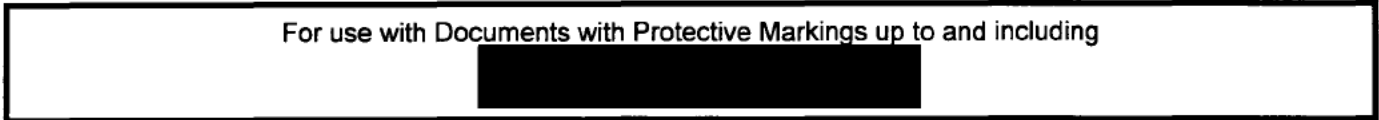




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For use with Documents with Protective Markings up to and including



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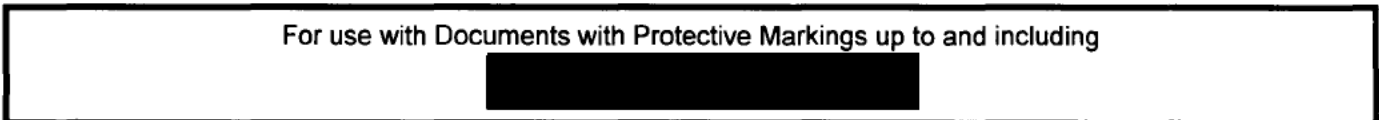
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Note: See coding sheet for Protective Marking (PM), Caveat and Prepared By codes.

MEDICAL OFFICERS JOURNAL
H.M.S. TRACKER
From 261051 1952
(DARK PAGE EDGES)

For use with Documents with Protective Markings up to and including



Medical Officer's Journal H.M. S. TRACKER

Period from 26th May 1952 to 20th June 19 52

GENERAL REMARKS

To include any information of a professional or scientific character which the Medical Officer may consider to be of value or interest.

Other matters on which information is required are:—

- (a) A general description of the accommodation, ventilation and hygienic condition of the ship. To be included in detail in the first Journal rendered in an appointment. Subsequently, if there has been no change it is sufficient to state this fact, giving the date when the detailed statement was rendered.
- (b) An account of every circumstance that may have had an influence in promoting health or causing sickness in the Ship's Company.
- (c) A report of the hospital facilities available at places (other than British naval bases) visited.

26th May:

[REDACTED] having been attached to the Navy for temporary duty as R.A.F. Medical Observer for Operation Hurricane, joined the ship and undertook the duties of ship's doctor.

27th May:

[REDACTED] (P.M.O. H.M.S. CAMPANIA and in medical charge of the expedition) was visited aboard the flagship. After consultation we decided that all medical stores on TRACKER should remain on the ship's inventory since my position as ship's doctor was officially impossible - that is to say none but Naval officers can properly be in medical charge of H.M. Ships. In practice I would continue to treat the sick under the official responsibility of the P.M.O.

28th May:

The vaccination and inoculation position of the ship's company is unsatisfactory. The operational orders lay down that yellow fever, smallpox and T.A.B. immunisation is required and that international certificates for yellow fever and vaccination must be held by each man. At H.M.S. DRAKE the large majority of the crew have received yellow fever and smallpox immunisation; but not more than two or three of them have an international certificate. My experience of air travel abroad is that these certificates, immaculate in every detail, are essential if quarantine is to be avoided. In passing through ports the rules may be less stringent; but for so important an operation and in the light of the operative orders, we must ensure that certification is complete so

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far as is possible. There is no alternative but re-immunisation of the ship's company. A supply of certificates, officially stamped, yellow fever serum and smallpox vaccine have been obtained.

Had the certificates been issued at H.M.S. DRAKE (instead of a bare recording in the pay-book, with no mention of the information as to origin of vaccine batch number etc. required by international regulation) such a large re-immunisation programme would have been unnecessary.

The inoculations were not received with enthusiasm by the ship's company.

4th June:

The ship sailed from Chatham, bound for Gibraltar.

17th June:

The number of skin complaints has risen with the temperature, as it always does. Several of the ship's company are, in my opinion, unfit for service in hot climates by reason of their skin condition. A list of these men will be handed to the P.M.O. CAMPANIA.

Are men given an examination for fitness for overseas service in the Navy? A large number slipped through if such an examination is routine.

20th June:

This day a start was to be made on blood counts for all personnel likely to be exposed to radioactive hazards. The haemocytometer chamber is quite unserviceable - none of the lines are visible. No naked eye check could have been made by R.N. Medical Stores, [redacted] before they issued it. Differential white counts are started today but their value is much diminished by our inability to do total white counts simultaneously.

