A Review of Events held in Malta by the George Cross Island Association, Military Surgical Society and the Association of Surgeons of Malta, 18-25 April 2026

Else Blakeley, participating medical student





I was very kindly invited to attend a week in Malta organised by the George Cross Island Association, the Military Surgical Society and the Association of Surgeons of Malta.[1] The week combined visits to sites of historical and military significance with many opportunities to meet both residents and visitors with long-standing connections with Malta. The visit coincided with the official commemorations for the anniversary of the award of the George Cross to Malta (15 April 1942), providing numerous opportunities to remember and honour the veterans who served during the Siege of Malta (1940-1943).

The week began on Friday 17 April with an informal welcome reception in Sliema, kindly hosted by Mrs Pat Scott, Honorary Secretary of the George Cross Island Association.[2] From the first evening through to the closing black-tie St George's Day dinner organised by the British Residents' Association, it was clear how much pride both the residents and visiting members of the associations take in Malta's history and wartime heritage.

Visits throughout the week gave me an insight into Malta's history beyond the Siege and the Second World War. A tour of the Grand Master's Palace and its extensive armoury illustrated the island's historical importance and strategic position within the Mediterranean. Coming from a small island myself (Jersey), I found it fascinating how such a comparatively small island nation possesses such a rich and influential history.

A visit to Luqa Barracks to watch a display by the Armed Forces of Malta Band gave me a new appreciation for military drill, as it was beautifully coordinated. It illustrated to me their commitment to the identity of Malta and their continued efforts today.

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[1] See the links on the Military Surgical Society section of the Friends of Millbank website, https://www.friendsofmillbank.org/military-surgical-society/. The overall schedule is shown at https://www.friendsofmillbank.org/downloads/MSS-Resume.pdf.

[2] See the GCIA's 'Malta Reunion 2026 Report', https://www.georgecrossisland.org.uk/malta-2026-reunion

I was particularly impressed by the restoration of the former Cottonera Military Hospital, now St Edward's College.[3] Great care has been taken to preserve the building's history, including the creation of a small WWI medical museum that educates students about the site's previous role as a military hospital and ensures its heritage is not forgotten.

Unfortunately, the official George Cross Award Commemoration at the Saluting Battery coincided with the Surgical Conference on 18 April. Although I was unable to attend this Commemoration, the other events throughout the week gave me a new appreciation of Malta and the resilience of its people during WWII.

A Summary of the Joint Meeting of the Military Surgical Society and the Association of Surgeons of Malta, 18 April 2026

The joint meeting of the Military Surgical Society and the Association of Surgeons of Malta took place at the University of Malta, Mater Dei Hospital, on Saturday 18 April 2026.[4] It brought together approximately 50 attendees from military and civilian healthcare backgrounds, and encompassed a diverse range of presentations covering military surgery, battlefield medicine, legal aspects of warfare, and trainee research. Despite the breadth of topics, a few key themes emerged, demonstrating how lessons from history continue to shape modern medical practice and highlighting the need for continual adaptation in response to evolving conflicts and healthcare challenges.



Some of the participants at the Joint Surgical Meeting in Malta

[3] St Edward's College, Malta https://stedwards.edu.mt/

[4] See programme at https://www.friendsofmillbank.org/downloads/ASM-Meeting-Apr-programme.pdf .

The purpose of these overseas meetings is to learn from historical experiences and to share current developments in military related surgery and medicine. I have now attended two meetings held by the Military Surgical Society and have found them thoroughly interesting. Huxley's quotation describes exactly what I took from this conference:

That men do not learn very much from the lessons of history is the most important of all the lessons that history has to teach.

Aldous Huxley (1894–1963)

Many speakers emphasised that the challenges being encountered in modern conflicts often mirror those of previous generations, highlighting the importance of passing on knowledge and learning from lessons of the past.

Welcome address:
The meeting was opened by Mr Gordon Caruana Dingli, President of the Association of Surgeons of Malta, who welcomed the Military Surgical Society back to Malta for its third meeting here in recent years.

Main themes:
The opening presentations explored the evolution of military medicine and demonstrated how historical innovation continues to influence current practice. The Honourable JoEtienne Abela, Malta's Minister of Health and Active Ageing, who is also a practising surgeon, highlighted notable figures such as Sir James McGrigor (1771-1858), a Scottish physician, and Jean Dominique Larrey (1766-1842), a French surgeon, from the Napoleonic era. McGrigor emphasised the importance of surgical efficiency and hygiene during the Peninsular War, and his influence is continued today, with many crediting him as the father of the British Army Medical Services. Similarly, Larrey's concept of the 'flying ambulance' decreased casualty transfer times to places of relative safety, a principle that continues to be paramount in military and civilian casualty evacuation today. Although developed over 200 years ago, these innovations remain relevant to modern trauma systems.

