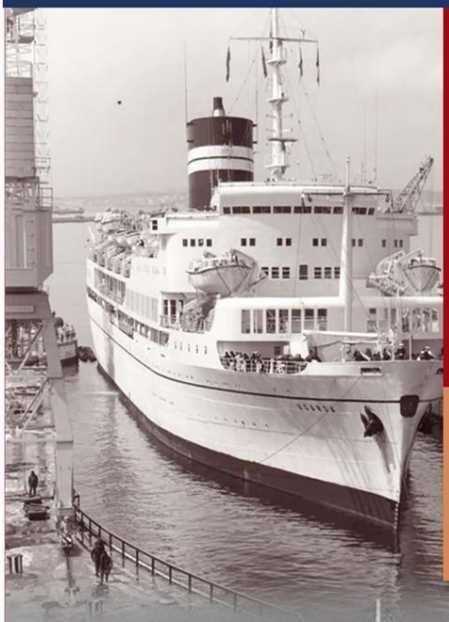
THE UNACCEPTABLE FACE OF WAR



FALKLANDS HOSPITAL SHIP SS *UGANDA*

Andrew J. Rintoul
Surgeon Captain, Royal Navy
Medical Officer in Charge

The Unacceptable Face of War

Falklands Hospital Ship
SS *Uganda*

The voyage of the hospital ship
SS Uganda in the war in the Falkland Islands

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DEDICATIONS

To Helen and all the other wives and sweethearts,
who kept the home fires burning during
the Falklands conflict

and

To the hospital staff and the P&O Crew
of SS Uganda, the hospital ship in the war
in the Falkland Islands, for their courage
and unswerving devotion to duty.

“But a certain Samaritan as he journeyed came where he was; and when he saw him, he had compassion on him.”

-Holy Bible

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CHAPTER ONE

Run-up,
Royal Naval Hospital,
Haslar

Easter Monday was one of those warm spring days that make life worth living. Helen and I had been for a long walk with the dog on Southsea Beach and arrived back in the early evening. At eight o'clock there was a telephone call from the hospital, "Come in immediately." The Royal Naval Hospital, Haslar, where I worked as head of the eye department, in the rank of Surgeon Captain, was just a mile or so along the road. Within a few minutes I was walking into the office of the Medical Officer in Charge (MOIC) Surgeon Captain John Richardson.

Never one to beat about the bush, he looked me straight in the eye and said, "Ministry of Defence has identified a cruise liner from the STUFT list (Ships Taken Up from Trade). The Medical Director General wants you to go as

Medical Officer in Charge and as the Eye Surgeon." There was a long moment of silence as I digested the implications of this decision. My contingency plans made the previous week were 'washed up'. I had planned to send my senior Registrar, Surgeon Lt Commander Mike Harley, and we had already started putting together a kit of diagnostic and operating eye instruments. However, in a potential war situation there was no use of 'reasoning why'. Instant acceptance was the only option, and my immediate response was to ask for the name and location of the ship and sailing date.

The ship selected was SS Uganda. Built in 1952, with a steaming weight of 17,500 tons, she had been used by the P&O shipping line for educational cruises for both adult and school parties. She had been requisitioned while on cruise to Alexandria, Egypt on 13th April 1982 and ordered to proceed at best speed to Naples, Italy. There, she was instructed to disembark 300 adult passengers and 940 students who would be sent back to the United Kingdom. Uganda then sailed immediately for Gibraltar to be refitted in the Royal Naval Dockyard as a hospital ship.

She was well suited for her unusual role. She had a promenade deck running the full length of the hull and divided into a number of very large interconnecting public rooms. In addition, she had cabin accommodation for 300 on the boat deck and 'A deck', situated above and below the promenade deck with dormitory accommodation for 944 on B, C, and D decks.

During her voyage from Naples to Gibraltar an advance team of P&O engineers and naval constructors had planned the structural alterations required. In addition, a Consultant General Surgeon from RNH Haslar, Surgeon Lt, Commander Leicester, made specific plans for the layout of the hospital base on promenade deck.

After the general description of the ship, the rest of the briefing was taken up with the role of the hospital ship in the Falklands. The hospital staff would join the ship at Gibraltar. After Uganda's conversion was complete, she would proceed south to take up station in a 'Red Cross Box' about 1000 miles north of the Islands. The International Red Cross in Geneva would be kept informed of her position and would pass the information to daily to Argentina. Casualties would be transported from land by hospital transports, HMS's Hecla, Hydra, and Herald. These are white painted Hydrography ships whose normal task is to construct and verify admiralty charts. For this reason they have a very shallow draught and are capable of sailing into very shallow waters. Thereafter, definitive treatment of wounds would be carried out on board Uganda-an absolute necessity when your casualties are 8500 miles from home base.

Arrangements were in hand to deliver four 50-bed army field hospital kits and 100 tons of medical stores to Gibraltar to store aboard Uganda. I needed to know how many staff I would be taking with me. Initially, a medical and nursing staffs of 83 was allocated, including consultants in all the major specialties. For the first time in modern history, female naval nurses would be employed

in a hospital in action. Matron pointed out that over 40 nurses would be going to sea without uniforms, and this problem would need to be addressed without delay, P&O crew would operate the ship and a small naval staff of expert communicators, flight deck and supply staff would join us at Gibraltar. In the best tradition of the Royal Navy, a 24-strong group of marine bandsmen was allocated, not for their musicianship, but to act as stretcher bearers. This was an important function in a large hospital ship at sea, where casualties would need to be carried from the flight deck to the hospital deck below and throughout the hospital.

Finally and rather ominously, the MOIC discussed with me possible problems with insurance coverage, held by the hospital staff due to increased risk, and disposal of the dead. There would be burial at sea if south of Gibraltar. There would be no other hospital ship as both Cunard Line's *Queen Elizabeth II* and P&O lines *Canberra* had been earmarked as troop carriers. I asked about the use of HM Royal Yacht *Britannia*, which was equipped for conversion to use as a hospital transport. Unfortunately, *Britannia's* engines could only use a type of heavy fuel oil that was not available anywhere in the fleet, and this ruled her out in such a distant theatre of war.

After the meeting, I spent an hour with Roger Leicester, who briefed me on the proposed layout of the hospital in detail. By the end of the evening my head was buzzing with thoughts of how I was going to administer this motley crew. I also thought about the laws of the Geneva Convention relating to hospital ships and how we were

going to cope with the mountainous seas of the South Atlantic, where winter was just beginning.

I arrived home about midnight. Helen was just as surprised as I had been. I told her that I had to be ready to leave by air from RAF Lyneham, about 90 miles away, in three days. We discussed various domestic problems likely to arise in my absence and the uniforms I would need. I could see that she was very upset, especially when I reminded her where my will and personal documents were located. But, as always, she gave me the strongest possible support and held onto her composure. We went quietly to bed.

Tuesday, 13th April, was spent checking the ophthalmic surgical kit with my departmental staff at RNH Haslar. I had to bear in mind that I would be the only eye surgeon on board and general surgical stores contain nothing suitable for eye surgery. Our chief pharmacist, Mr Cameron, laid aside his customary Scottish thrift to provide for all our requirements. I supervised the packing of the delicate instruments, and by late evening the task was complete. As far as I could tell, the pharmacy and medical stores seemed to have been open all day and most of the night and the staff were looking distinctly weary. This was not surprising since RNH Haslar was the source of all drug and dressing supplies to the entire British fleet. During the previous week I had checked the statistics on eye injuries from previous wars. The most recent and reliable figures were given by the Israelis from the Arab-Israeli conflict. These indicated that we could expect wounds to the eyes and surrounding area to be 2 percent of total injuries, mainly due to shell burst and missile

fragments. Before going home, I asked our hospital librarian, Mr Parsons, to give me a brief résumé of the history of hospital ships. I knew that I had no more time to spare for ophthalmology and could only hope that I had covered all my future requirements.

When I entered my consulting rooms the next morning a three-inch thick volume entitled 2nd Geneva Convention (1949) was on my desk. I put it firmly to one side for reading en voyage. My crew had now been dignified by the name of Naval Party 1830 with a dedicated postal address. All day we were shuttled about the hospital for various purposes including the issue of uniforms, survival suits, respirators', and the provision of next of kin information. The respirators had to be fitted to each individual and tested in a sealed chamber, contaminated with tear gas. I was keen to get my staff together for a briefing but since at least half of them were travelling directly from Royal Naval Hospital Stonehouse in Plymouth to RAF Lyneham, and the communications staff joining at Gibraltar, there was no opportunity to meet everyone. This was far from ideal, but I resolved to remedy the situation in Gibraltar before embarkation.

Mr Parsons had produced a brief history of hospital ships from our marvellous historical library and came up with some fascinating material. Much to my surprise the earliest use of such ships or 'hulks' as they were known was recorded as far back as 1665 with the French hospital ship, *La Flute Royale* which was wrecked of Corsica. 'Hulks' was certainly an appropriate term as most were barely seaworthy, their hulls rotten. They accompanied the

warships into action and since they had no dedicated armaments they were frequently sunk by enemy gunfire.

In more recent times the P&O line (Peninsular and Orient Steamship Navigation Company) of the United Kingdom boasted a long and honourable history of providing hospital ships in time of war. These ranged from SS *Carthage* in 1882 in the Arabi Pasha Rebellion, throughout the Boer War, 28 hospital ships in World WWI and even more in WWII. Not all of them returned safely to Britain. SS *Rewa* was torpedoed in 1918. SS Madras was frozen in at Vladistock in the same year. SS *Vita* was dive-bombed at Tobruk in WWII; SS *Talamba* was sunk off Sicily. To mention but a few. The last recorded hospital ship HMHS Maine, a British ship used in Korea in 1954 to transport casualties to the United States army base hospital in Japan. In fact, most of these ships were hospital transports and none approached the sophistication of a floating hospital, such as we were planning for *Uganda*. I packed the history away and decided to the information to myself.

By Thursday 15th April, I was packed and ready to go. Helen produced a set of thermal underwear including 'long-Johns' about which I was a bit doubtful, but I was glad of them later during snow in Port Stanley. My daughter, Jane, was teaching in Cairo, Egypt and we said goodbye, by telephone, the previous night, my son Andrew, was at home and we left him in tears at the front door. MOIC Haslar had put his official car at my disposal to take Helen and me to the RAF airbase. There, a RAF Hercules transport plane was waiting to take off at 14.30. Due to a delayed take-off, we were able to spend a very welcome

couple of hours on our own in the VIP lounge. I assured Helen that I would write regularly, but that she should not worry if there were long gaps. As far as I could see the only way to send mail from Uganda would be by an RFA oil tanker when refuelling at sea. After a farewell hug and a kiss, I walked out across the hard standing to the Hercules, my staff was already on board and we took off immediately in poor weather for Gibraltar.

Hercules aircraft were originally designed for carrying heavy equipment. This elderly plane had been modified to carry passengers by bolting in seats but little else. Lavatory facilities were basic, behind a canvas screen, and everyone had an uncomfortable flight. I fared better in that I was given a seat on the flight deck, which was kept at a more comfortable temperature and I enjoyed chatting with the flight deck crew.

Due to continued bad weather conditions and low flying speed the journey took almost fours. At first pass over Gibraltar we were unable to land due to high crosswinds and the Captain discussed with me the possibility of diverting to Faro, Portugal. I was horrified. I could see endless problems arising from landing 80 uniformed military personnel on their way to war without permission in a foreign country. Sensing my dilemma, he said he would give it another go. Fortunately the second pass was successful. Landing at Gibraltar is always tricky and it was much to his credit that he put us down with a modest thump at 22.15.

CHAPTER TWO

GIBRALTAR

We were bussed to HMS Rooke, the naval base where the MOIC of the Naval Hospital in Gibraltar. Surgeon Captain Trevor Hampton, the Matron and many of their staff were waiting to welcome us. We only remained there a short time before being taken off to the Rock Hotel where we were to stay until embarkation. This is an attractive hotel with a magnificent marble foyer overlooking the harbour. As soon as I reached my room I crossed to the window. I could see the whole dockyard but there was no sign of Uganda, which was still en voyage from Naples. I arranged my delayed briefing meeting for next day at 14.00 Friday, 16th April; I rose early to work on my brief before breakfast.

My main headings were a short description of the ship, her role in the Falklands, the interface between the P&O crew and naval personnel, and the line of command from

commander in Chief at his headquarters in Northwood, UK. I was especially anxious to get the relationships between the two services on a sound footing right from the start. My researchers into the history of hospital ships had shown that on many, the Captain and the MOIC were at 'loggerheads' most of the time. I was determined to avoid this if possible; I had also made a note that in the seventeenth and eighteenth centuries, hospital ships were staffed mostly by local trollops, tempted off the streets by the offer of a warm berth and regular wages. However, I thought it would be impolitic (unwise) to mention this in front of Matron and her staff.

Later in the morning, I headed up the Rock for an hour's strenuous walk to clear my head. After lunch, I was driven down to the Naval Dockyard where I met Commander Andy Gough, a communications expert, Lt Commander Porteous, a supply officer and Lt Commander Tatman, a flight deck officer.

Andy told me that he had been appointed as Executive Officer to HMS *Glamorgan*, a guided missile destroyer, which was already on passage to the Falklands but that this had been changed at the last minute. As he and I took our seats on the platform and surveyed my 'crew' of consultants, nursing officers, nurses, chaplains, and bandsmen, I could sense that he was wishing he was striding the decks of Glamorgan. I spent some time talking about the role of Uganda in the conflict, as defined for me by Medical Director General (Navy). As so often happens in time of war, this role was to change dramatically,

producing international complications and altering the planned role of hospital ships in future conflicts.

Andy followed me with a brief 'up and at em' style of address, which I could see did not go down too well with my senior consultants. It was obvious that I would need to do a bit of bridge building to ensure a good working relationship. When we had finished, the questions followed thick and fast and we answered them as best we could based on our limited information. I was well aware that we were starting on an 8000-mile voyage on an untried ship with an untried staff, heading towards a conflict that would be fought with sophisticated weapons on both sides. How does an enemy missile, launched 15 miles from a selected target, recognise the Red Cross symbols painted on a hospital ship's hull?

By the time we arrived back at the hotel, SS *Uganda* had docked and was in full view from the hotel terrace. She dwarfed the dockside and was illuminated from stem to stern with powerful floodlights. Already I could see that a 12-foot Red Cross was being painted on her funnel and hull. The sight of these huge emblems of succour made me realise that I was proud to be taking the (best) of the Royal Naval Medical Services 'lynchpin' to the South Atlantic.

My two administrative officers, Lt Commander Rick Pollard and Lieutenant John Butters, spent the rest of the day and well into the small hours of Saturday, 17th April, on board, sorting out accommodation for all of us, prior to embarkation.

CHAPTER THREE

Embarkation

At 09.00 on Saturday we were bussed to the dockyard to join Uganda. The ship was swarming with dockyard workers and festooned with cables and heavy lifting gear. To add to the controlled chaos on the dock, 95 tons of medical stores and equipment and 200 flat packed army beds were stacked awaiting our arrival.

The master Captain Brian Biddick welcomed me on board. He asked for a formal meeting at 14.00 and passed me over to the Chief Purser, Barry Mulder, a large friendly chap with captain's rank who escorted me to my cabin. This was No 1 passenger cabin at the front of the boat deck. It was a large airy cabin with a bathroom and a series windows facing forward, overlooking a small verandah. At one side there was a fully stocked bar which Barry explained was for 'Medicinal use only'. The cabin was virtually sound

proof and I decided there and then to use the space for both my accommodation and office, and went out to check on the rest of the accommodation.

A double row of cabins was located aft of my cabin, one to port and the other to starboard. Medical officers had been allocated one row and nursing officers the other. I was amused to see that I occupied a 'buffer zone' between them. In other decks senior ratings had been given individual cabins and juniors were accommodated on 'A' deck below the promenade (hospital) deck. Back in my own cabin I had barely time to open my luggage before I was called to the head of the gangway to meet Flag Officer (Gibraltar), Rear Admiral McKenzie, who had come to call and look over the ship. We walked together, inspecting our future hospital at 10.00 on Saturday morning in bright sunshine.