Chronic otitis externa cases are beginning to appear. Such men should not be allowed overseas - least of all in the engine room! None of the skin cases do very well in this great heat. The engine and boiler room staff are depleted in numbers (because of the skin and ear absentees) and their burden increased in very trying conditions.

One P.O. [redacted] with an intractable dermatitis (eczematous) following a fall on a ladder will have to be sent ashore for treatment in hospital and repatriation. The last time he was sent abroad exactly the same thing happened!

No one discussed his medical history or his skin with him when he was drafted to the ship. Perhaps it is the duty of the M.O. of the ship to do this? But what about ships where no M.O. is carried? - like TRACKER officially.

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(Established June, 1951)

Sheet No. 2

Medical Officer's Journal H.M. S. TRACKER

Period from 30th June 1952 to 20th August 19 52

GENERAL REMARKS

30th June:

At Aden, P.O. [redacted] was admitted to the R.A.F. Hospital. They will repatriate him by air.

The R.A.F. were good enough to provide us with many medical stores - but no haemocytometer available. A signal will be sent to P.M.O. Colombo asking him to try to obtain one, if necessary by local purchase.

10th July:

Arrived Colombo. Thanks to the P.M.O. a haemocytometer awaited us. Total white counts started at once. So far all the differentials done showed a slight relative lymphocytosis, no doubt due to the tropical conditions.

16th July:

This day the first minor operation of the voyage. The thrombosed pile of one [redacted], Stoker Mechanic, was incised under procaine anaesthesia and the clot shelled out. Penicillin 200,000 units administered as an insurance. Patient well!

This minor operation showed up the shortcomings of the No. 3 Canvas Roll; though with the addition of a pair of toothed forceps and sharp pointed scissors most minor procedures are possible. I need especially a pair of aural forceps, since much of my time is spent dealing with chronic ears. The L/SBA states that the following articles were delivered to the ship from [redacted]

(1) A No. 3 set.

(2) All the empty cases for a full No. 2 set.

The First Lieutenant assures me that he ordered a No. 2 set and that, after some persuasion, [redacted] agreed to issue one. What then became of all the instruments? Were the boxes sent empty by [redacted] Or were they despatched full and emptied by someone en route to TRACKER? Either way the matter requires investigation.

23rd July:

Having examined the Special Compartments with [redacted] I have

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cover up all lacerations immediately, to prevent contamination. I shall advise everyone (after the gas-mask phase) to wear spectacles of some sort to lessen the risk of contaminated foreign bodies reaching the eye. While the parties change their clothing an L/SBA will be at hand to look for and cover any surface abrasions. Hyoscine hydrobromide tablets (made up in a wisp of paper) will be offered to all those stomachs are not proof against the gyrations of small, canopied boats in a choppy sea. The prevention of sea sickness is all the more important since, until the degree of water contamination has been established, it will be necessary to wear respirators.

1st October:

All blood counts are now finished. We await the event.

3rd October:

The weapon was exploded this morning at 9.30 a.m. There were no casualties. TRACKER at once took over the functions of Health Control as already described.

22nd October:

The medical care of the ship is now transferred to [redacted] R.A.F. During the last three weeks there have been no radiation casualties, nor accidents in contaminated areas. All blood count records have been sent to CAMPANIA so that they may be entered on the personal documents of those concerned.

[redacted] now leaves TRACKER to return to U.K. by air.

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Medical Officer's Journal H.M.S. TRACKER

Period from 22nd October 1952 to 22nd November 19 52

GENERAL REMARKS

To include any information of a professional or scientific character which the Medical Officer may consider to be of value or interest.

Other matters on which information is required are:—

- (a) A general description of the accommodation, ventilation and hygienic condition of the ship. To be included in detail in the first Journal rendered in an appointment. Subsequently, if there has been no change it is sufficient to state this fact, giving the date when the detailed statement was rendered.
- (b) An account of every circumstance that may have had an influence in promoting health or causing sickness in the Ship's Company.
- (c) A report of the hospital facilities available at places (other than British naval bases) visited.

