward elements. The island provided a much needed break ashore, but took its toll. Many went down with foot problems; the combination of wearing light training shoes on the ship, and the extreme dry heat of the tropical island ripped the feet to shreds, and some of these problems were only just cured by the time we reached our destination.

It would be wrong to think that life at this time was serious quite the reverse. Most felt that while we were at Ascension Island, the talking was taking place and we were only out on a very pleasant cruise. There was much to do, whether it was lying in the sun, watching films or improving the profits in the bars. At one stage there was a threat of a submarine attack and the ship sailed the ocean around the island. No one objected as it improved the airflow in the ship. The 'Canberra Medical Society' was formed from the doctors of the services and the P and O staff, and this organisation arranged talks of various degrees of seriousness.

Shortly, however, this fun was to stop. Notice was given that the Canberra was due to set sail, and in a southerly direction. This was the signal for life to become more serious. The lights were dimmed properly and all became aware that war was imminent. By day one could see 19 ships

around the Canberra, but it was also appreciated that there were plenty more beneath the horizon and the surface. Most noticeable was the Elk, the ferry that contained all of our larger cargo items and which had been with us since the start of the voyage. The Norland was also there carrying our sister battalion 2 Para. HMS Fearless, HMS Intrepid and countless others protected us. A blood donor session was arranged, taking 360 units from the battalion, and about 1000 in all. The date of the session was so keyed as to allow full recovery of the soldiers, yet the blood be suitable for the expected date of the battle.

On leaving Ascension Island plans for the military operation came into the open. The Commanding Officer, Lt. Col. Pike briefed us on the detailed plan to land at Port San Carlos. The medical staffing was altered as well as getting the team of stretcher bearers. We gained CSgt Faulkner who had been in the RAP in Northern Ireland, and who currently was out of a job, being on the air staff arranging parachute manifests. This enabled us to double up the numbers in the rifle companies from one medical assistant to two per company. The RAP was then going to consist of Captain Burgess, Padre Heaver, CSgt Faulkner, Sgt Bradley and Pete Kennedy.

At the earliest 'O' Groups we were told that we would be going ashore in Landing Craft (LCU) from the sides of the Canberra in the dark, and this procedure had been practised while at Ascension, but two days from the planned landing it was changed, the thought being that there were too many troops on the one ship. Consequently 3 Para were transferred to HMS Intrepid by means of LCU. Here we got our first impression of the conditions that the sailors had to endure with a ship sailing with a far greater complement than it had been built for. Even so the reception we received was superb in view of the difficulties of having to house an extra Battalion Group. It was while we were on this ship that a tragedy happened. One of the Sea King helicopters flying with members of the SAS on board came down at night after hitting an albatross. The loss of these 21 experienced soldiers was a hard blow especially as they were personally known to many on board. It was a greater shock than the loss of HMS Sheffield. Meanwhile the operation of the SAS to capture Fanning Head still went ahead as planned. The night of D-1 was a long night to remember. Since arriving on HMS Intreprid we had been ready to go into action, and now was the period of attempting to get some sleep while waiting for the time to go ashore and face the unknown. We were sitting in the Wardroom, reading, waiting, knowing that it was foggy outside, but that the fog could lift at any moment and give our position away; continually waiting for the bombs or torpedo to come at any second as we slipped into the sound.

Eventually it was time to move and pick up one's heavy Bergan and proceed down to the Tank Deck and be loaded aboard one of the LCUs. There was a slight hold up with 2 Para, and their unloading of the Norland with her narrow gangways, and this resulted in 3 Para being further delayed. The company medics went with their respective companies, and the RAP followed up a few minutes later. By the time our boat floated out of the stern of HMS Intrepid it was broad daylight. Apart from the noise of the engine all was silent. It was a distinctly eerie feeling as we sailed past other ships in the sound and made our way up to the beach head about 3 km from the settlement of Port San Carlos. Birds hovered overhead, but there were no aircraft.