Already a long line of Marines and hospital staff had made a start on moving heavy looking boxes up the gangway, which was quite a climb. I drew the admirals' attention to the medical and nursing officers of all ranks in blue denim working rig, handling their own more delicate equipment. From the top of the gangway on the boat deck, walking towards the stern brought us to where the flight deck was being fitted. The steel strengthening plates were being welded into place, creating a dangerous looking overhang of about six to eight feet below which there was a clear drop of 40 feet to the sea without guard rails. The Admiral pointed out that since the flight deck could have no guard rail, safety nets would have to be slung below the overhang to avoid loss of men and equipment. Immediately forward

of the flight deck, the students' swimming pool had been covered and on either side of the nearby cinema, stowage cradles for 600 large cylinders of oxygen and anaesthetic gases had been bolted down. We retraced our steps along the boat deck and took a brief look at the officers' accommodation. He had a quiet smile for my sundeck and added, "Not a lot use where you are heading, Andrew."

From the accommodation we descended the main staircase to the entrance foyer on the promenade deck. The huge reception rooms were already filling up with an assortment of beds, operating equipment and mountains of boxes filled with drugs and dressings. The foyer was spacious and centrally placed, and I resolved to use it to chat informally with doctors and nursing officers before every working day. We walked towards the stern. Below the flight deck was the large students' common room. Steel pillars had been fitted to support the 48-ton flight deck above, plus the weight of incoming helicopters up to 10 tons. Lashing rails for beds were in place with power outlets for bed-head lights and suction apparatus. This was planned to be a 44 bed-high dependency ward. Of all the wards, this one named Seaview sticks most in my memory.

Immediately forward of the ward entrance lay the foot of the ramp leading from the flight deck above. Due to permanent ship structures limiting available space, the ramp was at a dangerously steep angle of 35° and handrails and non-slip pads were fitted. The foot of the ramp led directly forward into the students' indoor recreation area, which now had eight trestles for casualty stretchers and designated as Casualty Reception Area (CRA). Again extra

lighting and power points had been fitted. Nearby, a canteen was being converted to a pharmacy.

Walking further forward was the area known as the verandah, which was to be our operating theatre. It had two operating tables, sterilising autoclave, and rigged operating lights. The starboard side of this space was screened off to provide a passageway to other wards further forward. An adjacent cocktail bar was now hosting a laboratory with existing cold cabinets earmarked for transfusion fluids and the hair salon had been downgraded to an x-ray room and dark room.

The next large area forward was the smoking room, which had been the showpiece of the ship. The African hardwood panelling had been covered with hardboard and the enormous elephant tusks, a present from Kabaka of Uganda, were safely boxed in. This room would provide a 20-bed intensive care unit (ICU). The writing room had been annexed as the senior rates mess and the card room-a quiet soundproofed room panelled with the finest walnut I have ever seen would make an excellent conference room.

The music room was the final large area on this deck, and nearest the bows. This had been left untouched and was identified as the officers' mess. Nevertheless, 50 flat packed beds had been stowed in a recess to turn this space into a ward if the need arose. Later, it did, in the most dramatic of fashion.

We descended to the next deck down (A deck) where senior and junior rate accommodation had been located as well as a NAAFI style shop and messing facilities.

Next deck down there was room for 444 low dependency casualties in dormitories fitted with two tier bunks. The bunks were all ready for use at the turn of a key. Also on this deck was the 18-bed ships hospital, staffed by two P&O nursing sisters and Dr Bruce Cooper, the ship's doctor. All three had volunteered to come with us. Bruce was closer to my age and was to become a close friend.

Descending further to C deck, in addition to another 172 dormitory beds there was a magnificent dining room elegantly decorated throughout in Art Deco style and big enough to take all RN and P&O personnel together. The student classrooms on this deck were destined to become the administration nerve centre of the hospital and naval staff. D deck had 324 additional dormitory beds. There were other areas of the ship, which held accommodation for the P&O seamen, and completely separate accommodation for the Asian crew, which did not concern us.

After an hour and a half, we were more than ready for a stand-easy. After a brief discussion on *Uganda's* proposed role, I e4scorted the admiral to the gangway, shook hands, and watched him depart.

Lunch was necessarily brief and I found my way to the conference room, not without some difficulty. As in any large ship it takes some time to become familiar with the layout. Captain Biddick chaired the meeting. In his opening remarks he said, "I hope you people know where we are going because this ship has never further south than Madeira." We hoped that he was joking but Andy assured

him that he had brought all the Admiralty charts necessary to take us to the Falkland Islands and beyond to the Antarctic if required.

It was agreed that the MOIC would attend the daily P&O Captains meetings known as the 'Think Tank'. Hospital heads would also meet daily and I stated my intention of doing daily hospital rounds with the Deputy Matron, Chris Smith, starting in the foyer at 08.45. The Matron Edith Meiklejohn was still on board SS *Canberra*.

Andy told us that in compliance with international Red Cross regulations, all communications systems other than Inmarsat, a non-military satellite link via Portishead, UK, would be dismantled so there would be no possibility of communicating directly with any warship.

Captain Biddick informed us that the regular ship's crew had been given the opportunity to leave the ship at Gibraltar, but that most had elected to stay. The locally enlisted Asian crew comprised cooks, stewards and cleaners had been awarded double wages throughout. When the meeting finished, it was back to distributing and securing stores throughout the hospital. The staff broke off only to snatch cups of coffee and high energy snacks. At 23.00, John Butters eventually asked me for permission to stand down the staff as they were approaching exhaustion. By that time we had our first casualty. One of the female nurses had damaged her back and had to be admitted to the sick bay in severe pain. To her great disappointment we had to transfer her to the naval hospital ashore before we sailed the next day.

Sleep that night came slowly. The hull of the ship reverberated with the noise of the conversion as the dockyard workers carried on through the night. Eventually I rose at 06.00 on Sunday morning and went out onto the deck. The Rock had a touch of mist around the top and the air was clean and refreshing. I walked the full length of the ship and back again before returning to my cabin to start work on a rolling programme of training for our long journey south.

HMS *Hecla*, one of our hospital transports, was also in the dockyard storing ship. Her two medical officers, Surgeon Lt's Newman and Bruce, came to see me for a briefing on *Hecla's* role as a hospital transport. Bruce, who had been engaged on an important research project at the Institute of Naval Medicine, was very upset at being given a 'pierhead jump'- drafted with little or no warning. It took me some time to calm him down, using age and experience rather than rank, and he went back to his ship in a somewhat happier frame of mind. HMS *Hecla* and her two young doctors later played a valuable part in casualty evacuation.

By noon all stores were loaded. Unfortunately, we had no manifest for the field hospital equipment, so this had to be piled up in convenient areas for unpacking later, before the individual items could be moved to appropriate areas.

An invitation arrived delivered by hand for the MOIC, SNO, and four nursing officers for lunch with the dockyard Captain, at his residence. There was just time to change into informal dress before the transport arrived. His house

was located high up on the Rock and we had a very pleasant lunch in the garden and by 14.30, I was back at my desk.

I fixed a meeting with the entire staff for 18.00 and presented a work-up programme divided into five phases.

Phase I. Embarkation of personnel and stores – completed.

Phase II. Establishment of working areas, distribution of stores, departmental organisation.

Phase III. Rigging hospital areas, training programme of casualty reception, reporting, evacuation and first aid training of P&O staff.

Phase IV. Action Stations.

Phase V. Wash up, MOIC journal, recommendations for future hospital ships.

This was well received and in the ensuing discussion I was pleased to hear that the pharmacy, laboratory, and the sterilisation unit had been completed.

That evening we sat down together in the dining room for our first proper meal since we had arrived on board. The meal was excellent, and I asked Barry Mulder how long this standard could be kept up in our circumstances. He explained that *Uganda*, at an earlier point in her history, had carried refrigerated cargo in a vast, specially fitted cold store in one of the lower decks. He reckoned that we had sufficient supplies to last us for almost six months and promised to show me round the store at a convenient time. I met the Chief Engineer, David King, who in the tradition

of the Merchant Service was a Scot from Paisley. He had been an apprentice in Alexander Stephens' shipyard in Dumbarton; we found plenty to talk about over dinner. Next day was sailing day so none of us lingered very long at the dinner table.

After the meal I wrote a long letter to Helen giving her a résumé of the last three days. Outgoing mail was being collected early next morning before the ship sailed.

CHAPTER FOUR

En Voyage

Monday, 19th April, dawned bright and clear and I was up 'sharp' and walking round my deck circuit. The ship was still buzzing like an ant heap with dockyard mateys and spectators were beginning to gather on the dock. On the water a couple of powerful looking tugs had appeared ready to ease us out. We sailed at exactly 09.00 heading for Freetown in Sierra Leone where we would stop to take on water and fuel. Much to my surprise we were escorted out of harbour by a fleet of small boats and fire tenders' spouting fountains of water through their water cannon.

The dockyard workers were still on board finishing their work and would be picked up by tender later that day. I watched the Rock of Gibraltar recede from us from

Uganda's bridge wing and wondered how long it would be before I saw it again. Within a few minutes of sailing a number of farewell signals arrived, including one from Surgeon Captain Trevor Hampton, the MOIC of Royal Naval Hospital, Gibraltar, which I reproduce.

1, HEAL NAVY.

2, YOU LOOK BEAUTIFUL.

3, WISH WE WERE THERE.

I snatched some time after sailing, to set up my eye consultation room in the ships sick bay with the help of Bruce Cooper and a cup of strong tea, the first of many made by his own hand.

Uganda would be refuelled at sea (RAS) from ships of the Royal Fleet Auxiliary Service (RFA). These are enormous ships for the most part, up to 50,000 tons carrying everything from toilet rolls to 6-inch shells and even fighter aircraft. Refuelling at sea is a hazardous procedure requiring a very high degree of seamanship all round. Imagine if you will, two large ships maintaining a steady 15 knots to ensure accurate steerage, linked only 150 feet apart by a fragile and hugely expensive fuel hose hanging from a derrick on the tanker. Cruise liners rarely refuel at sea and indeed do not have the necessary equipment. *Uganda* had been fitted for RAS at Gibraltar but her captain and crew needed a practice run in calm seas.

We met up with RFA *Olna* at 13.15, 60 miles south of Gibraltar in calm bright weather with force 2 winds and completed our 'dry' practice run not without some

difficulty, *Uganda's* single screw and poor manoeuvrability did not help. I went up on the bridge to watch and the tension was palpable. How were we going to cope in the weather conditions of the South Atlantic winter?

At the Heads of Departments meeting Surgeon Commander Charles Chapman, our head of surgery (he was also a consultant in burns and plastic surgery) outlined a training programme covering casualty handling from helicopters, triage (sorting casualties), burns, wounds, decontamination, and gas injury. A First Aid training programme for non-medical personnel was outlined. Other items covered were entertainment, exercise, and standardising uniforms. One of *Uganda's* entertainment officers, Jimmy Dean, had volunteered to come with us and we were only too happy to make use of his enthusiasm to keep us fit during our long sea voyage.

We received a number of signals wishing us Godspeed, and I sent one to the Ministry of Defence acknowledging my appointment.

We had, of course, been following the radio news bulletins. At that time, Al Haig was still shuttling between London and Buenos Aires. Nevertheless, Argentina was still busy building troop concentrations in Port Stanley. There were at least nine British warships, three hunter-killer nuclear submarines, troopships *Canberra* and *Norland*, as well as many support ships ahead of us, I was still hopeful that we could be recalled anytime during our long voyage.

Captain Biddick told me that *Uganda's* top speed was 12 knots. We calculated that it would take us about 17 to 18

days to reach our planned position 1000 miles north of the Falkland Islands, allowing for refuelling and re-supplying at Ascension Island. I realised that we needed every day of the journey if we were to achieve operational efficiency. We had no idea when the next uplift of mail would be, so I planned to write a page or two to Helen every night before turning in. My final thoughts that night were that we were on our way and Phase I, was now complete.

Tuesday, 20th April, was our second day at sea and now that the initial pressure of embarkation had been eased, it was time to think about social organisations. This is important in any closed community but especially on a ship at sea on a long voyage. Every aspect of your life is under constant scrutiny and an effective set of rules for living together must be in place to avoid stress. As I mentioned earlier, the senior rates are expert at this, most of them having had many years service at sea. The junior rates' mess rules are organised by the administration. It was time to set up a wardroom organisation. After due consideration, I appointed Surgeon Commander Fred Pick, the senior commander as Mess President, assisted by Senior Nursing Officer Kerr as mess secretary and asked them to write out a set of mess rules.

The rest of the day was taken up by addressing the issue of storage, of which there was very little on the hospital deck. Someone came up with the ingenious idea of storing dressings in the strong cardboard boxes in which they had been shipped. These stacked neatly and could be lashed down, access being obtained through a square hole cut in one end. P&O provided lockable steel cabinets for

dangerous drugs in accordance with the Dangerous Drugs Act, a wise precaution as it turned out. Matron was busy working out suitable dress regulations for her nursing staff-blues during day and white dresses with badges of rank for evening.

The daily periods of instruction in all aspects of war surgery to update our existing knowledge had started and were compulsory for all hospital staff from MOIC down to the most junior.

Our two chaplains, David Barlow and Chris Bester, organised an interdenominational church service for Sunday mornings. The Marine bandsmen, who had all brought their instruments, volunteered to play for us at this service. In addition arrangements were made to hold daily church services and mass in the ships chapel, which could also be used as a 'quiet room' throughout the day or night.

By Wednesday 21st April, all our embarkation stores had been checked. These were designed for army field hospitals and were not entirely appropriate for a tertiary care (highly specialised) hospital. We found a huge deficit especially in anaesthetic drugs. After receiving individual deficit lists from each department, I authorised a very long signal of 172 items to be sent via satellite to the Ministry of Defence for Haslar. The signal cost £172 and we asked for the stores to be delivered to us at Ascension Island. It was about this time that Captain Biddick fell seriously ill and required major emergency surgery, which was carried out on board. He remained under intensive care and after

discussion with Roger Leicester, our general surgeon, it was decided to casevac him from Freetown, Sierra Leone. After communication with P&O head office in London, Deputy Captain Jeffrey Clark was appointed as Master. I also performed my first eye operation on board, on one of the hospital staff, I was pleased that the operating theatre routines were working so well, but felt sad at losing Brian Biddick.

News of the conflict was sketchy and depressing, Port Stanley had been renamed Puerto Argentino and even Individual Street names had been obliterated and new Argentine names erected. We could only guess the effect this procedure must have had on the local population and it seemed to me unnecessary cruel. Large numbers of Argentine troops were now in place in Port Stanley and Goose Green, and minefields were being laid both ashore and at the harbour entrance. A stage had been set that must eventually result in a scene of injury and death.

One of the serious and recurring problems in landing of war casualties is identification of wounded who may be unconscious or dead. Military personnel of most nations are issued with identification discs or dog tags' for constant wear. So far none of these have proved effective in injuries involving blast or burning, and we realised that we would have to construct our own system. In a ship the size of *Uganda*, our best and only chance of reliable identification was tagging each casualty at the foot of the ramp before he entered the hospital. The tag must be durable, able to withstand wetting. It was 24 hours before we came up with the answer and at the Heads of

Department meeting the next day, the administration officer demonstrated a P&O self-adhesive baggage tag. This was bright orange and extremely tough. There was enough space to write name and number and it could be attached quickly to the wrist or ankle. This was universally approved, and a recording team was formed, headed by David Barlow, our Church of England chaplain, a willing volunteer. The tag man, a medical assistant, would wait at the foot of the ramp and David had orders to ensure that every casualty had to be tagged before entering the Casualty Reception Area. The recording team would also organise a set of medical records for each casualty.

On Friday, 23rd April, we started Phase III, rigging wards, CRA and other working areas. Much to our dismay we soon found that we had not a single clipboard in 95 tons of stores. This is an essential item in any hospital ward, usually hung at the foot of the bed with charts attached. Fortunately, *Uganda* being an educational cruise ship, had hundreds of them in the ships stores and supplied them freely.

Almost every hospital area had far too few power points, although some had been fitted at conversion in Gibraltar. The basic problem was that *Uganda* was an old ship and generated most of her current in DC mode. The ships electricians were kept busy for several days bringing extra AC generators on line and laying power cables. Thank God for P&O.