These historical perspectives were reinforced by Col Paul Parker's vividly illustrated keynote lecture on the future of trauma care on the battlefield. [5] Col Parker, International Postgraduate Dean at the Royal College of Surgeons of Edinburgh, speaking by Zoom from the UK, drew lessons from current conflicts, especially the Russia-Ukraine war, and explained how advances in surveillance technology and the targeting of medical infrastructure have driven the need for adapted casualty management strategies. New strategies involve disguising medical assets, dispersing them further away from the conflict and exploring the use of drones to transfer patients, therefore limiting the time medical professionals are exposed to danger, whilst trying to decrease transfer time. Although technology has advanced, many of the underlying

[5] The recording of Colonel Paul Parker's keynote lecture '*Trauma Care on the Future Battlefield'* has been uploaded to https://www.friendsofmillbank.org/military-surgical-society/ . It is also available on YouTube, https://www.youtube.com/watch?v=AYQ38qDC3gE

challenges remain similar to those in Napoleon's time, demonstrating their importance and disproving the assumption that they are solved and there is no need for improvement.

Lt Col (Retd) Catherine Braddick Hughes (formerly in the Army Legal Service) and Lois Kemnitz (postgraduate student of law) gave an overview of the legal framework of war, the protection of medical personnel under the Geneva Convention, and the responsibility that lands on the individual.

Rule 25. Medical personnel exclusively assigned to medical duties must be respected and protected in all circumstances. They lose their protection if they commit, outside their humanitarian function, acts harmful to the enemy.

Geneva Convention

However, recent conflicts have shown that these protections are not always respected in practice, with medical staff, hospitals, and ambulances increasingly becoming deliberate targets. Unfortunately, this reality has meant that rather than relying on the protection of the law, medical services must also adapt to safeguard patients and medical staff.

The speakers also prompted reflection on the ethical challenges surrounding the management of prisoners of war and detainees, and the different national practices even within NATO. In recent US military interrogations, a military doctor was obliged to be present during waterboarding in case the prisoner had to be resuscitated, which raised questions as to whether the doctor's involvement, let alone the procedure itself, was ethical. The breakdown of respect for the Geneva Convention raises concerns over the reality of management of prisoners as it stands now. These discussions emphasised the importance of maintaining humanitarian principles, even when conflict puts pressure to compromise them.

The second keynote lecture was delivered by Professor Joseph Galea, cardiothoracic surgeon, speaking on Cholera in Malta. He covered the major outbreaks of 1837 and 1865 and compared their impact on the civilian and military population with that of COVID-19 in our own time. The presentation reinforced the conference's recurring theme that historical public health challenges continue to offer valuable lessons for modern medicine.

Col (Retd) Professor Martin Deahl, consultant psychiatrist, described his personal experiences at the King's Cross fire disaster. He reflected on the differences in what others would expect to be traumatic and what individuals actually find the most stressful. He suggested that seemingly ordinary moments occurring during traumatic events are the ones that have psychological impact. He also presented his research on recuperation of two groups of soldiers in Bosnia, investigating the effects of post-deployment decompression on mental health outcomes.

Although Dr. Mary Aston's presentation came from a civilian psychiatrist perspective, it highlighted the importance of recognising the signs of delirium, as failure to do so can

cause significant complications in recovery and treatment. Patients undergoing major surgery are particularly vulnerable to delirium and are also frequently casualties in conflict, emphasising the relevance of this topic within military medicine.

The final presentation was given by myself, a first-year medical student, on 'Long Distance Swimming: How Sex Affects Performance'. I spoke about my personal experiences in swimming round the island of Jersey, and the research I had found on the reasons for women leading in the sport.

Summary of Trainee presentations

The afternoon talks were delivered by the winners from the Maltese Surgeons' Audit Meeting and Maltese Medical School Conference. The topics included innovative designs to make groin retraction easier in surgery, a new mobile app for ENT clinical practice, and clinical reviews. On a basic level, I found these presentations allowed me to apply my basis of anatomy and pharmacology knowledge gained at university into real life clinical medicine. They also provided valuable insight into the role that junior clinicians can play in quality improvements and innovation, encouraging me to think critically about opportunities to contribute to future advances in patient care.

Conclusion

Overall, I found the meeting incredibly engaging and worthwhile, with an impressive breadth of knowledge and experience shared across a diverse range of topics. As a medical student, many of the presentations resonated with my current studies and provided valuable opportunities to connect theoretical learning with real world clinical practice.

Several recurring themes emerged throughout the conference, particularly the importance of learning from historical experience, adapting to evolving challenges in modern warfare, and maintaining effective communication. These principles were consistently reinforced through presentations on battlefield medicine, legal and ethical practice, psychological trauma, and patient care.

I would readily recommend attendance at future Military Surgical Society meetings to both students and healthcare professionals. The conference provided an excellent opportunity to appreciate how historical lessons continue to inform contemporary practice while encouraging critical thinking, innovation, and collaboration in the ongoing advancement of military and civilian medicine.