Our landing craft reached the shore with no difficulty and the RAP regrouped on the land just as the guns of a frigate opened up on the enemy position on Fanning Head where there was still resistance. A Pucara suddenly came from the East and attempted to gun our positions but without damage. The Royal Artillery and their Blowpipe returned the fire, but the effect at that stage was more devastating on 3 Para than on the enemy. Luckily no one was injured in the fighting. Our objective was to move into the settlement and this was quickly achieved, the 40 enemy present in the village rapidly fleeing. However, they brought down two Gazelle helicopters who were escorting a Sea King with an underslung load; there was no explanation as to why the helicopters were so far forward over enemy held territory. After one pilot was brought down the enemy opened fire on him in the water with a machine gun as he tried to swim ashore. He was dragged out by the locals and taken to the bunk house — the site designated to be the RAP but he died before medical help could arrive. Meanwhile the mortars kept firing on to the fleeing Argentinians. Later that day the battalion established itself on the higher ground around the settlement, and the RAP took up residence in the bunk houses with four members of the press.

This building proved ideal in many respects, in that it provided shelter and good clean facilities, but its main disadvantage was that it was on the sea front and clearly visible to any attacking Mirage and Etendard bombers, Air raids continued that day, and for the next week, although no damage was done.

On Sunday 23 May 3 Para sustained the first of its casualties when there was an incident involving 'A' and 'C' Companies and a map reading error. The end result was that 8 soldiers were wounded, two receiving 7.62 rounds to the head, one serious abdominal wound and the other limb injuries, some serious. After it became clear that the enemy were not in the area a Sea King helicopter arrived in Port San Carlos and flew the CO and half the RAP and stretcher team to the scene. The aircraft was full, and the pilot presumably tired. To avoid Argentinian detection he flew extremely low and as he approached the casualties behind a slight rise the tail of the plane hit the ground. This immediately caused the aircraft to lose control; it took off again and began to spin before crashing to earth once again. Luckily no one was injured in the crash and the helicopter did not catch fire. The wounded were then given further treatment and evacuated on other helicopters. They all survived although the two with head injuries are left with severe disability. The RMO and stretcher bearers were then flown back to the bunk house in Port San Carlos where we were then bombed, this time the bombs only just missing the house. It was a day to remember!

The rest of the time in Port San Carlos went off really without incident, apart from the bombing raids. The next move for the battalion was to be a foot march across the island to the East. The Company medics went with their companies and the medical sergeant accompanied battalion headquarters; apart from many foot problems encountered with the cold wet conditions there were few medical emergencies, the only incident of note was an accidental discharge when the culprit managed to shoot through his left shoulder with an SLR. As soon as the battalion went firm in the settlement of Teale Inlet the RMO flew in to treat some of the foot problems. He arrived as the last of the enemy were fleeing to the East. Here the RAP was set up in the bunk house and it was shared with a section of the Special Boat Service who were mounting operations throughout the time of our stay. The only problems were the intense cold as it had started to snow hard that night, a number of minor leg wounds caused by a sub machine gun and the local population who had not seen a doctor for some weeks.

It initially seemed that we would be staying in the location for a number of days to sort out the foot damage, but that evening word came through from Brigade Headquarters that we were to proceed onwards with all speed to Estancia House. The soldiers marched onwards, often in agony. At Estancia House there was a far smaller settlement consisting of one house and a large barn. Part of the house became the RAP, and the barn an admin shelter. It was here that we received news of the losses at Bluff Cove which would mean inevitable delays. We were bombed at night, but it was ineffective except in scaring the civilian population, especially the children.

Estancia House brought changes to the medical organisation of the battalion, and Captain Michael Von Bertels arrived with two extra medics from 16 Field Ambulance. These were to prove invaluable on Mount Longdon. Little happened in the wait before the battle. There were visits by General Moore, Brigadier Thompson, and the CO of the SAS; but this period was mainly used as a time to prepare the battalion for the rigours ahead. There was a great delay, initially to await the arrival of the two Royal Marine units; and then to let 5 Infantry Brigade catch up on their route from the South. The time was also used for aggressive patrolling behind the enemy lines on the hill, and attempting to find a way up the cliffs that buttressed the mountain.

Eventually a medical plan was evolved which essentially made two RAPS. Captain Burgess with his own staff would march on the hill under the direction of Major Dennison the OC SP Coy. As much medical equipment was to be taken as possible, and personal items were excluded. The stretcher bearers would also come with the first wave on foot, carrying some medical stores and stretchers of the folding airborne type, and also a large quantity of belt ammunition for the machine guns. No Red Cross markers were used by anyone in 3 Para. The rearward RAP would follow up behind in Volvo BV tracked vehicles with further stores and would have the capability to move through the first RAP and set up independently if the advance proceeded down Wireless Ridge.