Up in my cabin I was suffering power problems of a different kind. In the whole of the officers'

accommodation, there were only two AC power points. One was inside my cabin and the other immediately outside in the passageway. As everyone is aware no female will ever consider travelling anywhere even to war, without a portable hairdryer. So at anytime during the day or night these horrible noisy machines were plugged in outside my cabin and reverberated through the steel bulkhead after the nursing staff came off duty. Such is the exigencies (urgent need) of war.

My first weekly inspection of accommodation was scheduled for 23rd April. I was favourably impressed by the standard of accommodation, which was superior to the equivalent accommodation, on warships or even in naval shore establishments. The only complaints I heard were the absence of AC power points. I would have been happy to give them mine.

Saturday, 24th April, had a relaxed feel about it, although instruction continued on such subjects as Abandon Ship and emergency boat drills. Final arrangements for landing Captain Biddick as a stretcher case at Freetown next day were confirmed. An ambulance would be waiting on the quay to take him to the airport where a RAF casevac plane with trained medical and nursing staff on board would be waiting to fly him home. Passenger planes are only pressurised to 7000 feet and this can cause problems in a number of medical conditions, but we knew he would be in good hands.

At the daily Head of Department's meeting, we decided that in view of the continued hot weather, we would change to

tropical working routine as is customary on Foreign Service. Working hours were 08.00 to midday and 16.00 to 20.00 with afternoons (dog watches) as rest periods. We also changed rig (dress) to shorts and open necked shirts with whites in the evenings. I produced my ancient naval issue white shorts which were reckoned to be the longest on board. John Butters, my junior administrative officer, who was very tall, had none and bought some from the purser which were almost transparent and so short to be practically indecent.

As it was Saturday, Chief Purser decided to 'lay on' a special dinner for the senior officers of both services, and Jeff Clark and I provided the wine. After dinner we retired to the chief engineer's spacious cabin for coffee. For the first time since embarkation I felt able to relax for a couple of hours.

We approached the entrance to Sierra Leone River early on Sunday, 25 April, and embarked the Freetown river-pilot. Mike Beeley, our consultant physician, had warned us that malaria was endemic in Sierra Leone. The Foreign Office had informed us via HQ Northwood that politically, we would not be welcome ashore so there was no question of allowing shore leave. Mike told us that mosquitoes, carriers for malaria, could fly at least two miles out to sea and that we would have to take anti-malaria drugs for four weeks after exposure. We decided that the easiest way to administer these tablets was to put them on breakfast tables and let people help themselves.

As soon as we entered the harbour a fleet of 'bum-boats', manned by natives surrounded the ship. They were selling a variety of leather goods and brightly coloured coarsely woven fabrics. The skins had not been properly tanned and had a foul smell but a few enthusiasts bought some items in spite of the risk of anthrax about which they had been warned. The small boats were, of course, far below *Uganda's* deck level but the goods were hoisted up in a basket by hand-line payment in sterling being returned by the same route.

By the time the ship was alongside the Queen Elizabeth dock, the temperature had risen to 34° C. The Queen Elizabeth was enormously long and as I could see, deserted and shimmering with heat. The air was filled with the stench coming from the town's rubbish dump, which we could see about a mile distant. The British Consul arrived shortly afterwards, accompanied by a fleet of cars and other vehicles. He confirmed what we already knew – in the interest of security and safety of personnel no one would be allowed to land.

The ambulance arrived at noon and I escorted Captain Biddick and saw him comfortably installed. Surgeon Lt. Commander David Baker, one of our anaesthetists and a nursing sister went with him to the airport and waited until the plane was airborne. Back on board, I checked the ships log and found that we had steamed just over 2000 miles since leaving Gibraltar, our position being just 5° north of the equator. The ship loaded water, fuel, fresh fruit and other stores most of the afternoon and we slipped at 19.07. By 20.00 we had cleared the mouth of Sierra

Leone River and ditched the pilot, and a course was set for Ascension Island 1200 miles further south. As we approached the equator, the weather continued hot humid and airless and the sea had a glassy appearance. We were now a long way from the west coast of Africa and birds were no longer seen. There were plenty of dolphins, which often followed the ship for miles, and we saw the occasional whale. We crossed the equator early on Tuesday, 27th April. In the afternoon, the Chief purser organised a 'crossing the line' ceremony in P&O tradition in the forward swimming pool. Neptune in the person of Rick Pollard with a bevy of voluptuous attendants presented me with a highly coloured certificate which I still retain.

Started on Phase III series of casualty exercises (CASEX)on Monday, 26th April, using volunteers from P&O crew as casualties. All medical officers were issued name tabs for rapid identification. It became clear that even in a calm sea state the steep 35° angle of the ramp was causing the marine stretcher-bearers to stumble and fall. The only solution was to put six marines on each stretcher. The four on the handles used one hand for the handle and one for the ramp rail. One marine on each side in the middle, steadied the casualty on the stretcher or carried transfusion bottles where required and used his spare hand to hold the rail.

We reached Ascension Island on Wednesday, 28th April, at noon. The island looked very barren and forbidding, consisting mostly of volcanic rock and surrounded by enormous surf up to 25 feet. I learned that although a British Territory, the island had been loaned to United

States in perpetuity. The Americans had built a fair size base there with an airfield. On 3rd April, a formal agreement had been reached with the United States to allow the UK to use the airfield as a staging post. Again, shore leave was not practical and in any case there was nothing to see. From our anchorage off shore, we could see one area of vivid green well up the slope. This apparently had been the garden of HM Consul. When Ascension was first claimed by Great Britain, a house was built for the newly appointed Consul, and since it was surrounded by pumice and volcanic rock, tons of fine English loam was shipped aboard a warship and humped up the steep slope in bags by unfortunate marines. As one of our marines commented to me, “Times don’t change, Sir, we are still humping 200 years later.”

I could see one or two small beaches pounded continuously by huge waves. There were nine or ten warships at anchor offshore and among them I could see the enormous bulk of SS Canberra, which I knew had 3000 men of the Royal Marines and The Parachute Regiment on board. They were sent ashore daily for weapon firing on hastily improvised firing ranges. There were several large tankers that had been taken up from trade and there were a number of helicopters in the air, ferrying huge quantities of stores slung in nets beneath them from ship to ship.

Now that we had reached our last staging post before the Falklands our immediate priority was fresh water. Our isolation from the fleet supply ships had been foreseen by the STUFT organisation, and we had been promised a complex piece of machinery called a Reverse Osmosis

Water Purification Plant. This was cutting edge technology equipment and being put together hastily in the U.K. for delivery to us at Ascension Island. The basis of it was a semi-permeable membrane across which seawater was driven at a pressure of 700 lbs, per square inch, which desalinated water being produced at the other side. This failed to materialise at Ascension and we took water in bulk from one of the smaller supply ships called *Stena Seaspray* in the late afternoon.

At the same time I received a visit from my opposite number in SS *Canberra*, Surgeon Captain Roger Wilkes accompanied by the Staff Medical officer from HMS *Fearless*, Surgeon Captain Ian Young. Both were well known to me, and indeed Ian and I entered the Royal Navy in the same class. We foregathered in my cabin where they gave me an Argentine National Flag to be used in the burial at sea of Argentine casualties should the need arise. The chief topic for discussion was *Uganda's* role in the conflict. Ian informed me that this was now subject to change. *Canberra* could no longer be used as a hospital ship since she was carrying fighting troops and must be regarded as a legitimate target by enemy forces. We agreed that Edith Meiklejohn, the most senior nursing officer at sea should join me in Uganda to take up the post of Matron. We swapped various types of medical stories and discussed communications. Both were dismayed to find that neither, *Canberra* nor *Fearless* would be able to contact me, and that we were unlikely to meet again until the conflict had ended one way or the other. They were a bit envious of the standard of my accommodation. Even on a

ship the size of Canberra (55,000 tons) with 5,000 personnel embarked, accommodation was extremely restricted and mostly shared. Accommodation on board HMS Fearless, with a full complement of staff officers, was just as limited.

Roger and Ian were able to give me news of the invasion of the Falklands. Some 14,000 Argentine troops were in place in Port Stanley and the surrounding area. Admiral Sir John Fieldhouse Commander in Chief had visited Ascension and given Operation Corporate the objective of retaking the Falklands, with landings to be complete by the middle of May. The final stage was to retake the island of South Georgia code named 'Operation Paraquet'. As a start, a reconnaissance force of SAS and SBS had already landed on 21st April in horrendous weather conditions with the loss of two helicopters, but no serious injuries. Following a bombardment from the warships and a full scale landing on 25th April, the Argentine occupying force surrendered the island on 25th April. There was no loss of life on either side. On the main front, the U.K. declared a Total Exclusion Zone 200 miles around the Falkland Island to exclude ships of all nationalities. The hot news in the fleet was that a major conflict was now inevitable.

After a couple of drinks we wished each other the best of luck, said our farewells, and my guests boarded their launch to return to their own ships. All that evening we continued to take on fuel and stores from RFA's Stromness and Fort Austin as well as 22 vertrep (vertical replenishment) loads of medical stores delivered by helicopter.

Thursday, 29th April, was extremely busy with much coming and going between ships and helicopters. There was even a Russian spy plane seen occasionally taking a close interest. Weighed anchor at 10.00 and moved away offshore to practice flight deck routines with a Wessex helicopter. This took most of the morning. More stores were loaded in the afternoon and Matron also embarked. We had now taken on board our full capacity of fresh water and we tried to work out when we would need replenishing. Our best estimate was that with 300 casualties and water rationing we could operate for 13 days. A signal was sent to Commander in Chief Northwood asking for the delivery of the desalination equipment as soon as possible. In the meantime, we decided to introduce water rationing immediately. This deprived me of the use of my bath. Worse still, the chief engineer warned us that the use of undiluted seawater to flush the heads (lavatories) would cause corrosion and sticking of the valves. The final insult was that we would have to use seawater soap, which has much the same effect as sandblasting! At least The Matrons comment was, “I think I’ll stay dirty.” At least there was no shortage of fresh water on board warships-they have equipment to make their own. The thought of trying to run a hospital under these restrictions was depressing and I said that we must keep up the pressure for delivery of the water-making equipment before we reached action stations. It was no consolation for me to read in the historical review of hospital ships that one of the recommendations repeated time and again was that ships chosen for hospital duties be fitted with evaporators to make their own fresh water.

On Friday, 30th April, we received a signal to proceed south to 31°S 28°W. This location was about 1,000 miles north of the Falklands. Mail was delivered before we sailed. It was very welcome and comforting to know that Helen and the children were missing me just as much as I was missing them. I seized the chance to close my running letter to Helen and send it off; as once we left Ascension it was likely to be a long time before I could send another.

John Butters, my PA, reported that two of the nurses had been offered money by a member of P&O crew to obtain drugs. Signed statements were taken from the nurses and passed to Captain Clark for action, although he warned me that he had very little powers of investigation and punishment and this type of misdemeanour was usually handled by onshore police. Heads of Departments reported at the daily meeting that all working areas of the hospital were now complete and ready for action. In response, I authorised a signal to Commander Task Group, Rear Admiral Woodward, which I have reproduced.

HOSPITAL SHIP CAPABILITY

1; 82 Acute Surgical Beds.
645 Low Dependency Beds
(Dormitory accommodation)
1027 total beds as rigged.

2; Specialist Facilities are available in.
A, General Medicine.
B; Public Health.
C; Pathology.
D; Radiology.

E; Psychiatry.
F; Ophthalmology.

The sight of this signal gave us all a real sense of achievement and I was aware of new sense of purpose in the bearing of the staff. Easy laughter and 'larking about' was replaced by an air of expectancy and quiet determination that we would be ready for anything we were likely to meet. The final item on the agenda was the range of drugs and dressings required for the ships lifeboats.

From the boat deck on my early morning walk on Saturday, 1st May, I enjoyed the most glorious sunrise and the sight of a school of porpoises keeping station with the ship. The ships log showed me that we were 9° south of equator on a calm sea with an air temperature of 27°C. My euphoric mood did not last beyond breakfast. We heard on the BBC World News that the assault on the Falkland Islands had begun with 20 one-thousand-pound bombs having been dropped from Vulcan bombers on the airfield at Port Stanley. The Vulcan's must have been rescued from museums since they had been obsolete for years, but of course they had an enormously long range. Our flight deck officer told me that the flight from Wideawake airfield at Ascension to Port Stanley must have taken at least 16 hours with refuelling several times in flight-no mean achievement. Shortly after breakfast Alastair Scott Brown, our psychiatrist came to see me to report that one of our medical officers was suffering from mild depression. Soon after, my senior administrative officer, Rick Pollard, made a complaint against a junior officer for bad manners and

swearing. After hearing both sides I ordered the junior to make a written apology. The long spell confined to the ship without any shore leave, had, had the customary effect, well known to ship's commanding officers.

That evening Captain Clark invited my senior officers and me for a few drinks in his cabin situated on his private deck. This was immediately above mine and was even more luxurious.

CHAPTER FIVE

Naval Operating

Surgical Hospital

HMS Sheffield was struck by Exocet missiles on 4th May and sank the following day. The news reached Uganda on the morning of Wednesday, 5th May. We realised immediately from the description of the attack that most of the injuries were likely to be burns. Since we were the nearest and indeed the only ship capable of dealing with these injuries, an immediate signal was sent to the commander in Chief Northwood informing Commander Task Force Group, which I reproduce.

1; In addition to facilities at ref now have fully operational burns unit with plastic surgeon and intensive care facility.

2; If required could be at perimeter of TEZ by 1106OOZ May. (06.00 Local time on 11 May)

In view of expected early involvement in action, it was decided to issue everyone on board with Red Cross ID cards and hospital staff with Geneva Convention Instructions. Within a few hours we had received an answer via satellite to proceed with maximum speed from our location 27° S to the Total Exclusion Zone at 50° S to receive casualties. We were given details of an arranged rendezvous with an RFA supply ship for two days time en route. Some idea of the huge distances involved can be gained from the estimated time taken to reach our destination of five days, steaming at maximum speed.

This decision effectively cancelled the role of Uganda as a depot hospital ship located in a Red Cross 'box' located 1,000 miles north of the Falklands. It took us into the TEZ and, ultimately, to receiving casualties from the battle front.

During our five-day passage, Commander Charles Chapman, our consultant plastic surgeon supervised the rigging of the 18-bed ships sick bay to burns unit standard. P&O engineers provided positive pressure ventilation and extra heaters to bring the ambient temperature up to 85° F-the optimum for the treatment of burns. Two senior nursing officers, Sister Hamill who was ICU trained, and Sister Asendorf who was burns trained, were put in charge of the unit.

As a result of the assumption of our new role it became necessary to inform Commander in Chief Northwood of our

precise position daily, so that this information could be passed to the International Red Cross in Geneva, Switzerland for onward transmission to Argentina.

On Friday, 7th May, we met up with a convoy led by HMS *Antrim* (07.00) and were able to make use of *Antrim's* helicopter to carry out a CASEX involving the transfer of live 'casualties'. I asked for the transfer of two young anaesthetists who were with the convoy, Surgeon Lt Commander Muggeridge and Surgeon Lt Tighe, but by the time we had confirmation from Commander Task Force Group, the CASEX was finished and the opportunity was missed at that time.

In the afternoon, RFA *Tidespring* came up to refuel us. A south-westerly wind of force 5 was blowing with a wave height of about ten feet. I went down to 'A' deck to get a closer look at the refuelling. At such close range, Tidespring (26,000) looked enormous and at times her stern rose completely clear of the water exposing momentarily her huge propellers. It is a nerve-wracking procedure and the RFA seamen had to be alert to take up or pay out slack in the fuel lines as necessary. Both captains must be ready to break off in an instant if collision appears imminent, sacrificing both lines and fuel. I received information from Commander in Chief Northwood on Saturday, 8th May, that Argentina had registered a hospital ship named *Bahia Paraiso*. This was reported to be a polar exploration vessel converted for the reception of casualties with an integral flight deck and two dedicated white painted helicopters with Red Crosses. These were a Puma and an Alouette. By that date we had

reached a position 36°S, temperatures were falling although still mild and south-westerly winds were freshening up to force 7. More medical stores were received by Wasp helicopter from HMS *Plymouth* at 18.30 and we continued south at maximum speed.

