Service News

Honours, Awards and Citations

Operational Honours (Afghanistan) September 2009
Surgeon Lieutenant Henry Dowlen Royal Navy
Member of the Order of The British Empire
Lieutenant Commander Alison Jayne Hofman ARRC, Queen Alexandra’s Royal Navy Nursing Service
Royal Red Cross
Medical Assistant Class 1 Kate Louise Nesbitt
Military Cross
Leading Medical Assistant Richard Hogben
Mention in Despatches

Awards
Surgeon Lieutenant Commander A Maples Royal Navy
Alan Hirst Memorial Prize

PROMOTION
Acting Surgeon Commander to Surgeon Commander
Acting Surgeon Commander R A Milner Royal Navy
Acting Surgeon Commander J J Matthews Royal Navy

Surgeon Lieutenant Commander to Surgeon Commander
Surgeon Lieutenant Commander S M Collett Royal Navy
Surgeon Lieutenant Commander A R L Allsop Royal Navy

Surgeon Lieutenant to Surgeon Lieutenant Commander
Surgeon Lieutenant M Tayal Royal Navy
Surgeon Lieutenant C Hillman Royal Navy
Surgeon Lieutenant A Morris Royal Navy
Surgeon Lieutenant K Roue Royal Navy
Surgeon Lieutenant A Wrigley Royal Navy
Surgeon Lieutenant D Longmore Royal Navy
Surgeon Lieutenant E Barnard Royal Navy
Surgeon Lieutenant S Gokhale Royal Navy
Surgeon Lieutenant D Potter Royal Navy
Surgeon Lieutenant D Roscoe Royal Navy
Surgeon Lieutenant M O’Shea Royal Navy
Surgeon Lieutenant D Ablett Royal Navy
Surgeon Lieutenant R Mellor Royal Navy
Presentation of Medals

Institute of Naval Medicine

Operational Service Medals were presented to Surgeon Lieutenant Commander S Mercer, Surgeon Lieutenant Commander D Henning, Petty Officer D Morley (Afghanistan) and Lieutenant G Beels (Op Veritas) by Surgeon Captain D C Brown, Medical Officer in Charge, Institute of Naval Medicine

Leading Medical Assistant V Glassey being presented with a Commandant’s Commendation from CTCRM
Herbert Lott Efficiency Award

During her tenure as the Practice Manager of HMS OCEAN Sickbay CPOMA DARKIN has completely regenerated and re-invigorated all of its outputs.

She has single-handedly trained more than 100 of the Ship’s Company in First Aid. She has trained the inexperienced Standing Sea First Aid Party (SSFAP) to a standard endorsed and complimented during BOST and mentored a number of Part 4 MA trainees and junior MAs. In addition to this she has re-structured and re-written the allocation of emergency equipment around the Ship (a system now taken on by NCHQ as the standard). The overall effect that these measures have had on the Medical Organisation for Action (MOFA) is impressive.

Within the Sickbay itself she has been deeply involved with the challenging job of re-writing the Standard Operating Procedures (SOPs), with the emphasis always on improving patient care and efficiency in resource management. The routines within the sickbay have also been re-visited and re-structured, again to maximise the patient’s access to health care. Compliance Management Tools, Clinical Governance and Role 2 Afloat are further areas that have improved greatly under her management.

Overall the Sickbay now runs smoothly and efficiently, after 2 years of hard work by someone whose critical eye for detail has never wavered. CPOMA DARKIN is the driving force behind the changes that have taken place and is, therefore, a most deserving recipient of a Herbert Lott Efficiency Award in recognition of her achievement in improving the efficiency and standard of patient care within HMS OCEAN.
Blood Red Dinner 2009

Speech given by Surgeon Rear Admiral P I Raffaelli QHP BSc MSc MBChB MRCGP FFOM FRCP

Your Royal Highness, honoured guests, ladies and gentlemen.

This is not the night for long speeches.

When Fleet Surgeons A R BLANKART and J E LLOYD-THOMAS first conceived the idea of a Royal Naval Medical Dinner while on the Royal Yacht VICTORIA & ALBERT, I am sure their intent was to bring together that band of brothers who were the Royal Naval Medical Officers of the day to share their experiences in a convivial atmosphere rather than to be subjected to extended speeches. An intent met with varying degrees of success through the years – and I include myself as a previous offender.