After extensive medical briefings the various sections were moved up from Estancia House to an area occupied by 'A' Coy. This move was by BV, and during the deployment news came through of one minor injury as a result of a shrapnel wound. The form up area was about 8 km from the objective, and at this point most of the battalion gathered, and here were also included a large number of civilians who had agreed to help the operation by providing their own tractors to transport items such as mortar ammunition. It was a glorious evening as the sun slowly set, and all enjoyed a last hot meal in the comfort of a dug in position. Major Dennison, the OC Support Company gave a short talk to those under his

command, and as he did so shells started falling close, but soon all fell silent once again. The still air was disturbed by the arrival of a helicopter with a secret signal stating that on the latest intelligence the objective has now been occupied by a battalion of the very best Argentinian Marines, instead of the company strength that we had all been expecting. The outcome of this was a resolute 'No Change.'

At 2030 Zulu timing the RAP formed up and took its place in the march towards Mount Longdon.

Shortly after leaving 'A' Coy position the RAP was in dead ground from Two Sisters which provided some protection from enemy OP and detection. The march moved on steadily until the Murrell River was reached which was crossed with little difficulty and then continued eastwards. The stretcher bearers with their difficult loads suffered more than most on the march, but at about 0100 on the 12 June the RAP reached the first of the objectives about $1\frac{1}{2}$ km from the western edge of the mountain.

It had been a dark night up until then, but the moon slowly rose above the eastern edge of the mountain silhouetting the objective. Suddenly the peace was shattered as 'B' Coy approached the mountain from the western edge hit a minefield and gave away their presence. The attack then began to close in from the west, and as the support weapons were unable to give effective fire from 1500m out SP Coy and the forward RAP then prepared to move up the slope to the rocks at the western edge of the mountain.

The small arms fire by this time had begun to get intense, with tracer and parachute illuminant lighting up the sky from all directions. The RAP closed in to its position, a location where it would remain until the end of the battle. It took some time to regroup all the stretcher bearers, and they were required at once to collect the wounded from the minefield to the north. Very shortly after arriving the first two casualties were brought in. The first was one of B' Company medics. Private Dodsworth. He had been going forward to help the wounded when he was hit in the pelvis and legs by small arms fire. He went into unconciousness at the RAP and was soon placed on the first BV to be transported back to the helipad for further evacuation. He died shortly after leaving the RAP.

The BV borne RAP came up the hill after this incident and provided extra necessary help with the second doctor. On their arrival the casualties began to be brought down in a steady stream. Many were seriously injured, having had limbs amputated in the minefields, and these were dressed further and then evacuated in the next vehicle for the six hour journey back to surgery. Some of the injured had been trapped in the minefields and due to the sniping at night they could not be evacuated as the attempts were beaten back repeatedly. News came through that another of the medics had been killed by a shell, LCpl Lovett from 'A' Coy, and that another was trapped in a minefield and was being mortared, and had possibly been killed. The stretcher team leader approached me and asked if he should make a further attempt to retrieve the injured from the minefield, but I replied that as the injured had already been treated by the medic it would be foolish to waste further lives in repeated attempts. Having had two killed and one missing I had to preserve my medical strength. The injured were soon removed when the snipers had been cleared from the hill, luckily none were too badly injured. The battle then took another phase as we won control of the hill except for a few small pockets of resistance dug into the rocks. A very heavy mortar and artillery barrage then commenced, the rounds landing amongst the vacated Argentinian positions. These claimed many lives, and seriously put at risk the viability of the RAP.

One Argentinian, in attempting to escape ran through the RAP, indeed came between the area of the mortuary and where the RMO was attempting to treat the injured. He was shot by one of the sergeants who was standing by, and dropped dead in the middle of the RAP. The following day prisoners were to bury him in a makeshift grave, and while the Padre was saying a few words over the grave he was fired upon by a sentry escorting further prisoners down the hill. This led to a counter attack, as we looked in the direction of the shots, there were twenty of the enemy to be seen. Although a large quantity of ammunition was expended, no further casualties were reported.