Sunday, 9th May, was quiet. This was accentuated by fairly dense fog, and I had a feeling that this was the calm before the storm. Morning service was held in the music room as usual. Our two chaplains had constructed an ecumenical service with well-known traditional hymns played by the Royal Marines and sung in lusty naval fashion. Rick Pollard accompanied the band on his cornet and David Baker on the violin. Later I received a coded signal from Commander in Chief Northwood confirming our earlier instruction dealing with disposal of the dead-south of Gibraltar by burial at sea and north of Gibraltar by repatriation. I discussed the order with Captain Clark and obtained his agreement before replying in code 'concur'

I knew that we would be meeting up with our hospital transports, HMS *Hecla, Hydra, and Herald* on the next day so I took the chance to update my letter home. I rose early on Monday, 10th May, to take my walk along the boat deck. The fog was so thick I could not see the ships stern. It was an eerie experience with an absence of sound except for the distant rumble of the ships engines, still pounding away at maximum revolutions. The ships log showed north-easterly wind force 1, visibility nil.

We were due to arrive at the TEZ the next day to rendezvous with HMS *Hermes*, an aircraft carrier to which

most of the casualties from HMS *Sheffield* had been transferred. Final preparations of the burns unit were completed, including ready use storage for the enormous quantities of burns dressing which would be required. Preparations for the reception of Argentine casualties were also made. One of the 'D' deck dormitories was chosen for low dependency casualties and was equipped with plastic cutlery and arrangements were made for a marine guard on the door. A separate dormitory was made ready for Argentine officers.

By 10th May we were far enough south to experience sharp deterioration in the weather with rising winds and heavy seas. We had more than 10,000 tablets of Stugeron on board to combat seasickness and these were made available to all staff on demand. Fortunately, seasickness was not a problem. In spite of the absence of stabilisers, *Uganda* was a very steady ship thanks to the saddle tanks of fresh water. In addition, the long journey south had given most people their 'sea legs' and only one nurse had to be sent home during the first few days of the voyage.

Commander Task Group identified (via Northwood) a new Red Cross Box, which *Uganda* would occupy outlined by coordinates 48-49S and 53-54W. Since she was unable to anchor she had to steam slowly and continuously round the Box to maintain steerage. The Box was located just inside the TEZ about 160 miles from the Falkland Islands and well within reach of enemy planes.

The concept of a 'Box' also provided Argentina with exact information on our position. It was a sound idea but in

war, even sound ideas may be eventually discarded in response to immediate needs. This 'Box' became known throughout the fleet as the 'NOSH BOX', short for Naval Operating Surgical Hospital echoing MASH, the American television series which was running on British screens at that time. Since we were now in a war zone, it was time to provide all patients' beds and bunks with lifejackets and arrangements were made to secure the lifejackets to each bed-head with quick release ties.

Early morning on Wednesday, 12th May, found me on the boat deck holding onto a rail in a force 8 gale as we entered Noshbox. In spite of the turbulence, our first helicopter from HMS *Hermes* brought a sick Surgeon Lt. and returned with one of ours. I suspect at the time that surgeon lieutenants we considered expendable and *Hermes* decided to try out landing arrangements on *Uganda* with one of our own.

At noon, the burns casualties (from HMS *Sheffield*) were embarked from a sea king helicopter without mishap. Their appearance was horrific and although the hospital staff held up well, a number of the P&O crew needed counselling from Alastair Scott-Brown, our psychiatrist and his staff.

The most severely burned was Chief Mechanic John Strange whose burns had affected 44 percent of his body surface. In spite of his pain, modified by heavy doses of morphine, he was able to give me an accurate and vivid account of his injury, which I reproduce verbatim.

"I was standing in my workplace in midships. I heard a loud bang and saw an Exocet missile come through the

bulkhead into the compartment. It failed to explode. I just had time to turn my back to it when the unused fuel inside it ignited."

Chief Strange was on the very seriously ill list for many days, but with immediate skin grafting and expert nursing he made an excellent recovery. His courage and fortitude through the difficult and intensely painful and necessarily frequent dressing of his burns was an example to us all.

Many of the Exocet missiles used in air attacks failed to explode. Because the ships had the protection of the surrounding hills, the Argentine pilots were forced to release their missiles close by at low altitudes, in the interest of accuracy. This gave insufficient time for safety fuses to unravel. In spite of this drawback, the unburned fuel constituted a very effective incendiary bomb, generating enough heat to ignite the aluminium superstructure, which many of our warships have fitted in the interest of weight reduction. It is also appropriate to pay tribute to the flying skills of the Argentine pilots who were operating at the limit of their range and had to fly close to deliver their weapons in the face of the ships' sea-to-air missiles.

Thursday, 13th May, brought thick fog and low temperatures. After breakfast I met Matron as usual in the foyer to go on rounds of the hospital. As planned the foyer had now become a regular meeting place for the officers and nursing officers before the start of the working day to exchange news, discuss problems informally and have a whinge'. It was at that time that the somewhat notorious

dog trainer, Mrs Barbara Woodhouse had a regular television programme. As Edith and I walked off along the passageway leading to the wards, I was sure that I heard a stage whisper of "Walkies," We smiled quietly at each other and walked on without comment. I was equally sure that I recognised the Scottish lilt of Alistair Scott-Brown, our psychiatrist.

Later I had a visit in my office from one of the young doctors from HMS *Hermes*. He was looking pale and a bit stressed out. He explained that on board Hermes everyone was ordered to wear a 'once only' survival suit folded up and strapped to their waist 'day and night'. He was convinced that the same routine should be adopted on board Uganda. I thought for a moment of the signal this would give to our helpless patients, many of them attached to drip lines and catheters and turned down his request. I reminded him that Uganda was a hospital ship registered with the International Red Cross, who plotted our position daily and that we were protected by the rules of the Geneva Convention. After giving him a fair hearing, I terminated the interview and gave him a my orders that I would not prevent anyone wearing the survival aid, but that I would not make a standing order nor would I wear one myself. I did note that he wore one for some time until he was comfortable with the daily routine of his new ship.

The next day, Friday 14th May, HMS Hecla, one of our hospital transports, joined us in our Noshbox. She brought a large shortfall of medical stores and her commanding officer, Captain Geoff Hope. Accompanied by his two

medical officers, Surgeon Lt's Newman and Bruce. Hope came on board to plan a joint CASEX.

That night I woke up suddenly at 02.30 to the sound of a tremendous crash in my cabin. The ship was rolling heavily in very high seas and an occasional table had been hurled across the cabin. For the first time since embarkation I was unable to go the boat deck for my constitutional. The ships log showed a south-westerly force 10 with the ship rolling up to 18° to port and starboard. I was pleasantly surprised to find that there was little demand for sturgeron anti-seasick tablets although most staff looked distinctly tired through lack of sleep.

On MOIC's rounds of the hospital, the burns casualties were healing well as was expected in healthy young men. There was remarkable little evidence little evidence of infection-the benefit of being treated in an environment that had never been used for surgery. Antibiotic resistance organisms such as 'hospital staphylococcus' and the like were therefore absent. The daily burns dressings continued to be a great trial for John Strange, and had to be done under heavy sedation. He was a tough stoical patient and I never heard him utter a word of complaint in my presence.

Uganda was still sailing round her Noshbox on Sunday, 16th May. The gale force winds had abated and we were sailing in calm seas, although the temperature was only 5°. The morning was spent refuelling from RFA *Appleleaf,* which brought mail for us at long last. People were quietly reading their letters in odd corners everywhere, myself included. It was clear from reading Helens letter that she

knew much more about the progress of the war than I did. News coverage was so efficient that video film of the action could be watched on television within hours of the occurrence. This caused a great deal of anxiety among the wives and families and although she obviously tried not to pass on her worries to me, it was not too difficult to read between the lines.

Later that same day, at the invitation of Geoff Hope, Andy (Gough) and I went across to HMS *Hecla* in her helicopter to inspect the arrangements on board for transporting casualties. Amazingly, they had managed to squeeze in 50 beds in various mess decks, and another 25 beds in the wardroom and as Geoff assured me, "In extremis-no limits." This left the ships company eating in the passageways and slinging hammocks wherever they could find space and a couple of hooks, but no one was complaining. The capacity of a close knit organisation like the Royal Navy to adapt to almost any degree of hardship in an emergency must be one of its greatest assets, and believe me, the sacrifice of their personal comfort proved invaluable and was used to the limit.

The same day we received a signal giving *Uganda* tactical control of the hospital transports and also informing us that HMS *Hydra* and *Herald* were to join us in our Red Box on 20th May.

After we received TACON of all the hospital ships, we had a meeting to work out a programme for the movement of the three ambulance ships between *Uganda* in her Noshbox and Montevideo in Uruguay, where arrangements had been

made to uplift casualties by the RAF casevac system. A signal was sent to Commander in Chief Northwood giving details for his approval. Much to my surprise we received a secure communication delivered by helicopter from Commander Task Group accusing *Uganda* of compromising the task group organisation. We had no chance to reply as we could not communicate directly with CTG. Perhaps this was just as well. Since *Uganda's* position was given freely to the Argentine government daily, I failed to understand CTG's concern. I certainly did not lose any sleep over it, although Andy seemed rather upset.

Much to my relief, two desalination plants were delivered by helicopter on 18th May. All in 22 Vertrep loads of machinery were dropped onto *Uganda's* flight deck from HMS Intrepid. I was told that these machines were at the leading edge of the water industry and that a small factory in England had worked non-stop to construct them.

The chief engineer and his staff worked for 24 hours to put them together and make them functional. They were given the names of Niagara and Kariba (Dam) but mostly referred to as 'those bloody machines' I went up to have a look at them on completion. They were weird looking contraptions, consisting mostly of large amounts of armoured pipes and hoses. There had been no time to make a casing for them. Seawater fed into them at 700 pounds per square inch, producing 50 tons of fresh water every 24 hours. They could not be operated within three miles of land-not a problem at that time as we were 160 miles away from the nearest shoreline. They broke down regularly and needed a duty engineer to watch over them every day, but we had

much reason to be very grateful to the workers who made them.

On 19th May we were joined by HMS *Hydra* and received a rather strange signal from Northwood asking me for reports of Argentine casualties which you are about to receive. At that time we had no information on any casualties. However the captain of HMS *Hydra*, Commander Campbell was able to tell us that an Argentine fishing vessel, the *Narwhal*, which had been converted to an intelligence gathering ship with masses of sophisticated equipment and bristling with aerials, had been attacked and sunk. Argentine survivors would be arriving on board HMS *Hecla* the next day.

I was relieved to find moderately good sailing conditions in the early morning of Thursday, 20th May. Looking at my desk diary I noted that *Uganda* would be in company with all three transports now known as the hen and her three chicks. This was an ideal situation to carry out an effective CASEX. It was quite a historic sight to see all four ships in formation. A passing warship took a picture of us, and Geoff Hope, HMS *Hecla's* captain brought me a nicely framed black and white photograph when he arrived at 08.30.

In the interest of speed and safety, the Argentine casualties were transferred by *Hecla's* Wasp helicopter and the first group arrived hot on the captains heels. We received a total of 24 Argentines and seven Royal Navy casualties. Most of the Argentine were suffering from exposure and immersion injuries. With the exception of

one seriously injured fisherman they were assessed as low dependency patients and were accommodated in one of the dormitories. They were obviously frightened and did not know what was likely to happen to them in the immediate future. Their relief was palpable when they met Father Chris Bester in his capacity as priest and interpreter. In view of the fire risk and limited ventilation, smoking was restricted and supervised. In fact there was forced ventilation in all the dormitories which kept the air reasonably fresh, but the portholes were too near the waterline to be opened while the ship was at sea.

As far as the CASEX was concerned the transfer of the volunteer casualties by sea boat and secondly with the small ships coming alongside, was a miserable failure. In fact I had to halt the exercise halfway through to forestall serious injury or worse. Due to the high waves and the difference in size of Uganda and the much smaller ambulance ships, the huge rise and fall between the hulls made safe transfer impossible. This effectively scuppered the original plan of doing a casualty transfer, and from that point on, all transfers were made by helicopter.

I was kept busy for the rest of the day. I chaired a planning meeting with the three commanding officers and six medical officers from the ambulance transports. Among other arrangements, I planned to visit Hydra and Herald to inspect their conversion for casualty reception. At the Heads' meeting that evening, among other business we discussed, was arrangements for each British casualty to make one telephone call home, as soon as they were well enough, using the satellite communication system. The

ships entertainment officer very kindly offered to set up a programme of games, exercises, and video films for the Argentine casualties. This was gratefully accepted.

Seaview Ward in the stern of the ship was in full operation when I visited on the MOIC's rounds on Friday, 21st May. I noticed that the steel roof supports were being put to good use as intravenous drip stands. Morale among the casualties was high and they had lost that strained appearance so noticeable on their arrival. We had already used transfused blood and John Buchanan; our pathologist arranged a blood donor session, which produced 80 fresh pints of blood without difficulty.

Andy came to see me in his official capacity late in the morning to register a complaint about one of the medical officers. I guessed it would concern our anaesthetist, who was always happy to air his views about the conduct of the conflict and liked to liven the dull moment. Andy had already given an official warning so I was able to talk to him in an informal way and tell him in an informal way and tell him to keep his opinions 'within the family'.

The MOIC's rounds on Saturday, 22 May, included the Argentine dormitory. The fishermen, through Chris Bester, expressed their gratitude for their treatment and anxiety about their future. I was able to tell them that they would go by sea to Montevideo in Uruguay where a team from the International Red Cross would be waiting to take them into their safekeeping. They would then be repatriated to their homeland-a journey of several thousand miles although *Uganda* was only 300 miles from Argentina. We had one

Argentine naval officer who had remained sullen and uncommunicative, but he brightened up when he heard the plans for his future. Chris was sure that he understood English perfectly but he would only communicate in Spanish.

From the dormitory we walked towards the stern to the burns unit in the ship's sickbay, Chris Hamill, the Sister in Charge told me that she was having difficulty in persuading the patients to drink sufficient fluids. This is vitally important due to high fluid loss from the surface of burned skin and is aggravated by the high quintessential temperature required in the unit to reduce shock. I thought I might have an answer to the problem and I said I would get back to her.

At the captains' meeting the chief reported that one of the desalination units had become unserviceable and that we needed 900 tons of water urgently, I promised to send an immediate signal requesting a rendezvous with a supply ship. I asked Barry Mulder about his stock of beer on board. After some ribald comments, I told him that I had decided to revive an old tradition in Naval Hospitals and issue two cans of beer daily to every casualty. This proved to be a very successful manoeuvre and improved morale throughout the conflict. After rounds I had a visit from Mr McCorish, one of the P&O crew who ran the P&O bar. He presented me with £120 in cash that had been collected in the bar for the '*Sheffield* casualties' to provide them with comforts. I was touched by their display in the crew bar.

Just before lunch we practiced a Jackstay transfer with HMS *Hydra*. This is a manoeuvre well known throughout the Royal Navy for transferring personnel from ship to ship at sea in a sling suspended from a line stretched between two ships, but it can only be carried out in reasonably calm weather. Because of the continuously high waves this was never used to transfer casualties to *Uganda*. Considering that the temperature was falling steadily as we moved further south towards the Antarctic, this was just as well.

Sunday, 23rd May, was uneventful-the MOIC's rounds followed by morning service and an amusing video after dinner. If I remember correctly, the video was 'Smokey and the Bandit' which made for easy viewing. This was indeed the calm before the storm. Unbeknown to us at the time, the British fleet had been attacked by almost the entire Argentine Air Force in San Carlos Water and was losing both ships and men.

The call for Uganda came on Monday, 24th May, at 19.24. We were ordered to leave our Noshbox and proceed with maximum speed to Middle Bay at the entrance to Falkland Sound. It was not too difficult to work out that the number and severity of the casualties had risen beyond the capacity of the Ajax Bay Field Hospital and that we were heading into the thick of the battle.

