

Medicine in the Falklands

A review of the Medical Services in the Falkland Islands Before and After the War of 1982

*Lt Col G E Ratcliffe

MB, MRCPI, RAMC

Senior Specialist in Medicine, QEMH Woolwich

**Lt Col N E Cetti

MA, FRCS, RAMC

Consultant Urologist, QEMH, Woolwich

Dr A A Bleaney

MB, ChB

SMO, King Edward Memorial Hospital, Stanley, Falkland Islands

ABSTRACT: As a result of the Argentinian invasion of the Falkland Islands in April 1982 and the re-occupation of the Islands by the British Task Force, certain inevitable changes in the Medical Services of the Islands have occurred. This paper describes the Medical Services pre and post-war.

Introduction

The Falkland Islands consist of several hundred islands between 51° and 52°30' South and 57°30' and 61°30' West (fig. 1). The majority of the 1800 population live in settlements on the two main islands, East and West Falkland, or in Stanley, the Islands capital on East Falkland. The major industry is sheep farming, primarily for wool.

For the last 150 years the Falklands have been a British Colony with their own UK Government appointed Governor. For many years Argentina has argued that the sovereignty, of the Falklands is theirs: in April 1982 Argentina invaded the Falklands, claimed sovereignty and remained on the islands until their surrender in June 1982 once they had been defeated by the British Task Force.

The majority of the population is of British stock who wish to remain under British jurisdiction.

Medical Services Pre-War

The medical services of the Islands have been provided by the Overseas Development Administration (ODA) for several years. There have been two or three general practitioners, often with surgical and/

or obstetric experience, based for the main part in Stanley. There has been a Matron and several dually trained SRN/SCM ward sisters. Local people have been trained in Stanley in simple nursing techniques and employed as nursing auxiliaries. The medical services have been based on the King Edward Memorial Hospital, opened in 1913, to which was added the Churchill wing, completed in 1952 (fig. 1).

This hospital had 27 beds and, in the absence of other nursing homes or old people's homes, provided accommodation long term for some of the old and infirm. The hospital contained a small operating theatre, a pathology laboratory and X-ray department. The latter had a modern table installed in 1977. Any patient requiring any surgery other than minor operation, except emergencies, or who required more intensive investigation and/or treatment was referred to hospitals in Comodoro Rivadavia or Buenos Aires in Argentina or in Montevideo in Uruguay (fig. 2). Flights to these cities on the South American mainland were very convenient and there is no doubt that this system worked very satisfactorily.

The population in Stanley was able to attend their general practitioner very easily. Each settlement in the Islands had a radio-transmitter link up with Stanley and each morning any of the population could discuss their problem with one of the doctors,

*Formerly Senior Specialist in Medicine, BMH, Falklands.

**Formerly Consultant Surgeon, BMH, Falklands.



Fig. 1. King Edward Memorial Hospital, BMH, Falklands

and arrangements made accordingly. Each settlement manager's wife held a medical chest and drugs etc were dispensed as required on the instructions of the doctor.

Approximately every three months each settlement was visited by one of the doctors on a routine basis. This visit was via Beaver seaplane, or Islander aircraft to the nearest airstrip.

Emergencies were brought to Stanley by aircraft as required. Occasionally collection of emergencies was delayed by bad weather, and generally no patients were picked up at night. To obviate obstetric emergencies out of hospital, all pregnant women from out of Stanley were admitted to hospital towards the expected date of delivery.

Medical Services Post-War

Following the war in the Winter of 1982 the population of the Falklands has quadrupled. The increase has been almost entirely due to the British Garrison based in the Islands as a deterrent to further invasion by Argentina. It is hoped that the civilian population will increase to start new industries thereby boosting the economy. Many suggestions and proposals have been made reference new industries, not least in the revamped Shackleton Report¹.