During the whole of the daylight casualties continued to arrive and these were evacuated as soon as possible by helicopter, although for some there was a very considerable delay. Every time a large helicopter arrived the position was immediately mortared again, so it meant that only the Scouts and Gazelles could be used. That night the shelling of the position continued with airbursts lighting the sky and shower shrapnel around the rocks. One shell blew a medical assistant off a rock with slight injury, but an even closer burst knocked out the CSgt and he could not be found for six hours. A radio message

asked that the medical team pick up a patient who had been injured and who was lying on the southern slopes of the hill about 500 metres from the RAP. It was decided that the medical sergeant should go out in one of the BVs to retrieve him. On the way out they struck an anti-personnel mine doing slight damage to the vehicle. On trying to reverse out another exploded. The vehicle returned without the casualty, but the medical sergeant was so badly shaken by these events and the shelling that he had to be evacuated as a battle casualty. The medical staff was now critical with two dead, one other case evacuated and two hurt by shell fire.

That night an armourer passed through the RAP going to the top of the hill when he was hit by mortar fire, lacerating one femoral artery and fracture the opposite femur. Two others went to his aid, but these were also hit by mortar fire, resulting in both sustaining bilateral fractured femora. They were in close proximity to the RAP when they arrived, but the first died very shortly afterwards, and another in a helicopter as he was being evacuated. The third survived with one amputation, and the other leg severely damaged.

The following morning saw advances by 2 Para who had passed through our position the previous day, and this took the pressure off 3 Para RAP. That morning an air raid passed over the position to strike at Brigade Headquarters, and then it all began to quieten, the shelling becoming less frequent and certainly less accurate as the enemy OPs were destroyed. The CO then began to brief his officers on the attack on Moody Brook, and the advance into Stanley itself, at least as far as the racecourse. During this 'O' Group on the side of the mountain the snow continued to fall, and everyone wondered how the attack on Stanley would result as regards casualties. As the RAP was waiting, news came through from 2 Para that they were pushing forward into Moody Brook, and large numbers of the enemy were to be seen fleeing in the direction of Stanley. Minutes later came the order to advance with full speed to Stanley.

The medical orbit of the move altered in that the RMO rode in the BV with his usual team, while Captain Von Bertele moved off before on foot. During the move it was learned that there were white flags to be seen over Stanley, and all rushed forward down the slope into Moody Brook. The snow had melted by this time, the sun was shining, but clouds of smoke were clearly visible coming from the western edge of the city, and from Moody Brook itself. The RAP vehicle being the first of the BVs to get into Stanley was stopped by a helicopter carrying the 3 Para flat, and this was attached to a Bangalore torpedo and carried high, victorious into the city.

The city was a mess, with no sewage, water or electricity; the battalion was forced to live in squalor with no food provided either. Looting Argentinian sources was the only way out until further supplies could catch up with the advance. Luckily there was no shortage of Argentinian food in Stanley itself, the frozen steak being a favourite of 3 Para. Unfortunately with all the inadequate sanitation most of the battalion went down with diarrhoea and vomiting, and there was little that could be done to prevent this without a proper water supply provided by the Royal Engineers.

On the first evening in Stanley the RMO and Captain Von Bertele along with two guards crossed the 'White Line' that separated the opposing forces in the city, by showing their Geneva ID cards, and then went up the road to King Edward VII Hospital. They were the first British soldiers into that area, and the welcome bestowed will always be remembered. It was one of the proudest moments of being a member of 3 Para. It is impossible to convey in words those embraces and messages of thanks from the medical staff and other civilians sheltering in the hospital.

The Third Battalion the Parachute Regiment lost 23 killed and 48 wounded in the battle for Mount Langdon plus 12 wounded before the assault, and countless who suffered with their feet and will continue to suffer; but to liberate those islanders in the hospital did seem to make it all worthwhile.

MY THOUGHTS ON THE FALKLANDS CAMPAIGN

The regular soldier spends much of his time training for war. It is curious that the more training he undergoes, the less he savours the thought of going to war because the greater is his knowledge of the terrible destructive capability of modern war weapons.