We entered Middle Bay at 21.30 much to the surprise of HMS Coventry, a guided missile destroyer. Our instructions had come directly from Northwood and were therefore unknown to the warships. Sadly this was the last we were

to see of HMS Coventry as she was sunk the next day. We took up station just off Eddystone Rock overnight and awaited further instructions. This was our first sight of land since we had left Ascension Island. On a cold wintery night in a force 7 wind the view was far from welcoming. I spent a disturbed night wondering what we were to face in the morning.

Casualty reception started at first light on Tuesday, 25th May. At 09.25 two Argentine Seahawks (Skyhawks) flew over in attack mode. Much later I learnt at a debriefing at Northwood that the Argentine pilot had radioed his HQ at Port Stanley for permission to attack. This request was firmly denied but nevertheless the 12-foot Red Cross on *Uganda's* hull must have made a tempting target. We continued to take casualties from helicopters throughout the day, the last casualty flight bringing burned and injured men from HMS *Coventry*, using HMS *Broadsword's* helicopter. The total for the day was 23. The next day, 26th May, casualties started to come in the early afternoon. This was fortunate as it gave us time to clean up the CRA, start operating lists and bring clinical and casualty signals up to date. Two of the casualties were placed on the 'very seriously ill' (VSIL).

All three ambulance ships were with us, and another planning meeting was held with all three commanding officers. These survey vessels were not built for speed. The CO's informed us that the duration of the voyage from our present position to Montevideo and return would be seven days depending on weather conditions. We now had 88 casualties with 42 waiting to move by HMS Hecla and the

hospital staff were becoming seriously stretched, and this was especially noticeable in the staff of the Burns Unit. Round-the-clock nursing in room temperatures of 85°F was proving exhausting for nurses, and the specialist burns nursing officers had each lost 14 pounds body weight. I sent a signal to Ministry of Defence requesting 12 more nursing staff, including a burns technician.

We were also using enormous quantities of burns dressings, and re-supply via the returning ambulance ships was requested. Because of the pressure of work, formal ward rounds were reduced to twice a weekly although Matron and I continued to visit every casualty daily.

Our many hours of practice during a Casualty Exercises on our way south were now paying off, and casualty reception was running fast and efficiently. Because of the acute shortage of helicopters in the Task Group, Commander Task Group could not afford to set aside machines painted white with Red Cross protection dedicated solely to casualty transport. Battle helicopters were used whenever they could be spared and therefore, could be regarded as legitimate targets even when sitting briefly on *Uganda's* flight deck. Their rotors were not stopped when unloading casualties and they took off immediately.

Follow with me a stretcher-borne casualty as he was unloaded from the side of the helicopter. A six-strong team of marine's moves in fast under the whirling blades, lifts the stretcher out, and takes him down the ramp at the run, each with one hand on the stretcher and one gripping the handrail. The middleman on one side holds a drip bottle at

shoulder level and the other middleman steadies the wounded man on the stretcher. At the foot of the ramp, the stretcher pauses briefly and the tag man checks the casualty's dog tags or other ID writes the name and number on the luggage label, and snaps it round wrist or ankle, or even the infusion line. At the same time the rest of the chaplains recording team fills in the same information on a set of notes and places them on the casualty's chest. The stretch moves on fast into the Casualty Reception Area and is placed on one of the stripped down beds. One of three waiting doctors moves over and quickly assesses pulse, blood pressure and level of consciousness. He then directs the waiting line of nurses, male and female and P&O off-duty volunteers to carry the stretcher or takes blood for immediate cross matching. The casualty moves out of the CRA to

1, The Operating Theatre for immediate resuscitation, and surgery.

2, Seaview Ward for clinical examination and wound dressing, with further move to the X-ray dept if retained shrapnel is suspected.

3, Dormitory ward, with escort where clinical examination is done by a waiting doctor with wound dressing if required.

In slower times, the administrators interview the casualties. They confirm identity and next of kin and take a look in the clinical notes to get a brief description of the injury. They hurry back to their office and spend hours compiling information for enormously long daily signals.

They know relatives will be waiting anxiously for news, and it must be accurate to the smallest detail. So passes our day and a great deal of the night.

It was Thursday, 27th May, and the helicopters started to land at 08.30 bringing wounded soldiers from Ajax Bay field hospital. There was great concern in the fleet that casualties were being transferred using unprotected helicopters. We received a copy of a signal via satellite sent in code from CTG ordering that unprotected helicopters must transfer the wounded at night only. Helicopters used during the day must be painted white with red crosses. Within 24 hours this order had to be countermanded due to casualty overload aggravated by shortage of helicopters.

CHAPTER SIX

The Unacceptable

Face of War

Medical staff, accompanying helicopters from Ajax Bay, brought us up to date with events in San Carlos water and the horrific cost in ships and men. We were told that Argentina had lost almost one third of their entire air force. This was of little comfort to us as doctors when we looked at the maimed bodies of young men under our care. A hospital ship surely illustrates the 'unacceptable face of war'.

Many of the casualties arrived, stripped of all clothing by burns or blast and wrapped only in a blanket or thermal sheet. As they recovered they required clothing, which was supplied by the Chief Purser. Fortunately Uganda had large stores of T-shirts and shorts and, was able to cope with demand until a supply of basic items of uniform could be obtained from Montevideo via the hospital transport ships; I made a note to include clothing stores in our recommendations for future hospital ships.

Friday, 28th May dawned with a force 9 gale, which made the transfer of 42 casualties to HMS Hecla for onward movement; difficult for us and unpleasant for the casualties. Most of them, including 24 Argentines, were ambulant. The stretcher cases were given painkilling drugs before transfer.

My request for more staff from the U.K. was approved. Meanwhile, I asked for six staff and one medical officer from each ambulance ship in rotation while the ship was on passage to Montevideo. The staff would be returned to their ship when she rejoined *Uganda*. The three CO's approved this plan without reservation. One of the surgeon lieutenants on HMS Hydra wrote to me asking for a permanent transfer to Uganda. Understandably though, his CO was unwilling to release him in view of the projected workload. Information was relayed to us that the land battle to retake the Islands had started so we prepared ourselves for the worst. By the end of the day we had received 38 new casualties. By early in the afternoon (14.21), five Argentine Seahawks (Skyhawks) buzzed us.

This incident with the enemy planes brought home to us all that the ship was now in a situation of considerable risk in spite of her Red Cross protection. Uganda isolated, unarmed, and floodlit at night, was a possible target for some battle stressed Argentine pilot. I was beginning to get feedback that levels of anxiety among junior staff, especially the women were rising. I took the opportunity to address the staff at one of our training meetings to remind them of the various levels of protection given to us by registration with the International Red Cross in Geneva. I assured them that I was confident that our protection would hold firm, especially as we had a large number of Argentine casualties on board. Finally, I said that the only recorded fatality that I could find was during World War I, when a hospital ship was dive-bombed. This resulted in the loss of the Medical Officer in Charge, who at the time,

was in his cabin high up in the bows of the ship. I offered to swap cabins with one of the junior staff down in 'A' deck, but there was a chorus of refusal.

Saturday morning, 29th May, saw *Uganda* back in the relative safety of our Noshbox to receive stores. The location was chosen more for protection of the supply ship than *Uganda*. Even here casualties were delivered by long range Wessex helicopters. We received a welcome signal to inform us that 13 medical personnel sent from the U.K. had reached Montevideo and would complete their journey on board HMS *Hecla*.

The call came by signal at 18.46 for us to proceed to Grantham Bay and anchor three miles off shore ready to receive casualties. The signal also informed us that 'diplomatic routes' had informed Argentina. This location was just six miles south of San Carlos, with just the Sussex Mountain between Uganda and 'Bomb Alley'. We passed through the narrows of Falklands sound at 22.00 and let go the anchor in Grantham Sound at 23.53. From our position we could hear the noise of explosions on both land and sea.

On Sunday morning, 30th May, the wind had dropped to force 7. From my vantage point on the boat deck I could see that the hills were covered in snow. We had now been six weeks at sea and I would have given a great deal for the opportunity of a walk on my own to get away from the pressures of the job. Then I thought of the soldiers of both sides, lying in the snow soaked to the skin and chilled to the bone. I went back to work determined to do my best for them both British and Argentines. Casualty reception

started before I reached the breakfast table and a Surgical Support Team (SST1) accompanied the first group. This consisted of Surgeon Commander Neville Scholes, a general surgeon, with two junior doctors and 16 medical assistants from HMS Hermes, an aircraft carrier and made a valuable addition to our overworked staff. Our greatly needed stores arrived by HMS Herald. At 16.00 we received orders to clear the Sound and sail for a new Noshbox not too far north of the Islands, but more to the east, out of the path of incoming Argentine Skyhawks. I head later that Argentina had lodged a complaint with the United Nations to say that Uganda was situated too close to the Falkland Islands, was interfering with the course of the war and consequently, her safety could no longer be guaranteed. This was fully reported in the news media in the U.K., and caused considerable anxiety among families, not least my own.

The days total casualties included ten Argentine soldiers, two of which were mostly 17 to 18-year old conscripts taken from farming communities, with little knowledge of politics or geography and had no idea where they were. In addition to war wounds, they suffered severe exposure. They had been lying in the snow and surface water for two weeks and a number of them required amputations, bilateral in one case. They were frightened of their immediate future and took great comfort from Chris Bester, their priest. For his part, Chris became strongly identified with them and he came to see me to say how upset he was as he listened to their accounts of their treatment on the battlefield. He told me that he intended

to resign from the Royal Navy on his return to the U.K. I made no attempt to dissuade him, but only said that his attitude may change after he reached home.

We were back in Grantham Sound by 09.30 on Monday 31st May, in foul weather, which prevented us from anchoring. I received a complaint from the Foreign Office via headquarters in Northwood that we were sending too many casualties at each on move. This was causing a huge overload of paperwork for staff at the British Embassy and delaying the release of the wounded for the flight home by RAF casevac planes. Although I could understand their problems in what must have been a tricky political situation in a foreign country, I had my own priorities. By the end of the day we had received 39 new casualties, bringing the current total on board to 171 and we had no time to worry about the situation in Uruguay.

By this time we had 38 wounded Argentines on board and most of them were now fit enough to move. Since ARA *Bahia Paraiso*, the Argentine hospital ship, was presumably heading for the TEZ, rather than send the Argentines all the way to Montevideo and then back to Argentina, it seemed reasonable to ask for permission for the two hospital ships to rendezvous for transfer, using *Bahia Paraiso's* dedicated helicopter. Our Senior Naval was none too happy about this and was very doubtful that permission would be granted, as there was no precedent. I agreed to send the signal and kept my fingers crossed. I suspected that my signal would provoke a violent reaction in Northwood, along the lines of "What the-does he think he is playing at." It did! I learned much later that this

request resulted in much legal discussion among the U.K. Switzerland, and Argentina. Fortunately we received the go-ahead after 48 hours, with the proviso that Uganda should control *Bahia Paraiso's* movements.

We spent Tuesday and Wednesday, 1st and 2nd June, transferring casualties to HMS *Hydra* and refuelling from RFA *Olmeida*. This was done in a different Noshbox well out of range of enemy aircraft for *Olmeida's* protection. She was packed with huge amounts of fuel and ammunition, with the sea route being the only supply line available to fight a war 8,500 miles away from home base.

We received a signal informing us that an International Red Cross team from Geneva was on the way from Montevideo via HMS *Hecla* to inspect both hospital ships. This was a mixed team of doctors and ship experts, some who would visit the Falklands to look after the interests of the civilian population.

We received a visit on 2nd June, from Surgeon Rick Jolly; Rick was the senior Naval Medical Officer at Ajax Bay Field Hospital. Before sitting down with him to discuss our mutual problems I asked him what he needed most. He looked round at my bathroom and said, "I'm desperate for a bath." I told him help himself, and he came out looking a different colour!

He was going back via SS *Canberra* so I asked him to take a request to Surgeon Captain Roger Wilkes to send Surgeon Commander Omrish Chakraverty to *Uganda*. He was a consultant orthopaedic surgeon, who would be more use on Uganda than on board *Canberra* doing sick parades.

Rick told me that Army Field Ambulance No 16 had arrived. This was made up of 130 staff commanded by Colonel Roberts RAMC. The plan was to set up a second field hospital at San Carlos Bay prior to the advance to Port Stanley. The Ajax Bay facility would remain in situ.

I was surprised when the first casualties arrived on Thursday, 3rd June, to find four of them with eye injuries from shrapnel, one of them with injuries to both eyes. Since there was no eye surgeon ashore, these men had been sent directly to *Uganda* for assessment and treatment. I had no hesitation in leaving my administrative responsibilities in the capable hands of Rick Pollard, my administrative officer while I examined them in turn and arranged operating theatre slots. Fortunately the weather was calm (force 2) and Captain Clark was kind enough to head the ship into the wind while I was operating. Using diamond tipped scalpels under magnification on a ship at sea is not for the faint hearted. With the pressure of work, we were using two operating tables simultaneously and extending operating hours well into the evening. This was hard on OT staff, but I never heard them complain.

By 3rd June we adopted a sailing pattern of arriving at Grantham Sound at 09.00 and left around dusk at about 1830 to head for our Red Cross Box. We were not allowed to stay in the waters of the Sound during the hours of darkness. This caused much discontent among troops ashore and afloat who felt that Uganda should have stayed at anchor in the Sound to save helicopters-flying times. However, the rules of the Geneva Convention made in quite clear that designated hospital ships must remain floodlit

during the hours of darkness. Uganda would therefore, have provided an excellent navigation beacon for incoming Argentine aircraft intent on attacking the Fleet.

The constant reception of large numbers of casualties had ironed out the wrinkles in our organisation and flight deck party, Marine stretcher bearers, off duty P&O crew, and hospital staff were working as an integrated team. This is perhaps best illustrated by recording that the time taken for casualties to be unloaded from the helicopter sitting on the flight deck carried down the ramp, labelled and documented through triage into hospital was three minutes.

Triage can be defined as 'the sorting of casualties into priorities for treatment'. On several occasions members of the nursing staff asked to see me to express their concerns about principles of triage which, to deal with large numbers of casualties arriving pretty much simultaneously, ranging severity from the minor to the dying, some degree of immediate selection is inevitable and beneficial. Triage has been carried out by British Forces with both care and compassion since the Boer War and is an essential part of the training of every military surgeon.

Rendezvous with the Argentinean hospital ship *Bahia Paraiso* was made at 07.00 on Friday, 4 June, in our Red Cross Box; we were away from battle stations. *Bahia Paraiso* was a 900-ton exploration ship, which had a dedicated hospital deck and carried two white painted red-crossed helicopters, a Puma and an Alouette. In accordance with Geneva rules, she sent her Puma over to *Uganda* to

pick one or two senior surgeons and me to inspect her hospital facilities before casualty transfer.

I climbed into a bright red immersion suit and boarded the helicopter for the brief flight. I was pleased to see that the sea was fairly calm, as many of the wounded Argentinians were non-ambulant, and it would make their journey much less stressful. After touching down lightly on the flight deck, I was taken to the captain's cabin to discuss details of the forthcoming transfers while my staff went off to tour the hospital deck. The captain was a naval seaman commander who spoke excellent English. He made me very welcome, and sitting on his desk was a bottle of Black Label Scotch and two glasses. We wished each other good fortune in the traditional manner, and he told me that he had learned his English while doing a year's navigation course at HMS *Dryad* in Hampshire. He was delighted when I was able to tell him that I had spent two happy years at *Dryad* many years previously as the medical officer, in the rank of Surgeon Lieutenant. It was a strange meeting of two representatives of opposing forces in an enemy ship with a full-scale battle in progress just a few miles south of our position.

Both of us were fairly guarded in our conversation outside immediate arrangements for casualty reception and the on move, and no mention of the progress of the conflict was made. We then walked down to the hospital deck to meet the medical officers. It was immediately obvious that, in typical medical fashion, all differences of race and politics had been overcome in the technical discussion of current clinical problems and the welfare of casualties.

Fortunately, most of the Argentine doctors spoke fluent English. One young medical officer had been recalled from a training post in Great Ormond Street Children's Hospital in London and hoped to return there to complete his training. I noticed that Andy Gough (escort) was unusually reserved, understandably, as he was a seaman officer on an enemy ship under a medical flag of truce.