As a result of the large number of service personnel in the Falklands a British Military Hospital

has been established within the confines of the King Edward Memorial Hospital. The number of available beds has been increased to almost fifty with definite plans for increase as required, either temporarily in tented accommodation, or in portakabins. Whilst far from ideal the increase has been essential and generally has worked well. The military hospital has a full administrative staff plus consultants in surgery, anaesthetics and medicine and fully qualified ancillary staff to run laboratory, dispensary, operating theatre and X-ray. There is a full quota of nursing sisters and nurses and an electro-med technician. There has, therefore, been a marked increase in local expertise and the consultants in surgery and medicine advise the ODA doctors about civilian patients as the need arises.

The situation for the local population in Stanley and in the settlements remains much the same, and the daily consultations, over the radio-transmitter continue. Outside Stanley there are now several service doctors and medical assistants, either on land or at sea, all of whom render assistance to the local population as and when required. The availability of several military helicopters has been of great benefit in carrying casualties to and from the hospital in Stanley whether they be military, civilian or even foreign nationals from ships within the area.

The hospital is obtaining more equipment to

increase its capabilities. Extra theatre equipment has increased the scope of the military surgeon although the operating theatre itself is not ideal for major cold procedures. A small intensive care unit has been established under the auspices of the anaesthetist. An upper gastro-intestinal endoscopy service has been introduced. Further equipment and reagents have been obtained to extend the biochemical facilities of the laboratory.

A military environmental health team is performing duties within the Falklands and advises all authorities when necessary.

The major disadvantages of the increased workload on the hospital have been entirely due to the necessity to increase the number of beds available. This has necessarily meant very cramped conditions in some cases. This problem should be obviated by the erection of a 30 bedded military ward in the close vicinity of the present hospital. The long term requirement is a completely new hospital for which definite plans have been made.

A more difficult and at present insoluble problem, is the requirement to transfer civilian patients the 8000 miles to UK for major investigation, surgery or treatment eg for accurate staging and treatment of malignant disease. The journey in RAF aircraft initially to Ascension Island and then to UK is long and the expense is not inconsiderable. However, the increased expertise at the hospital in Stanley has significantly reduced the number of cases requiring transfer, and now it is only those patients requiring such investigation and/or treatment not locally available who require to travel. There is no requirement in the Falklands for expensive equipment such as CT scanners as the cost of upkeep would be prohibitive for the small number of cases warranting such investigation. Patients travelling to UK must expect a 36 hour journey by aeroplane and a probable length of stay of at least six weeks in UK. This does not compare favourably with the pre-war situation when it was possible to go to Argentina on a weekly basis where necessary.

Problems Peculiar to the Falklands

There are no major problems peculiar to the Falklands².

Hydatid disease does occur and there have been twelve cases in the last ten years. Local regulations concerning control of dogs are strictly enforced. Two major screening surveys of the population have been carried out since 1975. Adults and children over the age of three have given blood voluntarily in each survey. Serological testing has been carried out at the Pan American Zoonosis Centre in Buenos Aires, and any individual having two separate positive serological tests has been advised to be investigated for active hydatid disease, and, where necessary be treated. Such investigations and treatment were generally carried out in Argentina. Any follow up of known cases or investigation of new cases may now require aeromedical evacuation to UK. One case has benefited from the new drug Albendazole³. Any further hydatid survey will require serological testing in UK.

Discussion

The repulsion of the Argentinian invasion of the Falklands in 1982 enabled lessons of war to be relearned^{4,5}. As a result of the liberation of the Islands there have had to be great changes in the medical facilities of the Falklands. Generally these have been to the benefit of the local population with an increase in local expertise provided by the military specialists and ancillary staff. At the same time the small hospital in Stanley has become overcrowded and there is a need to expand the present buildings, and to replace them later with a new larger hospital.