My call came as a member of the Parachute Clearing Troop — 16 Field Ambulance, not unexpectedly because I had followed the build up in the national press consequent on the invasion of the Falkland Islands by the Argentinian Forces. I had just finished a busy Outpatient Clinic and sat in my office completely drained of all compassion for the wives of majors, corporals and the rest of humanity when the 'phone rang. "Come and join us" was the call, so off I went to war. We all knew that we were going to sail

to war but we also knew that this was going to be a limited cruise. We should meet in Aldershot, parade, embark and sail and that somewhere around Ascension Island, the politicians would sort it all out and we would all turn around and sail back again. With a bit of luck I thought I might miss out on about two weeks of Out-patients clinics.

We duly paraded in Aldershot and for the first time in my long association with the Airborne forces, the unit P.C.T. was up to strength and had been completely equipped with all the paraphernalia of war that we had been trying to fight off for at least 10 years. After several false starts, we actually set off in a convoy of coaches and reached that most admirable port, Portsmouth. Much more, we were actually allowed to board the ship as part of the 2nd Para Brigade Troop. The ship itself had been recently acquired and converted from being a North Sea ferry — the Norland. Built for the holiday trade, with accommodation for 1,000 passengers, it suddenly had to accommodate 1,500 fairly carefree Paras, with all, if not more, of their equipment. Amid scenes reminiscent of the Hollywood films showing the departure of Kitchener's force for the Sudan portrayed so well in the original film Four Feathers, the Norland sailed. I cannot say that I was unaffected. It was an emotional occasion. The crowds cheered, the band of 2 Para played such stirring music as "Don't cry for me Argentina" and the RSM of 2 Para marched along the deck saying "If you lean on the rails, I'll break your arms — stand up". The Navy were particularly good. Ships in the dockyard sounded their sirens, Naval shore establishments lined the banks and cheered and the dockyard labourers showed a pride in the work that they had put into these ships over the past two or three days.

The journey south was accomplished with surprising ease. The holiday air persisted and as the climatic conditions improved, the holiday atmosphere became even more marked. The 2 Para group entertained the ship's officers; the ship's officers entertained 2 Para group and eventually we both entertained one another, but suddenly we found ourselves at Ascension Island. The war climate had not improved. The politicians had not resolved the problem. Suddenly there was a vast increase in traffic signals, cross decking of supplies between ships became more urgent. Essential supplies such as ammunition was suddenly dug out from the bottom of the hold where they had been buried under piles of arctic equipment and rations. The holiday atmosphere evaporated quickly and very impressively. It changed to one of sheer professionalism. Training became more popular and more universal. Personnel began board drills with a more serious and interested attitude. The lifeboats of Norland were swung out and lowered, much to the amazement of the Captain who in his seven years in command, had never seen them move from the chocks. Much to the gratification of the Medical Services suddenly the big Army began to take us seriously. First Aid lectures became very much better attended and certainly the officers in the bar of an evening began to cultivate the company of the medical officers with rather searching questions.

The Medical Services, to their great credit, carried on as usual. Trained as they were to a superb level, they tried to pass this knowledge on to the people whom before had been too busy to take any notice. When it became obvious that due to our combination of postings, circumstances and bad planning, medical potential of the 2nd Battalion Parachute Regiment was less than adequate — an intensive training programme was instituted. Much of the emphasis of this was on the setting up of intravenous infusions. We had provided, due to pre-planning of Major Malcolm Jowitt, RAMC, a plastic arm in which the insertion of intravenous infusions could be practised. It was after one such session when a member of 2 Para turned to his Regimental Medical Officer and said, "For all the good I'm doing Sir, I might as well be sticking it up his ———". This led to a short time vogue for rectal intravenous infusions. I would like here and now to condemn this practice, if only that in the Falklands, it would have led to a spate of frost bitten bums, compo saturated colons, unfixable drips, and dead soldiers.

With this and many other merry japes, we eventually made our way south and suddenly the merriment went out of the situation. Following a training lecture by the Royal Naval personnel on the invincibility of the Royal Navy ships, came the news of the sinking of HMS Coventry. If this put a damper on the situation, it also concentrated the attitudes towards training even more. The actual run into the Falklands was, to say the least, sporting, with false sonar alarms about submarines which turned out to be whales, sleeping in lifejackets, sailing through minefields and making the arrival at the shore somewhat of a relief. There is no doubt that by the time disembarkation from Norland for the beachhead on rather flimsy landing craft, in pitch darkness and under fairly adverse weather conditions took place, the professionalism of 2 Para group had reached its

peak. I have nothing but admiration for the soldiers of the Parachute Battalion, for Royal Navy and for the Merchant Navy personnel who risked much to get us there.