Bahia Paraiso had 125 tiered bunk beds and ten intensive care beds. There was also a small, well-equipped burns unit with an electrically heated stainless steel bath, which made our alfresco, wooden-framed canvas bath look a little old-fashioned. They had adequate supplies of drugs and transfusion fluids, including blood, and generously offered to supply *Uganda* if urgently needed.

After arrangements were made for the Argentine medical officers to come over to *Uganda* to make a medical round of their casualties, we boarded the helicopter for the return journey. Just before takeoff, a case of Argentine wine was placed between my feet. I invited the captain to visit *Uganda* in company with the doctors, but he politely refused and I thought it better not to press him further. I never saw him again.

The historic transfer of 47 casualties was completed by midday and Bahia Paraiso moved off to ferry their wounded to hospital ashore in Tier del Fuego, 300 miles away. As she left I received a signal from the Commanding Officer simply worded ‘thank you’.

We stayed in our Red Cross Box all Saturday, in a freshening wind and received casualties by helicopter in

the afternoon. HMS *Herald* returned from Montevideo and I accepted her captain's invitation to visit and inspect their arrangements for casualty transport. I was truly astonished to find the junior ranks dining space completed stripped and fitted with 80 bunk beds in two tiers. Apparently her two young doctors had taken a party of her crew round Portsmouth dockyard and purchase every foot of 3" x 3" timber they could find, and the ships company had constructed the bunks in the only large space in the ship. The sick bay was used as a dressing station. I could only admire their ingenuity. I stayed for a 'pot mess' lunch with Commander Halliday. To this day I do not know what *was in the pot mess but whatever it was, it was delicious.*

Sunday, 6 June, saw us back in Grantham Sound by 10.00, unable to anchor because of force 9 gales. During my rounds I found I found the situation in the Seaview Ward fraught with hazard. This ward was located in the extreme stern of the ship and rising and falling like an express lift. The casualties were safe enough snug in their beds firmly secured to the supporting pillars, but the nursing staff was taking a battering. I watched a nurse, walking through the ward carrying a stainless steel dish holding drugs and a syringe, being thrown hard against a bulkhead. She picked herself up, straightened her uniform and returned to the nursing station to start all over again.

In the intensive care ward, one of our casualties, a young marine was now on the very seriously ill list. His condition was worsening in spite of extensive abdominal surgery and continued blood transfusion, which was now up to 31 pints.

The junior nurses were quiet and obviously distressed by his condition.

We received 17 casualties, all of them British. Some of them were suffering from trench foot caused by lying on the hillsides partly submerged in freezing slush. It seemed extraordinary to me that our soldiers were still suffering from this injury which caused so much suffering 70 years ago in WW1.

Another problem that day was the provision of clothing for casualties. Many of them came on board wrapped in blankets or thermal foil, while others had to have their clothing cut away from their injuries. By this time *Uganda's* huge stock of T-shirts, shorts, and jeans was almost exhausted and we had to send an urgent signal requesting re-supply.

Later in the day Surgeon Captain Barry Blackstone paid me a visit from the fleet. He told me that casualties were now piling up at Ajax Bay field hospital because *Uganda* was leaving the Sound every evening. After discussion with Captain Clark, we decided to stay in Grantham Sound for that night.

Still later, David Baker, one of our anaesthetists, came to see me to request a transfer to Ajax Bay. I told him that it would need to be on a one-to-one basis and promised to discuss it with Rick Jolly, Senior Medical Officer at Ajax Bay during his next visit.

We had to leave Grantham Sound at 04.00, after receiving a signal from HMS *Herald* that she was waiting in the Red

Cross Box to unload seven tons of medical stores. In addition, she had brought 13 RN medical assistants from the U.K. and a Red Cross inspection team from the International Red Cross in Geneva.

We joined *Herald* by midday on 7th June, and the transfer was completed successfully, if uncomfortably in a force 6 north-westerly wind.

The Red Cross team was led by Herr Eberlin, a senior ship inspector with three other inspectors and two young doctors, one male and one female, Dr Jacqueline Avril and Herr Dr Loderer-both just out of medical training programmes in Switzerland. After giving them time to settle into their accommodation, we had a briefing meeting.

Their task was to inspect *Uganda* to ensure that she carried no weapons or war stores and that she functioned only as a hospital. Thereafter, the team would visit the hospital transports and *Bahia Paraiso*. On completion they were to proceed ashore and assess the treatment and safety of the local civilian population. The two young doctors were dressed in summer clothes and totally unprepared for the South Atlantic winter, and we had to supply them with warm clothing. They were later taken on hospital rounds by a couple of the younger naval surgeons. They reported later that the Swiss doctors had no previous experience of military casualties and were visibly shocked by the number and severity of the wounded. Herr Eberlin was more experienced and took it all in his stride. In the early evening Herr Berchthold gave a well-prepared presentation

on the organisation and function of the International Red Cross.

Next day Tuesday, 8th June, we began transferring *(61)* casualties to HMS *Herald* immediately after breakfast and made our way back to Grantham Sound dropping anchor at 22.30. It was not until after we returned to the U.K. that we heard that Argentina had sent a warning notice to Geneva that *Uganda* was too near the theatre of war and was interfering with the course of the war and that her safety could no longer be guaranteed. Helen told me later that as far as *Uganda's* next of kin were concerned, this was when their morale hit rock bottom. They were only too well aware that *Uganda* was defenceless and could be destroyed at the press of a firing button by an enemy plane flying overhead.

Later that night we received a direct order from Commander in Chief Northwood that we must leave the Islands by dusk each day and spend each night steaming in a square pattern within our Red Box.

It was about this time that I became aware that the hospital staff was showing distinct signs of stress. The ready laughter and easy camaraderie had disappeared and tempers were frayed. My administrative team confided to me that anxiety over the safety of *Uganda* was again prevalent among junior nurses, who had begun to realise that the ship was completely isolated from the rest of their fleet and could see no immediate end to their situation. In addition, the long hours of work on their feet in the ship in heavy seas was wearing them down physically, as well as

the emotional stress of nursing their maimed and mutilated patients.

I could see no sign of resolution of the conflict either by negotiation or by force majeure (an extraordinary, unforeseeable event) and I began to give some thought to either relief of the ship or roulement (rotation of staff) of the staff. At the end of Herr Berchthold's presentation I took the opportunity to address the staff and assess our situation. I emphasised the protection afforded by the daily update of our position given to the Commander in Charge Northwood for onward transmission via the International Red Cross, Geneva to Argentina. I pointed out that the presence of the ICRC team on board, as well as upwards of 50 wounded Argentines must obviously strengthen that protection.

The disaster at Bluff Cove happened when two landing ships (logistics) were destroyed, it happened on the afternoon of Tuesday, 8th June. The ships, Sir *Tristram* and Sir *Galahad* were loaded with stores and ammunition and were disembarking the Welsh Guards. They were close in to the shore and virtually defenceless. Struck by Exocet missiles, they were rapidly ablaze with exploding ammunition adding to the hazard and causing many casualties.

Uganda arrived in Grantham sound at first light the following morning and the first casualties arrived as soon as we dropped anchor. Initially the casualties were flown from Ajax Bay Field Hospital, but as the numbers increased they were brought from the sick bays of any warship in the

neighbourhood that had picked them up. At times we had three helicopters stacked over the flight deck waiting their turn to settle briefly on the flight deck to unload their wounded, before returning for more.

Sometime during the morning I was asked to go to the bridge to speak to one of the approaching helicopters on the RT. I could see that he was flying a Chinook, an enormous helicopter with two rotors. His voice crackled in my ears, “Look, Sir, my Chinook weighs 15 tons and your flight deck is designed to take 10 tons. I’ve got 37 casualties on board. What do you want me to do?” My father-in-law was always telling me that naval ships were ‘over-engineered’. With that background information in mind, I replied to the pilot, “If you are willing so am I.” He settled the Chinook on to the flight deck as if he was landing on eggs, while I stood in the Seaview Ward underneath and watched for any telltale buckling of the steel deck. Fortunately, *Uganda* was ‘Clyde-built’ in the days when the term was synonymous with excellent and the deck strengthened by the steel pillars fitted by the naval dockyard in Gibraltar held fast.

Back up top on the flight deck the Chinook looked enormous sitting ‘athwartships’ (at right angles to the vessel's centreline) with the rear door hanging over the sea. The starboard door open just as I approached and a head popped out with instructions, “Everybody out, Brits to starboard and Argies by the rear.” The touch of humour was very welcome in an otherwise very tense situation.

Within eight hours of starting casualty reception we had received 159 fresh casualties. Our hard working marine stretcher bearers were overwhelmed and had only time to take the wounded from flight deck down the ramp to casualty reception before running back up to repeat the process. We were, therefore, in danger of coming to a standstill and as a last resort I made an announcement over the public address system asking everyone who was not on duty in other parts of the ship to report to Casualty reception at once. The reception was magnificent and I can still see the long line of P&O helpers, some roused from sleep, barely dressed. Others like the Captain, Chief Purser and Chief Engineer in smart uniforms waiting their turn to pick up the wounded and burned and carry them to the wards throughout the hospital.

The existing high dependency wards filled up rapidly and it was time to requisition our last public room, the music room for burned casualties. I could spare no one from casualty transport but help came from the ICRC team when Herr Eberlin offered to take charge. Within 40 minutes the huge room was emptied of furniture and 50 beds which had been stacked and folded along one side had been assembled, placed in rows and made up with sheets and pillows.

When I was able to get along there two hours later, every bed was occupied by burned casualties, most of them with severe burns to both hands and face. They were unable to feed themselves or take water and many were unable to see out of eyes, which were swollen shut. A veritable forest of intravenous drips was going up and nearly every bed had a

P&O man kneeling alongside giving them sips of water and helping to undress and clean them up under the direction of hospital staff. I have never seen the adaptability of the Merchant Marine demonstrated to better effect.

We sailed from Grantham Sound at 18.05 heading north for our Red Cross Box. We were still pursued by helicopters ferrying out more casualties from Ajax Bay Field Hospital anxious to empty their beds ready for next day.

I managed to get to bed in the small hours. Many of my staff had no rest all that night. Nevertheless, *Bahia Paraiso* arrived at 08.00 the next morning, 10th June ready to receive more of their wounded and two members of the ICRC team. Marine Callan's struggle for life ended that day. I stood by his bedside and paid my respects to a brave young marine who bore his wounds with courage and died with dignity. His death, after such a long struggle, cast a gloom over the entire ship, unremittingly. At that time we had over 300 wounded on board. The immense amount of paperwork arising not only from the hospital, but from the multitude of signals demanded by headquarters in Northwood and the organisation of casualty on move to hospital transports, was driving my administrative staff to exhaustion. As can be imagined, there is no mitigation for errors in casualty signals and even one signal per week identifying over 300 individuals with name, rank, ship/regiment, and details of injuries, involved many hours work. The number of Welsh Guards named 'Jones' turned the task into a bit of a nightmare and every detail was double-checked.

Not all was doom and gloom, however. I watched the daily progress of one soldier who had lost his right arm. He was encouraged by the nursing staff to write with his left hand. They had slung a washing line above his bed and each day they pinned a paragraph which he had written with his left hand. It was wonderful to see the improvement in his writing.

We had a number of amputees on board. I countered nine at one point in the Seaview Ward alone. Their moral was high and it was good to see both their mental and physical improvement after a few days on board, I could only surmise how they would cope on their return home and eventually to civilian employment.

On my rounds of the Burns Unit that day, I was much concerned for the staff. All 18 beds were occupied and the nursing load was very heavy. One of the burns casualties, Simon Weston had 44 percent surface burns, his face being particularly bad. Dressing his burns took several hours each day and had to be done under heavy sedation. Even under sedation it was a desperately painful procedure for him and nerve wracking for his nurses. It was a tribute to Simon and his nurses that he pulled through and achieved a remarkable recovery after many months of plastic surgery when he returned home.

We received notification on Friday, 11th June, that Argentina had registered two more hospital ships, the *Almirante Irizar* and the *Puerto Deseada*. Arrangements were made for the *Amirante Irizar* to rendezvous with *Uganda* in a few days time. It occurred to me that *Uganda*

was taking up the position of 'flagship' of the South Atlantic hospital fleet. John Buchanan, our consultant pathologist, brought me the post mortem report on Marine Callan. Suffice it to say that his injuries were incompatible with survival.

Saturday, 12th June, was spent transferring 71 convalescent wounded to HMS *Hydra* in our Red Box and we were back in Grantham Sound by 14.00 in time to receive 81 freshly wounded. We departed the Sound at dusk as usual. I was kept busy all day with administrative problems. One of the nursing staff, who had nursed Marine Callan, came to see me to suggest that we observed a period of mourning for him and that various small social events be cancelled. I refused to grant her latter request, explaining that our concern must be for the living and assured her that none of us would forget him.

A letter from one of our SAS casualties was delivered to me. In it he reported that he had lost the infrared night sight for his rifle and felt that his future in the regiment would be jeopardised as a result. I was advised that this item of personnel kit cost over £1,000 and is normally closely guarded by the owner. I wrote back assuring him that such a loss by a wounded soldier would be 'written off' and advised him to concentrate on recovering from his injuries.

Sunday 13th June, brought little respite with the reception of 42 new casualties. Both tables in the operating theatre had been in operation for 18 hours daily. The P&O staff continued to do valuable work in their off duty hours

feeding and washing the wounded with damaged or burned hands. However, we needed more nursing and medical staff urgently. By the end of the day two casualties with head injuries had died. David Barlow, our Church of England chaplain made the arrangements for the bodies to be taken ashore for a decent burial.

At first light on Monday, 14th June, Rick Jolly sent a message via a casualty helicopter to say that Ajax Bay field hospital was running low on essential medical stores. He asked me to pay a visit to Ajax Bay to discuss what Uganda could supply. A couple of hours later a Gazelle helicopter picked me up from *Uganda's* flight deck. Visibility from the Gazelle's plexiglass cockpit was excellent. As we climbed from Grantham Sound over Sussex Mountains I noticed that we were flying very close to the ground. When I queried this with the pilot, he told me that this was the safest route to avoid incoming Argentine aircraft.

Rick met me as I jumped down from the helicopter and took me for a tour of the field hospital. It was located in an unused refrigeration plant. At the entrance, he drew my attention to one of *Uganda's* dinner menus that was pinned to the door frame, probably for my benefit. My only comment was that it was not one of the better ones. Inside the building an operating theatre was rigged under canvas. In one corner of the roof a large unexploded bomb was lodged. He told me with a smile, that the disposal experts had looked at it and said that it was too dangerous to shift. "After a while we just ignore it," he said.

We had a good laugh about the young ICRC doctors, who arrived to inspect the facilities. Within a few minutes, before they reached the building, an enemy alert had been signalled. Rick had immediately jumped into a muddy drainage trench and shouted for Dr Jacqueline to join him. She refused saying that it would spoil her clothes. However as soon as the first Argentine aircraft appeared she threw herself into the trench, landing squarely on top of him.

I was able to identify a number of items of re-supply and arranged for them to be picked up by returning casualty helicopters. The return trip to *Uganda* was uneventful and as soon as I arrived I asked for a situation report. We had received a further 52 casualties and some of the ICRC members who had visited Port Stanley had returned. They were very dirty, dishevelled, low in spirits, and were glad to get back to the ship. They told me that there were 590 civilian adults and 100 children in Port Stanley. They were being treated well and adequately fed, but were under considerable mental stress.

Through Commander in Chief Northwood I requested that some of our casualties should be on moved to *Canberra*, I was told *Canberra* was classed as a troop ship and had no International Red Cross protection. Therefore, she could not accept casualties, and we were on our own.

Many dormitories were now in full use for ambulant casualties. On my hospital rounds that day I was dismayed to find that air circulation was poor causing much complaint. I spoke to Captain Clark about opening the portholes, which were kept locked. He explained they were

only opened in cruise routine when the ship was alongside in port. After a rather heated discussion; he reluctantly agreed to open them when the ship was in comparative shelter of Grantham Sound, weather permitting. Happily, when we arrived there, the wind had fallen to force 1, and the portholes were opened under the supervision of the P&O staff for an hour. The stale atmosphere in the dormitories cleared like magic.