That first dinner was held in the Criterion restaurant in London in January 1909 attracting 70 Naval Surgeons with the Editors of the BMJ and the Lancet as guests.

The first dinner to be graced by a Royal presence was in 1914 when the guest of honour was His Imperial Highness Prince Louis of Battenberg and we first had the privilege of holding the dinner in the Royal Naval College Greenwich in 1953 when some 350 members and guests were present.

Over the years the Royal Naval Medical Club has opened its doors to embrace all officers in the RNMS, Regular and Reserve, serving and retired and we have granted honorary membership to those who have served our patients or us well including some of our civilian consultant advisors. We are over 400 hundred strong tonight with all groups represented and I am delighted to see you all here in this our centenary year.

This has been a truly splendid evening and I would like to thank Leiths and the staff of the Old Naval College Greenwich for looking after us so well with a particular thank you to Ian Goodwin the Maitre’d and to Executive Head Chef Les Woolven.

My thanks also to WO2 Bandmaster Williams for the exceptional Corps of Drums and orchestra from the Band of Her Majesty’s Royal Marines Collingwood who have not only entertained us so well this evening – and there is more to come - but who are truly our comrades in arms deploying with us to great effect in support of our patients.

And I would also like to thank the members of the committee for all of their efforts in organising tonight and I must single out Lt Cdr Roy Manwaring who has been the driving and organising force behind the dinner and who will, I have no doubt, look back on his time as secretary of the RNMC with pleasure and no little relief.

Turning to our guests, the extended and ongoing pace of operational activity has meant that there has rarely been a time when there has been such a focus on the Medical Services – and the RNMS have delivered magnificently. That this has been achieved during a period of substantial change owes much to the leadership from Lt General Robert Baxter – Deputy Chief of Defence Staff (Health) and Lt General Louis Lillywhite, the Surgeon General. Thank you for joining us tonight.

And although they will be familiar to many of you, I am also delighted to welcome in their new positions Major General Mike Von Bertele, Director General Army Medical Services; Air Vice Marshall Paul Evans, Commander of the Joint Medical Command; and Air Vice Marshall Chris Morris Assistant Chief Of Staff (Health) and Director General Medical Services (RAF). I look forward to continuing to work with you all in these challenging and exciting times.

And finally, I am most especially grateful that Her Royal Highness, the Duchess of
Cornwall, Commodore in Chief of the Royal Naval Medical Service has been able to join us for our centenary dinner. Ma’am, on behalf of the Royal Naval Medical Service, our personnel, our families and our patients, thank you for supporting us, not only tonight, but throughout my tenure as Medical Director General (Naval).

I would now ask the members of the Royal Naval Medical Club to stand and toast our guests.

Our Guests.

Blood Red Dinner 2009

Response by Lieutenant General L Lillywhite MBE QHS MB BCh MSc psc

I have the honour as an Army Officer to stand before you in hallowed Royal Navy territory, the first Army Officer to do so in more than 10 years. Given the outstanding support that you have provided to land operations, it is perhaps appropriate that it is an Army Officer who should thank the RN Medical Service for all that they have done, but more of that later for I think that as this is the Royal Navy I should first highlight the fact that the RN is involved in operations in its own right:

- Anti-Piracy Operations with the Standing NATO Maritime Group.
- Op Kalash – an anti-terrorist and smuggling operations.
- Op Taurus – Major Naval deployment to the Mediterranean and Far East.
- Support to the Iraqi Maritime force in coalition with the US Navy.

The ability of rogue groups from unstable states to interdict our maritime life lines to the Middle-East is a timely reminder that it is not just on land that we face threats and challenges but also on the sea, and that a strong RN supported of course by an effective RN Medical Service is an essential component of our Nations defence.

The RN has recently gone through a brave leaning exercise which included significant reductions in the Medical HQ In Fleet, including the reduction of the 2 Star head to one Star, though a 2 Star tribal head has been retained. Brave is not of course always the same as right, and from my perspective the leaning went too far and I am glad to say that this was recognised and we now have an effective Medical Division firmly embedded in Navy Command HQ under its new Director, Surgeon Commodore Noel Bevan. Whether further enhancement is required remains to be seen.

