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55 FST  
RAF Salalah  
BFPO 66


SL/5/5/Air

Ministry of Defence  
AMD 1  
Lansdowne House  
Berkley Square  
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June 1972

MONTHLY REPORT - 55 FST

Attached is one copy of the Monthly report  
for this unit for the month of May 1972.

  
J G JOHNSTON PRCS  
Major RAMC  
Commanding 55 FST

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DRAFT

RESTRICTED

MONTHLY REPORT - 55 FST - MAY 1972

This was a month of mixed surgical experience for the team and ~~can be~~ divided into

- a. Reparative surgery to existing casualties and their rehabilitation
- b. Emergency, ~~decided~~ sub-divided into
  - i. War
  - ii. Accidents
  - iii. Abdominal
- c. Surgery carried out in the Salalah Infirmary.

The team carried out 77 operations, of these 36 were Major, 41 Minor.

Reparative Surgery: In this field we carried out massive skin grafting to our nine injuries with good results, these patients are now mobile on our Mark I Bog Leg prosthesis which we are using to teach them to walk. This latter phase has added a new interest to the team and we have a small rehabilitation centre going

Repair of tendons and nerves have also been carried out, whether with good results or not it is too early to say.

Emergency: 19 New war wounds were treated initially all of them interesting and showing a wide range of wounds. AP mining caused our first operative casualty. He was a contract officer with SAF and was thrown 30ft into the air from the cab of a 4 ton lorry, he suffered depressed fractures and cerebral bleeding, he died at operation. This was the first of three craniotomies, the last two are alive, one has been discharged following a pre frontal leucotomy, the other is still in hospital, but improving.

Other cases of interest were a. civilian who was shot in the arm with exit wound at upper 1/3 of radius, and another missile wound through lower end of radius. These missiles completely shattered the brachial and ulnar arteries at the elbow, and the radial at the wrist, repair of radial carried out. It was decided to try and save the arm and this has proved successful.

b. Bullet wound which shattered surgical neck of humerus, but caused no neurovascular damage, At DPS wiring and nailing carried out, callus is forming and patient should have a useful arm.

c. Jabelese woman who had her mouth shot away, she will keep us and possibly

the next team in plastic surgery.

Nine other emergencies presented themselves, amongst these ~~wases~~ cases of appendicitis and dental problems, these were adequately dealt with by Capt Cetti.

Our work load in the Salalah Infirmary is increasing and provides ~~and~~ outside interest. Here we have carried out Caesarean sections, <sup>ER</sup> hystectomies, Thyroidectomies and renal explorations. With the increase in motor traffic and the complete disregard for the highway code orthopaedic problems will soon predominate, one radial plating has been done to date. The situation at present in the hospital will be dealt with in Part II of my report.

#### Anaesthetic Report.

Total anaesthetics	77
General anaesthetics	75
Local anaesthetics	2
Emergency anaesthetics	28 - 19 war wounds 9 others
Endotracheal	52
Relaxant	7
Neurolept	0
IV alone	2
Blood given in	5 cases
Other IV fluids in	14 cases

Four "abdominal" cases were anaesthetised, none of whom were "war " wounded.

One LSCS was performed.

One scoline apnoea was observed in a man of <sup>J</sup>Jebali origin.

One death occurred, of a severe head injury, whilst under anaesthetic. The anaesthetic was not considered to ~~the~~ be the cause of death.

It is noted ~~that~~ in "Resupply Box No 4 Anaesthetic/Drugs resupply for 50 patients" the non-depolarizing muscle relaxant, tubarinc, is included. However the box does NOT contain any antagonist ie neostigmine. Can this please be rectified in future resupply?

~~Unit~~ Unit morale ~~remains~~ remains high, ~~in the unit~~, and there is no illness problem since Maj DeBass contracted his mumps which fortunately only laid him low for 72 hours

and did not cause orchitis. Work in the new theatre is much more comfortable during this hot period and does not leave the theatre team as tired ~~was~~ when we were in the tent. Plans are afoot to erect a new toilet and shower block for the wards, and place our Xray and laboratory adjacent to the ~~Resuscitation~~ <sup>RESUSCITATION</sup> room, this should be under way when the next team arrives.   
RESUSCITATION.

Our holding capacity with our two wards is 13, these are rarely full as ~~active~~ patients who do not require intensive care or nursing are sent to Ghawriff or Salalah where we have beds, there they still remain under our care.

The new operating table together with a Matburn Diathermy have ~~at~~ last arrived. Though the latter has been sent without electrodes, *it is useless without these.*

Due to the amount of casualty and cold surgery work plus outpatient sessions carried out I wonder if some tentative enquires could be made for the purposes of casualty recognition for Capt Cetti towards his FRCS.

This concludes my report for May. ✓

PART II

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The situation in the hospital in Salalah has not improved. There is still no anaesthetist or surgeon though a competent Obstetrician does exist. All emergencies have to be done by us, while at present this provides no problems one can envisage a situation where we are not available and a death will result. Some of the conservative treatment leaves a lot to be desired and one finds it hard not to interfere at times.

The position ~~as~~ regards the anaesthetist has been discussed on numerous occasions with the hospital director and the dangers pointed out, to date nothing has happened. We have tried to train the young houseman but I do not think anaesthetics is his strong point. ✓

Part II is <sup>on</sup> separate sheet.