On the MOIC's rounds later in the day than usual, I found that the music room had 49 out of 50 beds occupied. The lack of space made staff movement between the beds far from easy. The whole hospital was badly overcrowded by hospital standards ashore. In spite of the recent double on move of casualties to HMS *Hydra* and *Bahia Paraiso*, we still had more than 300 wounded.

I walked into Seaview Ward and found a young Para officer sitting up in bed 'tearing a strip' off a handful of young 'squaddies'. He had lost a leg and his language was foul but seemed to be fully effective. I sat down on the edge of his bed and, speaking quietly, asked him why he felt the necessity to use that kind of language. He apologised and explained that this was common language of his men and the one to which they responded. Every man to his trade!

I received a letter of complaint from a wounded sergeant. He objected to sharing the ward with enemy casualties. I had been expecting some kind of trouble arising from the mix of casualties, inevitable in the high dependency and intensive care wards. But, this was to be the only complaint I received. I told him in person that a hospital

ship was neutral territory in which all hostilities were suspended and that he had to be content. Although we did not mix British and enemy casualties in the low dependency dormitories, we could not afford the luxury of segregation elsewhere.

We received news of the Argentine surrender at Port Stanley, at 13.15 on Monday, 14th June, from the crew of a casualty helicopter. There was very little visible reaction to the ships broadcast. With so many wounded on board and many still waiting to come from ashore, it was unlikely to make much difference for quite a few days and we had little time for celebration. Even the somewhat 'gung-ho' P&O entertainment officers were too busy helping in the hospital to spare time for anything else. I sent an urgent message to SS *Canberra* asking for as many medical staff as could be spared. Within the hour I had a return message from Surgeon Captain Roger Wilkes to say that he was dispatching eight medical staff to help out. In addition, we were now using convalescent casualties, both British and Argentine to assist in 'B' deck and the music room ward.

Sometime during that eventful day I met a young officer in the passageway. He was recovering from a severe head wound, which had left him partially paralysed. It was rewarding to see him up on his feet as he stumbled along, supporting himself with one hand on the bulkhead. I advised him not to push himself too hard, but he said that he was determined to walk unassisted by the time he reached Montevideo and the waiting press cameras on the way home. Watching his struggle made me think of the

many other injured and mutilated men on board. I was thankful that the press had been excluded from the hospital ship and resolved to keep it that way.

Due to pressure of work on the previous Sunday, I had been unable to attend the Sunday communion service. So, I asked David Barlow to celebrate communion with me at 17.00. When I met him he had set up his small portable altar in a small compartment in 'B' deck with just the two of us. It was a moment of peace which I will never forget. My mother, who was a woman of strong character and equally strong faith, was very fond of quoting a passage from the Bible "They that wait upon the Lord shall renew their strength." It certainly worked for me and I walked out confidently into the noise of the hospital.

It was our custom to ask the casualty helicopter aircrew if they needed any toiletries or stationary. On Tuesday, 15th June, one of the helicopters piloted by Lt Commander HRH Prince Andrew touched down on the flight deck in a force 8 gale with the ship going up and down like a lift. His only request was for one of Uganda's bacon sandwiches, which he said, were famous throughout the fleet, and that he had been waiting his chance to get one. Chief Purser duly obliged.

I decided to visit Port Stanley the following the surrender. My destination was the civilian hospital to assess function potential. I was planning ahead because it was fairly obvious that there was no chance of *Uganda* being released. She would not be permitted to return home until an

alternative hospital was in place to provide a service for both military and civilian patients.

I was taken to Port Stanley in a Sea King helicopter. We landed just outside Port Stanley Hospital in a blizzard and I jumped down into a foot of snow.

The building had a corrugated tin roof with large red crosses painted on it. The Sea King took off in a flurry of snow, and I made my way across to the door, which stood open. The building was structurally intact, protected no doubt by the Red Cross insignia. I walked inside into a depressing scene. The two wards were deserted, with discarded packaging and half-empty containers of drugs and dressings scattered carelessly over the floor. I checked the labels and found that most of the contents were months, even years out of date. I paid special attention to an eye slit lamp microscope of obsolete pattern still packed in the original carton and unused. Most of the remaining beds were damaged and there was no sign of mattresses. I left, closing the door behind me. I felt thoroughly depressed as it was clear that it would take a great deal of equipment and organisation before the hospital was operational. Until then *Uganda* would be tied to the Falklands for weeks to come.

I trudged through the snow to the main street. The small town was a shambles. There was discarded weapons and live ammunition lying at the road side. Rough notices warned pedestrians to stay within cordoned off areas to avoid live anti-personnel mines which had been scattered by the Argentine Forces without planning or records. I

could see parties of soldiers, adrenaline still running high after the battle. They carried crates of beer-the spoils of war left behind by Argentine troops, who had been rounded up. Looking over the inner harbour, I could see the hulks of long abandoned steamships. I made my way back to the hard standing to where the helicopter would pick me up. I was dispirited at what I had seen and chilled to the bone in the bitter wind blowing in from the Antarctic.

By the time I had returned to the ship, more help had arrived in the shape of a Naval Surgical Support Team, consisting of one surgeon, one anaesthetist, and 22 medical assistants. This meant that the P&O staff could return to their well deserved off duty routine. At the Heads of Department meeting that evening I gave them a situational report. This was received without enthusiasm and we went about our business.

A curious incident took place on the flight deck at 17.15. An unidentified body, wrapped in a body bag with a gunshot wound to the head arrived on board by helicopter. The body accompanied by a request for a forensic post mortem examination. I discussed the request with John Buchanan, our consultant pathologist. I decided not to allow the body into the hospital and returned it ashore by the same helicopter. My view was that *Uganda* was not equipped for forensic examination and I had no wish for my staff to be involved in a procedure that might have ended up in an international court. By the end of the day we had received a further 43 wounded.

We had a rendezvous with *Bahia Paraiso* on 16th June. The weather was foul with force 8 winds and waves up to 40 feet. In such conditions it is virtually impossible to achieve any sound sleep, and everyone was feeling tired and irritable for the rest of the day.

I woke up on the morning of Thursday 17th June, and looked out onto flurries of heavy snow. From my walkway on the boat deck, the sea looked very inhospitable. I always looked through the signal log before breakfast and I was surprised to see a request from the commanding officers of the Scots and Welsh Guards to come on board to visit their wounded men. I sent an affirmative reply and welcomed the two of them in company with Commandant General Royal Marines, Brigadier General Moore later in the day. Having trudged through the snow and mud, their boots were filthy, so I asked them to walk round the hospital in their socks. Their men were delighted to see them and the comments on the unshod state followed them thick and fast with loud requests for air fresheners, darning wool and suggested penalties for loss of kit. Their visit certainly improved morale all round. An unpleasant situation occurred between one of the consultants and a junior officer, which I had to deal with. In the Royal Navy, the MOIC has no official powers of punishment. However, I interviewed the officers concerned and a letter of apology from junior to senior defused the situation. After two months of continuous confinement on board a ship, these small flashes of temperament are commonplace and given reasonable consideration subside quickly, without residual resentment.

With the pressure of work easing off, I was able to resume my early morning walk along the boat deck. The Islands were covered in snow and looked very uninviting in poor light. Not for the first time, I wondered what kind of people were happy to spend their lives in such isolation. I decided to go ashore and meet some of the population as soon as I could spare the time. The mornings trawl through the signal log showed numerous requests for permission to visit. Casualties were still coming in and most of us were too busy to take visitors round. A welcoming team was set up with the two chaplains and headed by Mike Beeley, our consultant physician. Simultaneously, I sent a signal limiting visits to afternoons, with a small number of individuals. Now that there were two Argentine hospital ships on a regular shuttle between the Islands and Argentina (300 miles distance), I could see no reason why the Argentine casualties should not be transferred from shore directly to *Bahia Paraiso* or *Almirante Irizar*. I sent a signal to Commodore Task Group requesting his favourable consideration.

We still had more than 200 wounded on board but numbers of new casualties were falling sharply. By the end of the day we had received only six casualties, one who needed an eye operation. He was a 19 year old soldier who had lit a fire in an empty oil drum to warm himself. Unfortunately, the drum had been 'booby trapped' with an anti-personnel mine that exploded driving a piece of shrapnel into the right side of his face and right eye. Charles Chapman, our plastic surgeon, and I spent the evening repairing the

damage. The indiscriminate use of anti-personnel mines in townships sure cannot be justified in any war.

On Saturday, 19th June, we received a copy of a signal sent by Her Majesty Queen Elizabeth II to the task force with congratulations on "a job well done." The weather had settled although the temperature was uncomfortably low. Since no on moves, were planned for that day, it was a good opportunity to use the ships boats to take parties into Port Stanley for a couple of hours, each to find their 'shore legs' after two long months at sea. I clambered into one of the ships boats in the late morning.

Due to her size Uganda had to anchor in the outer harbour and the boat trip took about 30 minutes. We passed quite a few abandoned hulks in the inner harbour many of them up to 100 years old. An arch made from a pair of ribs from a whale, stood at the entrance to the settlement. The arch was about 18 feet high and must have come from one of the largest of the species. Most of the houses were constructed from corrugated iron. There was one pub called the Upland Goose, which had not been reopened since the surrender. The small town was very quiet as the Para's and the Welsh Guards had boarded SS *Canberra* to begin their long journey home. There had been little chance to do much clearing up since my previous visit, but I noticed that most of the street signs which had been given Argentine names by the invaders had been changed back to their former English names.

I made my way along Main Street to the cathedral where Canon Harry Bagnell and Mrs Bagnell were expecting me.

This was the only brick building but even this one had a corrugated iron roof that had been painted bright red. Over a welcome cup of tea, they told me something of their life in the Falklands. They had been in Port Stanley for seven years and were still enjoying the job. He told me that he had no problems from the Argentines and indeed they were very keen that he should continue his pastoral duties under occupation. There was a rather depressing peat fire burning in the grate. He cut the peat himself and stacked it during summer to dry out in time for winter use. Mrs Bagnell was knitting a pullover with unbleached wool from the local sheep. She produced a finished garment and demonstrated that there was so much natural oil in the wool, that it was practically waterproof. Canon Bagnell expressed a wish to pay a visit to Uganda, and I made arrangements for him to come the following day.

From the cathedral I looked in at the army headquarters at Government House. This was a simple large dwelling house. All the customary Foreign Office trappings, such as the period furniture and gilt framed pictures were still in place and undamaged. The boots of successive Argentine and British officers had ruined the expensive fitted carpeting. During the occupation, General Menendez used the house, and I was told that the intention was to turn it into a museum. It was nice to know that by the time of my visit our British Consul, Rex Hunt, was already on his way back.

My final port of call was to the small Roman Catholic Church to meet Father Danny Spraggon, a collegiate order, and we shared a mutual friend at the College in Millhill,

London. He welcomed me with a glass of whisky in his small damp presbytery. I had walked through the slush in a biting wind and was much in need of it.

By the time I left, it was well into the afternoon and I knew that the *Uganda's* boats would have finished for the day. I walked to the office of the Queens Harbour Master. After making myself known, he arranged a boat to take me back to *Uganda*. While I waited for the boat, I told him that, according to the Rules of the Geneva Convention, the MOIC of a hospital ship should have a 'steam pinnace' (steam-powered launch) at his disposal. QHM regretted that steam pinnaces' were in short supply but said that I might get a surprise when I stepped on board my transport.

This turned out to be a 25-metre coastguard patrol vessel, named the *Islas Malvinas*, captured from the Argentines. It was painted black all over, with a very unprepossessing appearance and well stocked with rats. A young RN sub lieutenant, who was obviously proud of his command, was in charge and we shot out into the inner harbour at maximum revs.

By this time the weather was worsening, the sea was becoming distinctly choppy, and I could foresee difficulties in getting on board *Uganda*. As we approached, the ship looked enormous. The ladder was on the windward side, and our small boat was unable to get anywhere near it because of the rising swell. The Chief Officer, who was directing operations, sent us round to the lee of the ship and came alongside.

Uganda's side appeared like a 40-foot vertical cliff face, with the launch rising and falling about 12 feet. A small door opened in the ships side and two seamen appeared ready to haul me in. As the launch rose to the level of the sea door, I jumped and found myself sprawling on a tangle of ropes, which fortunately broke my fall. By the time I picked myself up, the launch had disappeared on her way back to shore. I never saw her again and I believe she eventually sank in the harbour when her rusted hull gave way, but I still owe a debt of gratitude to her young captain for getting me back safely to *Uganda*.

Sunday, 20th June, was busy with on moves. We transferred 100 casualties to HMS *Hecla*, alongside. This was the maximum number of casualties carried by any of the ambulance ships. One of her nurses needed compassionate leave and went home with her. Thereafter, on our way to Grantham Sound in the late afternoon, we arranged a rendezvous with *Almirante Irizar*, who sent her Sea King helicopter to pick up the remainder of our wounded Argentines. In the Sound, ne casualties continued to trickle on board, keeping the general surgeons on their toes.

At 07.30 on Monday, 21st June, I stood on 'B deck' and looked across at the bulk of the Royal Fleet Auxiliary *Olna*, which was waiting to transfer fuel and stores. Refuelling took place without mishap in calm weather and by afternoon we entered Port William inner harbour which was as near to Port Stanley as we could reach because of our size and tonnage.

As soon as we anchored, Surgeon Captain Barry Blackstone visited to brief me on the medical facilities (or lack of them) in Port Stanley. He brought four new casualties with him. After his visit I sent a signal to the fleet and shore bases, offering outpatient services in all our specialities while we remained at anchor in Port William. This anchorage was not at all sheltered and the constant movement of the ship in persistent cross winds was very tiring.

At that time we were still sharing the P&O officer's recreation space. Since casualty numbers were dropping rapidly, we were able to strip down the 50 beds in the music room on Tuesday, 22nd June, and re-jig the area for our own use. I think the P&O officers were very happy to regain the sole use of their own space, although they were too polite to say so.

HMS *Hydra* came alongside on the 23rd, bringing a request from the Embassy at Montevideo to delay the further on move of casualties as they had not cleared the backlog from the last on move of 100 via HMS *Hecla*. Commander Campbell, *Hydra's* captain, offered to make a slower passage to Montevideo, but I was not at all happy about keeping the casualties any longer than necessary in such cramped conditions. In addition, the Hydrography ships are designed with a very shallow draught for inshore work in shallow waters and can be very uncomfortable in the open sea. So, I decided to delay the on move for a day or two and keep them in the relative comfort of the mothership.

Rear Admiral Sandy Woodward, the Task Group Commander, came on board for a visit and we walked round the hospital together. I had met him before and so had Andy Gough, so we had plenty to talk about. However, he could not give us any information about our return to the U.K. Many of the warships and support ships, including troop ships *Canberra* and *Queen Elizabeth II* had already left and we were beginning to feel like the 'Cinderella' of the fleet. This caused a good deal of restlessness among the hospital staff and P&O staff.

On Thursday, 24th June, I received news that the patient's baggage store had been entered illegally and ransacked. Valuables such as watches had been stolen, as well as two bayonets. Captain Clark arranged for a search of the ship, and all weapons were confiscated and logged.

The following day I telephoned headquarters at Northwood, U.K. via the satellite network and requested information on *Uganda's* future movements. I was told that no firm arrangements had been made for return and that *Uganda* must stay until an army hospital was operational in Port Stanley. A further conversation with Mr Langley, one of the P&O directors at their London offices confirmed that he had been given no release date for the ship. The news obviously filtered out and a fracas broke out that night in the P&O crew cafeteria.

We took ten casualties from ashore that day so it was clear that *Uganda's* services were still much needed.

On Monday, 26th June, I took a telephone call from Commander in Chief Northwood, giving us a provisional

sailing date of mid July. By that time it was projected that a temporary roll out runway would be installed at Mount Pleasant airfield, capable of taking large jets. The RAF would then be able to set up a casevac service from Port Stanley to the U.K. via Ascension Island. I was much relieved by this news as it gave me some worthwhile information to pass on to my staff and hopefully, relieve their depression.