But let me return towards land operations, and here it is appropriate to remind ourselves about the 2 external reviews we have had of the DMS. In 2008 the House of Commons Defence Committee gave a lay view of our service and this year the Healthcare Commission gave their review. They both said the same thing, but let me remind you of what the HCC said of our trauma care:

‘We found the standards of response and care and treatment from the medical and immediate response team, in extremely challenging situations, to be exemplary’

‘the results achieved in the management of the injured soldier in the current conflicts are the best ever reported – this is a truly remarkable achievement’ (quote in the report from Mr John Black, President of the Royal College of Surgeons)

‘We believe that the management of injured Service personnel is worthy of publicising as there is much that could be learned by the trauma services within the NHS. All aspects of the management of the journey of care have been made as efficient as possible’

‘Our review found a number of examples of exemplary healthcare provision in the
areas of trauma care and rehabilitation. The training processes leading to excellent trauma management are an area that the NHS could learn from in the delivery of emergency care.

Like the school report you will all remember, one cannot excel in all subjects and there were a number of criticisms of our primary care delivery, most of which, though not all, were related to infrastructure. This criticism was actually extremely helpful and contributed to the “With an expansion of the Healthcare Division and the establishment of an Assurance section they are making huge strides to address all the Naval recommendations by made last year by the Healthcare Commission in their review”.

Inviting the HCC in was considered by many to be a foolhardy act and it also required a change in the Law. Here I must pay tribute to those who after journalists are most unloved in the Nation, and I refer to politicians, as without the support of the then Minister, and I understand against the advice of some of his colleagues, the HCC review would not have taken place. The impact on the reputation of the DMS has been truly remarkable. We are to be fully involved in the NHS England review of NHS Trauma Care in recognition of the quality of our care and, perhaps more importantly, the perceived quality of our teams. Whereas 3 years ago, I used to go and visit the high and mighty of the Medical Establishment, now they come to me. Our success is not just based on the views of the HCC, but is supported by objective and audited data and by the views of other external bodies such as the US who as a consequence have joined us in our deployed hospital in Afghanistan instead of building our own.

And the RNMS has contributed fully to operations in Iraq and Afghanistan. All deployments include some RN medical personnel, but I must single out Afghanistan when from Oct 2008 to April 2009, the RN provided the lead for the Joint Medical Group, and it comprised the largest RN medical deployment since Op CORPORATE in 1982, with 340 RN personnel manning the Forward Hospital, the Close Support Squadron and Forward Operating Base.

During this time:

- VSIL/SIL: 43
- KIA/DOW: 33
- Wounded in Action: 147
- DNBI: 369
- Aeromed: 552
- MERT (UK): 269 Missions;

438 Patients Moved

Let me though draw to a conclusion by mentioning some personnel. It is of course not possible to mention all those who deserve mention, so my apologies to those who I should mention.

First let us remember Surgeon Vice Admiral Ian Jenkins, who so sadly died earlier this year and was my predecessor and whom I knew from my medical student days. Our thoughts remain with Liz. Rear Admiral Philip Raffelli who takes over from me at midnight on 21st December as Surgeon General in the rank of Vice Admiral.

Then we have the outgoing Director Royal Navy Medical Service, Surgeon Commodore Timothy Douglas Riley (TDR) who was awarded the CBE in the New Years Honours List.

I have already mentioned Surgeon Commodore Noel Bevan, but also newly promoted to Surgeon Commodore in a new appointment that recognises the importance of our secondary care cadre is Surgeon Commodore Alasdair Walker who has become the Medical Director within the Joint Medical Command.

But let us also remember our more junior members and as an example we have Surgeon Lieutenant Commander Doran undertaking research first in Porton Down and then in Afghanistan that may have implications for both military and civilian trauma care. We also have those named in the recent operational honours list for Afghanistan.

MBE, Surgeon Lieutenant Henry DOWLEN, Medical Officer, Joint Force Medical Group

Commanding a medical centre caring for over 450 service personnel and 200 Afghan Army and Police he rose to the challenges of a relentless workload and limited resources with exemplary and selfless determination.
RRC, Lieutenant Commander Alison HOFMAN, Officer Commanding Hospital Squadron, Joint Force Medical Group. Her consistently high standards of nursing and military achievement raised the profile of UK medicine and the Royal Naval Medical Services.

MC, Medical Assistant Class 1 Kate NESBITT, RN, Attached Medic, C Company, 1 Rifles. Nesbitt’s actions throughout a series of offensive operations were exemplary; under fire and under pressure her commitment and courage were inspirational and made the difference between life and death.