The arrival in San Carlos water of the M.V. Norland highlighted the lack of communication between the different branches of the regular soldiers. While 2 Para disembarked and landed without incident, the first task of the P.C.T. was to establish aboard the Norland a mini-field hospital. This was done with the alacrity and expertise which one would expect of the unit. After a day spent in consistent air attack, it became obvious that the big ships would have to be withdrawn from San Carlos water during daylight and finally the message we had been trying to give to the Navy for some time got through — if there were troops ashore, the medical expertise should also be ashore. Besides, ships were dangerous. So, with a little difficulty, Parachute Clearing Troop arrived at Ajax Bay — the first surgical teams ashore. Again it is a tribute to the Airborne soldier that within an hour of landing, a surgical facility had been set up. This formed the basis of the field hospital which was eventually established at the old Refrigeration Plant at Ajax Bay of the Parachute Clearing Troop plus a marine medical support troop plus two surgical teams from the Royal Navy. This is the unit which bore the main bulk of the surgical load in the Falklands Campaign.

The time spent at Ajax Bay had its moments. Quite apart from the large casualty load, there came a time when the Argentinian Air Force decided to remove the field hospital from the order. Had their bombs had the right fusing, they would have done this most successfully. However, the unit survived.

As the fighting advanced towards Port Stanley, it became obvious that surgical support was necessary nearer the front line. The only surgical teams whose equipment scales and general training fitted them for this task was 5 and 6 surgical teams of P.C.T. 5 F.S.T. were despatched to Teale Inlet, 6 F.S.T. were despatched to Fitzroy and in these locations, they carried on the treatment of battle casualties for the rest of the campaign. It fell upon 5 F.S.T. to be the first to enter Stanley where they set up in the local hospital. They were followed quite shortly by 6 F.S.T. It is interesting that while at Ajax Bay and in support of 2 Para elements of the P.C.T. were deployed to reinforce 2 Para medical elements in the attack on Goose Green. The attack went in against superior numbers and that success has now entered the history of the British Army. Not only were 2 Para outnumbered but they had to endure severe mortar and artillery bombardment and the ever persistent attention of the Argentinian Air Force. Towards the end of the engagement, a party of airborne medics were carrying a wounded man from 2 Para on a stretcher when they were spotted by an Argentinian Pucara aircraft. As it prepared to attack, the men carefully laid down the stretcher, cocked their weapons and put up a very intense fire against the attacking aircraft. It is perhaps one of the inconsequensialities of war that the casualty on the stretcher is reported as saying "Don't shoot at it fellows, you might make him angry." I cannot help feeling that it was the anger of airborne forces which brought this conflict to a quick and successful conclusion. I cannot also help thinking that it was the expertise of the airborne medical service which resulted in the remarkably low casualty figures.

Submitted by W. S. P. McGREGOR,
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Lt. Colonel RAMC
Consultant Surgeon

Editor's Note: — Lt.-Col. Bill McGregor was awarded the Most Excellent Order of the British Empire for his outstanding services in the Falkland Islands War.

NEWS FROM THE STATIONS

HEADQUARTERS RAMC TRAINING GROUP

It is a little late in the day to be recalling events in December but mention must be made of the departure of the Regimental Sergeant Major WO1 A.Yarranton on his retirement from the Corps. He was of course appropriately dined out by the Sergeants Mess and all members of the staff wish him well in the future. In January we welcomed his successor, WO1 (RSM) R. R. McFaulds.

After success in the Irvine Cup, Training Group teams continued to do well during the winter season. The Cross Country team won the Corps Competition and in football we won the Harwood Cup for the first time since 1974. We lost out to QEMH in the final of the Marrable Cup, and in the Corps Basketball Competition, but not before our team of seasoned campaigners (or old crocks!) gave a much younger QEMH side a bit of a fright.

We have been very pleased to be notified by the