I received a request from the general practitioner at Port Stanley for an urgent eye appointment for a civilian who had come across to Port Stanley from West Falkland. Since all my eye equipment was on board *Uganda*, a boat was arranged to bring him on board.

His story was interesting. He was a sheep farmer on West Island. One evening about two weeks previously, at the height of the war, he heard an explosion near his farmhouse. He went to the door to check things out when a second explosion occurred and he felt something fly into his right eye with immediate loss of vision. The next morning the pain in his eye had eased although there was no improvement in his eyesight. Since he had no means of crossing from West Island to Port Stanley, on East Island, four miles away (I believe this should be more like 64 miles from West Falklands), he simply ignored the situation. Apart from the absent vision, he had no further trouble.

When I examined him he had a small piece of metal inside his eye. From its shiny appearance it was most likely to have been non-ferrous shrapnel. He had a total detachment

of the retina, which had caused his blindness. The wound of entry was well healed and as often is the case, the fragment was probably very hot and sterile when it entered the eye preventing infection. Regretfully, I told him that there was no hope of restoring vision in the eye and assured him that the left eye was undamaged.

He took the bad news with equanimity. Although polite, he was obviously a man of few words. In spite of the fact that he lived only four miles (64 miles) from the comparative civilisation of Port Stanley, he told me he had not visited the town for four and a half years. He seemed quite content with his lonely existence.

The same night Alastair Scott Brown, our psychiatrist, came to see me to tell me that the surgeons were “rutting again and clashing antlers” I was more amused than concerned and felt that we were back to ‘normal routines’.

We now had too many staff for our task and we had to release some of them. They had been transferred to the ship at our time of greatest need, and we it was now time to allow them to return home. Their parent ships were already well on their way back. This was sorted out amicably by Rick Pollard, my administrative officer who presented a list for my approval. It was agreed that they would return as far as Montevideo on board HMS *Hecla* after our next rendezvous.

RFA *Engadine*, a supply ship was anchored near us and her ships company held a party for the children on 27th June. Our oral surgeon, Geoff Keeble, took a party of hospital staff and crew members to *Engadine* to help entertain

them. It must have been a wonderful release for the children after weeks of confinement, and it was voted a great success.

Later that day, we received news projecting the opening of a military hospital at Port Stanley by mid July. This was closely followed by a visit from Lt Colonel Cooke RAMC, the new hospital commandant, accompanied by his administrative team to seek our help in setting up two field hospitals. We were only too happy to give him any possible assistance in the hope of expediting our release. We discussed the provision of beds, mattresses, linen, drugs and instruments-all of which we could supply.

In the afternoon I found our matron, Edith Meiklejohn, and Julia Massey, one of her nursing officers, trawling through a large packing case of toiletries, a gift from a charitable organisation in the U.K. They were mostly welcome, but some of them had been used and were discarded. She was very angry that anyone would even think that she or any of her staff would consider using second hand cosmetics. War certainly throws up some extraordinary situations.

By the same delivery of mail I received a somewhat battered homemade cake and a packet of Earl Grey tea from Helen. In compensation I shared them with Edna and Julia to make up for their cosmetics disaster. The cake made me realise how much I was missing home.

On Monday 28th June, I was back in Port Stanley for a meeting with Colonel Cooke and Surgeon Captain Barry Blackstone, the senior medical officer ashore. We walked round the hospital and sorted out a list of requirements.

We agreed amicably that there was now no local reason to delay *Uganda's* departure as we could supply all items on the list from *Uganda's* medical stores.

I sent a signal to Northwood, reviewing the situation and suggesting that *Uganda* should head north after the rendezvous on 4th or 5th July. A reply was received within a few hours, stating that *Uganda* was to remain in the Falklands until further notice. Barry came to see me to tell me that the reason for Northwood's apparent intransigence was that no formal cessation of hostilities had been declared or accepted by either side. In the circumstances I could understand keeping *Uganda* where she was as an insurance policy. We sailed for our old Red Box to rendezvous with Hecla in rather low spirits. The commander in Chief's 'further notice' had put us into limbo once more, and I had no consolation to offer my staff.

Two of the International Red Cross representatives arrived back on board from Port Stanley on one of the liberty boats. Jacqueline looked very bedraggled. The immaculate hairdo and smart suit had been replaced by army boots and a grubby army anorak. She told me she had an awful time and was very glad to be back on board for a bath and some clean clothes. I sighed at the thought of yet another female joining the hairdryer queue outside my cabin. I could however feel some sympathy for her as she was thrown entirely unprepared into such a situation.

She was delighted at the suggestion that she should start her return journey home on board HMS *Hecla* at our next

rendezvous; *Hecla* also brought two welfare officers from the U.K. I made them welcome but queried why their arrival had been delayed so long. They had been told that they could not come to the hospital ship until hostilities were over. Thereafter, they certainly made themselves useful and were very popular with the patients for the short time they stayed on board.

To make matters worse, the weather was atrocious when we joined *Hecla*. It would have been extremely hazardous to attempt any transfer of stores or personnel, so we headed for the safety of Middle Bay in a force 7 gale. At anchor there, the transfer of casualties, Royal Naval and ICRC personnel and receipt of stores was completed. We sailed for Port William at 16.30.

I awoke in the small hours of Wednesday morning to the sound of furniture and the contents of my cabin crashing about. The ship was rolling excessively, and pulling on some clothes, I went up to the bridge where the tension was almost palpable. The wind was gusting to force 11 (sub-hurricane) and an attempt to enter Port William had almost ended in disaster with the danger of the ship being blown onto a lee shore. *Uganda* had only one screw (one propeller), in addition to being badly underpowered for her size. With such limited manoeuvrability the only safe place for her was out in the open sea. A confrontational situation had obviously developed between Captain Clark and Andy Gough. We just managed to turn the ship round coming perilously to the shore and headed out to sea to remain under power heading into the wind in the shelter of East Falkland. By evening the wind had dropped to force 7,

and we were able to enter Port William in comparative safety by 09.00, the next day, 1st July.

There were two important signals awaiting my attention in the signals log. The first was authorising casualty evacuation from Mount Pleasant airport (RAF Casevac) to the U.K. This was essential before *Uganda's* release could be considered. The second was confidential, asking for recommendations for awards for gallantry and meritorious conduct. I felt strongly that Captain Clark deserved recognition of his services as well as the ship's crew. I made a strong case. I wasn't too hopeful however, as hospital ships are very much the 'unacceptable face of war', and very rarely appear in the public eye. My recommendation was not successful. I would like this record to pay a personal tribute to Captain Clark and his crew. At the height of the conflict, with over 300 badly wounded men on board, the hospital could not have functioned without their hands-on help.

Now that an alternative route for reception and the on move of casualties was open, we were able to shut down further sections of the hospital. In particular, Seaview Ward at the stern of the ship was de-rigged and turned over to the Marine Bandsmen for music practice. The casualty Reception Area, which had seen so much drama, was also stood down. Hospital beds were reduced to the 24 beds of the ships sick bay, which had been the Burns Unit.

On Friday, 2nd July, I started the MOIC's rounds again. Regular periods of shore leave were granted to all staff. Sadly a member of the Royal Fleet Auxiliary (William

Fraser aged 59) from RFA *Fort Grange*, died from coronary thrombosis, and a casevac had to be arranged for another member of the crew, in the grip of delirium tremens from acute alcoholism.

We were running short of water again. We were not allowed to run our desalination plants within three miles of the shore, so we headed for the open sea on Saturday. Captain Clark took the ship on a mini cruise round the Islands to recharge our water supply. He conducted a simple burial-at-sea in the evening, followed by the body being committed through the shell door on 'B' deck.

I can't say that I enjoyed our mini cruise very much. The outside temperature was below freezing with flurries of snow. I spent most of my time in the comfort of my cabin looking out across the sea. I was also busy in planning MOIC's journal of the voyage with sections for each of the hospital departments and their recommendations for future hospital ships faced with involvement in modern missile warfare.

We sailed round the north coast of the Islands and into Falkland Sound for a brief look at Port San Carlos from which so many of our casualties had come. HMS *Exeter*, a guided missile destroyer, sent a Lynx helicopter with stores for us, in spite of the snow. From there we continued round the northern part of the Islands, passing Pebble Island then bearing south round West Island and anchored in the lee of New Island (57S61W). This was the nearest we had been to Argentina. I estimated 250 miles on my borrowed chart-quite close enough. We spent the night

at anchor in Ship Harbour but were unable to land due to bad weather and continued our cruise the following day. Monday 5th July, found us heading south for Barren Island, our most southerly reach at 52.30S. By evening we had set a course for Port Stanley, passing Sea Lion Islands and we were at anchor in customary spot in Port William at 08.30 Tuesday, 6th July.

In retrospect, my strongest impression of the cruise was the unbelievable loneliness of the barren landscape, which I realised was due to the almost absence of trees. My Times Atlas confirms the minuteness of the Falkland Islands on the world maps, but nevertheless they loomed large in all our lives.

A signal market 'Secret' was handed to me with the information that we would be embarking 16 Field Ambulance for passage back to the U.K. but without mention of a sailing date. HMS *Hydra* came alongside at 09.00. I was able to pass on the information about her future programme and we transferred 56 casualties for her final on move. She also took three medical officers and a welfare officer. The two welfare officers had certainly been appreciated. I made it clear to them that they should have been sent much sooner to be fully effective as the casualty numbers had peaked before they arrived.

Our hospital was almost empty although we still had one seriously injured Guardsman. He had a chest wound and compound fractures in both legs, and was not yet fit to travel. Since this was to be HMS *Hydras* last on move trip we invited her captain and as many of her ships company

as could be spared for a few drinks before the evening meal. She sailed the following day. For most of Wednesday 7th July, the hospital staff were busy de-rigging various areas of the hospital and packing up equipment to make room for 16 Field Ambulance.

I left them to get on with it. I was now fully involved with preparation Personal Reports, Form S206 in naval parlance. This is an important part of every commanding officers duty and requires meticulous compilation, followed by individual interviews. In addition, Medical Director General's department had informed me via satellite communication that a Parliamentary Private Question (PPQ) had been raised about our very seriously wounded Guardsman. As is customary in PPQ's, MDG was required to provide a report within 24 hours ready for Question Time in Parliament. There is nothing quite like a PPQ to put the skids under our military administrators. MDG's office confirmed that our release date was likely to be mid July. In spite of Port Stanley hospital being open for admissions we still received three casualties that day.

Sitting at my desk that day writing reports I looked out my panoramic window at an extraordinary sight. A Chinook helicopter was flying past within a few yards of the ship. She was carrying another disabled helicopter slung underneath.

Most of Thursday, 8th July, was spent at sea refuelling from RFA *Olna*. This procedure is always carried out well away from shore to reduce the risk of contamination. De-rigging of the hospital continued throughout the day and a

team led by Surgeon Captain Mike Beeley made a start on the hospital statistics. We decided to keep the operating theatre rigged with one operating table-a wise decision as it turned out.

At the Heads of Departments meeting, the Matron brought news of rejoicing among the nursing officers; Senior Nursing Officer Lee had reported a positive pregnancy test, the successful outcome of a conjugal night spent on board *Uganda* on the way south. I was happy to send a signal to the homeward bound aircraft carrier HMS *Hermes* on which her husband served giving him the good news.

I was up early on Friday, 9th July, ready to welcome 16 Field Ambulance and their commanding officer Lt Colonel John Roberts. T hey arrived with a mountain of kit and after a few words of welcome; they were taken to their accommodation and shown round the ship in small groups. It was a great pleasure to us all to see so many new faces on board. After three months of close confinement together we were badly in need of fresh company.

I attended a high level meeting on Saturday morning in Port Stanley with Colonel Blakey, Deputy Chief of Staff and Commodore Clapp, Commodore of Amphibious Warfare. The object was to plan the reversion of the Falklands to civilian control. The Governor of the Falklands, Mr Rex Hunt, had already returned to Government House. On a direct line to Commander in Chief Northwood during the meeting, we were informed that the Cabinet would decide on 12th July 1982 whether to announce an 'official cessation of hostilities.' If hostilities ceased *Uganda* would

de deregistered and returned to the U.K. as a troop ship, if not she would return as a hospital ship under the protection of the Red Cross flag.

I returned to Uganda by boat well satisfied that our release was imminent and passed the information on to the ships company. I held back the political background, which was confidential. The ship was a shambles. It had been *Uganda's* turn to host the children's party and the combined efforts of the P&O crew and 16 Field Ambulance and the hospital staff gave the children a marvellous afternoon. The party was equally enjoyed by their hosts, many of whom were longing to see their own children.

After dinner that night I had a long chat with John Roberts. He was very bitter about the tragedy of the landing at Bluff Cove on 8th June. The two landing ships (Logistical) *Sir Galahad* and *Sir Tristram* had been left unprotected as dawn broke due to a combination of circumstances. Both ships were heavily laden with troops, weapons, and ammunition. 16 Field Ambulance had been landed early leaving many tons of their equipment on board against John's advice, but he was overruled. This essential equipment was destroyed in the burning ships leaving his unit almost helpless. It was also the reason why hundreds of casualties were flown directly to *Uganda*.

It is my experience of 33 years in the Royal Navy that it is very rare for a commanding officer to disregard the advice of his senior medical officer. The results are likely to be disastrous. I learnt much later that Colonel Roberts resigned his commission.

I had hoped for a quiet day on Sunday, 11th July, but it was not to be. By 09.30 we were alongside RFA *Toronto* to take on fresh water. An hour later RFA *Rangartiri* came alongside, bringing stores and mail from the U.K. I was especially pleased to see *Rangartiri* as Commander David Lines was the senior naval officer on board. He was a close friend and my neighbour in Alverstoke. Over lunch on board *Uganda*, he was able to give me news from home which, although three weeks old, was very welcome.

Another visitor that day was Linda Kitson, the official war artist. I took her on a tour round the ship but by that time there was very little left of the hospital. By late afternoon, the visitors had gone and we finished loading 900 tons of water. Then we headed back to our usual anchorage in Pot William.

Monday, 12th July, dawned bright and cold with temperatures below freezing point. The shoreline around Port Stanley was becoming very familiar. My morning walk was interrupted by a long urgent signal ordering deregistration of *Uganda* as a hospital ship by 0.01 Zulu Hours, 13th July. Thereafter, as a troop ship she was to embark 640 officer and men of the 1/7 Gurkha Rifles. *Uganda's* estimated time of arrival in the U.K. was given as 8th to 9th August. Word spread round the ship like wildfire. It was a pleasure to see how the general mood lightened, with all signs of dissension dispersed.

Colonel Blakey came on board to discuss embarkation arrangements. The rest of the day was spent retrieving Red Cross ID cards and armbands, P&O crew, under supervision

of the Chief Officer were painting over the Red Crosses on the ship's hull. Reaching the Red Crosses painted on the funnel proved difficult, and we required scaffolding to reach the required height. I felt quite sad to see them disappear. It brought back vivid memories of the hundreds of casualties, which had passed through the hospital.

By the required time next day, 13th July, SS *Uganda* was a troop ship. Hardly one hour later, we received news of a horrendous accident at Mount Pleasant *(Port Stanley Airport*) airfield. Thirty minutes later the helicopters were landing on the flight deck once more. *(Eleven had been injured)* Three required amputation of one leg, and one other needed both legs amputated. Two Sidewinder missiles had been dropped accidentally from their housing on a plane and had exploded.

I began to wonder if Uganda, like the *Flying Dutchman* was destined to sail the South Atlantic forever picking up casualties. I was very relieved that we had kept the operating theatre fully rigged. I was more determined than ever to maintain full accident and emergency capabilities until we had sailed far enough north to be beyond helicopter range.

The first thing on Thursday, 14th July, I went up to the flight deck to assure myself that the Red Crosses had been fully obliterated from the funnel. Later, I asked for a boat to take me round the hull of the ship to check that all traces of *Uganda's* hospital identity had been removed. I was surprised to see that large stretches of her metal were pitted with rust, where the paint had been stripped off by

the force of the wind and water. She was looking distinctly dilapidated and very far from the pristine ship that I had joined in Gibraltar in April.