Toast: The Royal Naval Medical Service
Royal Naval Medical Service Medal Parade
10 July 2009

I M Phillips

The Medical Director General (Navy) hosted a Medal Parade for the members of the Royal Naval Medical Service who had deployed on Operations between January 2008 and May 2009, at HMS EXCELLENT on 10 July 2009. The Guest of Honour for the Parade was our Commodore-in-Chief, Her Royal Highness, The Duchess of Cornwall.

Background
The RNMS commitment to the Defence Operational requirement had seen the RNMS lead the Joint Force Medical Group in Helmand Province, Southern Afghanistan, during Operation HERRICK 9, from October 2008 to April 2009. During this deployment the Joint Medical Group comprised some 547 personnel, from 104 different units of which 343 are from the RNMS. This deployment is believed to comprise the largest deployment of RNMS personnel since the Falklands Campaign in 1982. RNMS personnel were divided between the Headquarters and Support Group, the Hospital Squadron and the Close Support Squadron. The Hospital was based in Camp Bastion and is a proven leader in trauma care. RNMS personnel in the Close Support Squadron providing medical support to 13 Forward Operating Bases throughout Helmand Province, including patrolling and providing trauma care at the point of wounding. Whilst in Iraq, the RNMS had provided 68 personnel to Operation TELIC in 2008, principally operating within the deployed Hospital in the Contingency Operating Base in Southern Iraq.

The Parade
Some 341 personnel were on Parade and included 289 members of the RNMS (including Reservists and Royal Marine Medical Assistants), 5 members of the RN Logistics Branch (3 of who are Reservists), 4 Royal Marines (from Medical Squadron, Commando Logistic Regiment, Royal Marines),2 RN Chaplains, 3 Defence Medical Welfare Service (DMWS),
2 Support to Operations (S2O), NHS Intensive Care Nurses and The Band of Her Majesty’s Royal Marines, School of Music. The Logisticians, Royal Marines, Chaplains, DMWS, SO2 NHS Nurses and 7 Musicians from the Band, all served with the Joint UK Medical Group, Op HERRICK 9 and received their medals on the Parade.

A total of 184 Operational Service Medals or Iraq Campaign Medals were presented on the Parade. The medals were presented by HRH, The Duchess of Cornwall, First Sea Lord, Admiral Sir Jonathon Band GCB, ADC, Second Sea Lord, Vice Admiral Sir Alan Massey KCB, CBE, ADC, Deputy Commander in Chief FLEET, Vice Admiral R J Ibbotson CB, DSC and Chief of Staff Capability, Major General G Robison Royal Marines. The remaining 157 personnel on parade were in many cases multiple ‘tourists’, who already hold the Operational Service Medal and or Iraq Campaign Medal.

Some 110 Senior Guests and around 501 family members attended the parade, bringing the total attendance on Parade to some 952 personnel. The Parade concluded with a Flypast of 4 GR7 aircraft from the Naval Strike Wing and a memorable March Past of those on Parade (not only due to the response of those witnessing the Parade, but also some notable marching skills!).

A reception for the families and guests followed the Parade on the Upper Lawn, HMS EXCELLENT, affording HRH and Senior Officers the opportunity to meet the families and guests of those present on Parade.

Overall, a highly momentous and memorable day for both the RNMS and those on Parade.
First Sea Lord, Admiral Sir Jonathon Band GCB ADC presenting CPO Grist with her medal

Second Sea Lord, Vice Admiral Sir Alan Massey KCB CBE ADC presenting MA Bernard with her medal

Lt Cdr Neale Piper ARRC QARNNS leads Platoon One on the March past
Future Events

Primary Care Symposium (GP and OM)  
22–23 April 2010

Combined Services Orthopaedic Society Conference  
14 May 2010

SpR Symposium 2010  
17 and 18 June 2010

MDG(N) Symposium  
23 and 24 June 2010
In order to increase awareness of our ‘sister’ Journal, it has been agreed that we will each publish the respective contents pages.