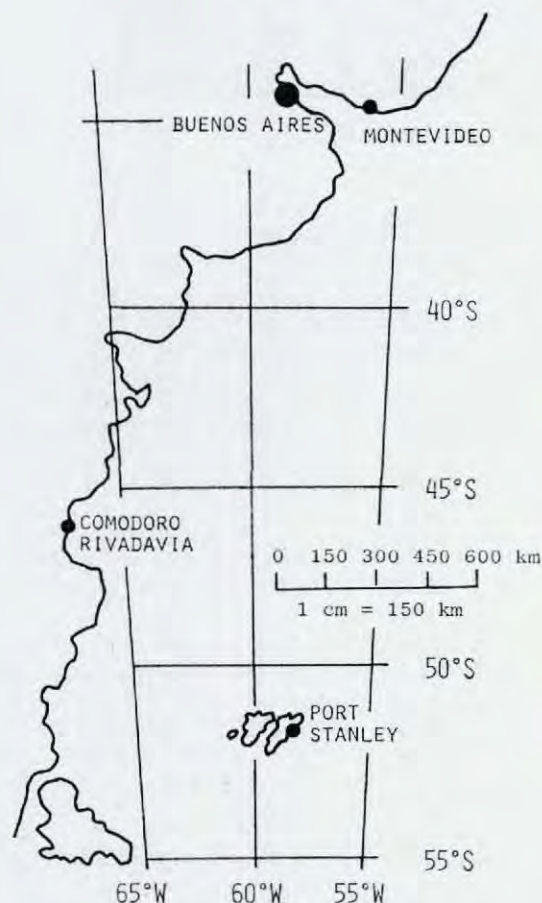


Fig. 2 Geography of Falkland Islands

Unfortunately there is now a requirement to travel 8000 miles for any patients requiring specialised investigation and treatment, rather than take the hour or so flight to the South American mainland.

Acknowledgement

We should like to thank Captain C Whaites, QARANC, for Fig. 1.

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COL P ABRAHAM, L/RAMC, WOI T DOCHERTY and MAJ T P FINNEGAN, RAMC

FINNEGAN T P, ABRAHAM P and DOCHERTY T. Ambulatory monitoring in the Himalayas. *Electroencephalogr Clin Neurophysiol* 1982; **54**: 218.

Summary: Twenty nine 24-hour EEG recordings were obtained from nine British Army climbers at heights ranging from 13,500 ft to 20,400 ft using Medilog tape recorders with head amplifiers. Nine recordings included EKG.

Accurate sleep scoring was possible with 28 recordings. There was a marked reduction in Stage 4 sleep compared to the amounts normally attained at sea level, despite strenuous activity which might have been expected to increase slow wave sleep. This is consistent with frequent complaints of poor quality sleep by high altitude climbers and could be a consequence of altitude hypoxia aggravated by the hypoventilation of SWS. A similar effect at lower levels in Antarctica was attributed by Araki to cold but it has also been noted in a laboratory at 14,100 ft. There was a slight reduction of both REM and stage 4 sleep, with increasing altitude.

Using a similar technique with similar subjects in England paroxysmal activity was reported by two

of the authors in one third of the group tested after they had been without sleep for some time. There was a welcome absence of paroxysmal activity throughout the 29 Himalayan recordings.

MAJ C G BATTY, MAJ D S JACKSON, LT COL W S P MCGREGOR and MAJ J M RYAN, RAMC

JACKSON D S, BATTY C G, RYAN J M, and MCGREGOR W S P. The Falklands war: Army Field Surgical experience. *Ann R Coll Surg Engl* 1983; **65**: 281-285.

Summary: In the recent Falklands campaign four Army Field Surgical Teams were deployed in the two phases of the war. They functioned as Advanced Surgical Centres and operated on 233 casualties. There were three deaths. The patterns of wounding and the methods of casualty management were discussed and compared with other recent campaigns.

COL R SCOTT, L/RAMC

SCOTT R. South Atlantic Campaign. *J R Soc Med* 1983; **76**: 903-904. A short editorial review which should be read by all RAMC Officers.