**Journal of the Royal Army Medical Corps**

**Volume 155 No 1**  
March 2009

**Editorial**  
Military pre-hospital care: why is it different? T J Hodgetts, P F Mahoney  
A commentary from civilian pre-hospital care K Porter  
A military commentary I Greaves

**Original Papers**  
Retrospective analysis of the ethnic origins of male British Army soldiers with peripheral cold weather injury J E Burgess, F Macfarlane  
Patellofemoral pain group (PPG) – a review of the first 100 patients to complete the course at the regional rehabilitation unit Gütersloh W J Harris  
UK Armed Forces Unintentional Firearm Injuries T Stansfield, G Rushforth  
Traumatic quadriceps muscle tears among Israeli Special Forces soldiers T Marom, D Itskoviz, S Kutikov, J M D Naftal, I Ostfeld  
The Burns Fluid Grid N Greenwood, W DeMello

**Case Reports**  
Case Reports Percutaneous nephrolithotomy for removal of a calcified intra-renal artillery shell fragment I Naeem, J Masood, N Buchholz  
Abdominal injury due to a hand held flare: an ongoing insult S Neequaye, J Gill, J Hance, P Sivagnanam, P Rutter

**Self Assessment**  
Tropical Medicine M Bailey

**Medical Victoria Crosses**  
War in Burma – Ferdinand Simeon LeQuesne P H Starling

**Focus on … Pain**  
Forward H J McQuay  
Pain Scores – As Easy as Counting to Three J Looker, D Aldington  
What is the ideal pre-hospital analgesic? – a questionnaire study J E Smith, R Russell, P F Mahoney, T J Hodgetts  
British Military Use of Morphine: A Historical Review C Gaunt, J Gill, D Aldington  
Field Hospital Analgesia D J Connor, J K Ralph, D J Aldington  
Continuous Peripheral Nerve Blockade on OP HERRICK 9 S Hughes, D Birt  
Pain Management at Role 4 D Edwards, M Bowden, D Aldington  
Pain Management During Royal Air Forces Strategic Aeromedical
Evacuations  C Flutter, M Ruth, D Aldington
The Use of Opioids during Rehabilitation after Combat related Trauma  
S Jagdish, D Aldington
Military Chronic Pain Management  S Jagdish, M Davies, D Aldington

Book Reviews
Psychological Treatment of Health Anxiety & Hypochondriasis – A  
Biopsychosocial Approach  J S Abramowitz, A E Braddock
George Guthrie – Soldier and Pioneer Surgeon  Raymond Hurt
Emergencies in Clinical Surgery  C Callaghan, J A Bradley, C J E Watson

Campaign Medals
Egypt Medal 1882-89

Letters to the Editor
Isolated orbital wall blowout fractures due to primary blast injury  
J Breeze, N Opie, A Monaghan, A J Gibbons

Footnotes & Endpieces
Field training – River crossing by Lt Col A Low RAMC  E A Cameron
Obituary

Surgeon Rear Admiral David Askey Lammiman QHS CB LVO FFARCS

1932 – 2009

David was educated at Wyggeston School, Leicester where he was a contemporary of the Attenborough brothers and played rugby for Leicester Tigers XV. He entered St Bartholomew’s Medical School in 1951 and qualified MB BS (Lon) in 1957. During his time at Bart’s he was one of the mainstays of the rugby club as a hard running left winger and went on to play for the United Hospitals XV and later for the Royal Navy and Combined Services XVIs in the Mediterranean. After house jobs at Redhill County Hospital he returned to Bart’s as an SHO in Obstetrics and Gynaecology and in 1959 obtaining the D Obst RCOG.

David then joined the Royal Navy for a 3 year Short Service Commission in lieu of National Service and was appointed to HMS Chaplet on the Icelandic Patrol, euphemistically known as the First Cod War. During this deployment he undertook an appendicectomy at sea with anaesthetic help from the MO in HMS Agincourt as evacuation of the sick to Iceland was prohibited. After this he served in RNAS Halfar, Malta and on completion transferred to a Permanent Commission in 1961. While in Malta he played tennis for the Royal Navy and had a part in the winning play of the RN Amateur Dramatic Society. After returning to the UK he began his career as an anaesthetist in Southampton, Liverpool and Oxford and gained both the DA and FFA RCS.

In 1967 he joined HMS Eagle and this was an eventful tour including the rescue of a badly injured trawler man by sea-boat in a storm off the Scilly Isles and a bit of brain surgery with Roger Docherty to remove a bullet from a little Yemeni boy’s head. On both occasions David’s main concern was that the bar would still be open on the successful completion of the operations and appropriately he will be remembered by generations of Royal Navy MOs as ‘Hollow Legs’.

David was appointed to HMY Britannia in 1976 during the Queen’s Silver Jubilee World Tour and his easy manner, tact and professionalism was much appreciated by the Wardroom and Ship’s Company and, of course, the Royal Family and members of the Household. On leaving the Yacht he was made