1. [REDACTED] took over from [REDACTED] on October 23rd.
2. There have been no admissions to the Sick Bay.
3. Before taking over H.M.S. TRACKER the medical stores and equipment were checked. Certain items were provided by H.M.S. CAMPANIA and a signal was sent to the Admiralty requesting the items deficient and a proper set of instruments as issued to H.M. Ships holding a doctor. [REDACTED] only joined the ship just before sailing and although instruments and equipment sufficient for a medically manned ship were demanded by the First Lieutenant before leaving Chatham TRACKER only received instruments as issued to a ship not carrying a Medical Officer. Surgical instruments, major, modified and minor were despatched by air and were received on board before leaving the Monte Bello Islands.
4. During the week 22.10.52 - 29.10.52 the wind up of the operation continued after which the Health Control Unit closed down and the personnel transferred to H.M.S. CAMPANIA - two monitoring instruments were left behind for general monitoring purposes. An improvised health control system had to be operated towards the end of the week after the operation had been completed and certain valuable observations were made. A separate report of this work was produced and sent direct to C.T.F.4. no copies being allowed.
5. H.M.S. TRACKER left the Monte Bello Islands at dusk on October 31st. The film shown in the wardroom that night was called, appropriately "Outcast of the Islands".

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1st November:

H.M.S. TRACKER unloaded stores at Onslow between Nov. 1st and 4th. In this instance several hundred 45 gallon oil drums were included in the cargo. There were two cases of minor injuries. The men worked in sandals: the question of steel toe cap protection as adopted in the Army for the manhandling of certain stores on deck or in the hold could perhaps be considered if the incidence of minor injuries on such duties warrant it. The standard practice of wearing sandals is undoubtedly a factor in the reduction of the number of cases of active epidermophytosis.

██████████ visited H.Q. R.A.A.F. Melbourne at the invitation of D.Q.M.S. R.A.A.F. between Nov. 11th and 18th. H.M.S. TRACKER arrived Fremantle on Nov. 8th and arrangements were made for the various O.P. appointments necessary. A full set of lower and partial upper dentures were provided for one C.P.O. whose teeth had never caught up with him on his various postings in the U.K. and who had been drafted for Operation Hurricane without any being provided. One officer fractured his L. scaphoid and the plaster put on by the General Repatriation Hospital, Hollywood excluded entirely the 1st metacarpal. A fresh plaster had to be applied on board. ██████████ the visiting Naval practitioner, became aware of this fault in treatment and he is taking the matter up privately with the authorities concerned. One case of subacute appendicitis occurred the night before sailing and a firm diagnosis was not made until an hour before weighing anchor: the patient was transferred to hospital and operated on successfully being discharged 11 days later.

22nd November:

H.M.S. TRACKER sailed for Trincomalee. During the voyage one of the engine room staff developed acute unilateral epidermophytosis which eventually cleared up with Gentian Violet but is liable to break down on the slightest provocation. He is certainly unfit to wear socks and boots on duty and is therefore excluded from watchkeeping. In this connection it is perhaps interesting that the Consultant in Pathology and Tropical Medicine has recently recommended the issue of Boots Fungicidal ointment to the R.A.F. It has been found in practice overseas that this ointment is a first class prophylactic and an excellent therapeutic agent: it contains a higher concentration of free fatty oils than other contemporary remedies and has the very great advantage of not causing relapses with overtreatment. In fact in several septic skin conditions, including secondary infected eczema it has been used with satisfactory results. This ointment will gradually supersede other

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(Established June, 1951)

Sheet No. 5

Medical Officer's Journal H.M. S. TRACKER

Period from 22nd November 1952 to 1st January 1953

GENERAL REMARKS

remedies in the R.A.F. for fungus infections.

The general health of the ship's company remains good. There was one frank classical case of an acute B. haemolytic type follicular tonsillitis which was isolated and responded slowly to massive doses of penicillin. At one time his pulse rate would rise 30 beats a minute on sitting up from a lying position and anxiety was felt as to an incipient carditis but the patient had a good constitution. His messmates were examined fully and six with infected or slightly sore throats were placed under daily observation and given prophylactic sulphadiazine. No other cases developed.

1st December:

The month opened with the ship at sea in the Indian Ocean. No ships were sighted for 13 days, i.e. from Nov. 23rd to Dec. 6th when the ship entered Trincomalee and after refuelling and taking on cargo left for Colombo the same day.

There was one case of abdominal pain and dysuria which developed into a frank B. coli pyelitis before reaching Colombo on Dec. 8th when he was transferred to R.A.F. Hospital, Negombo. The patient was the Chief Stoker making one further man of the engine room unfit for duty.

After leaving Colombo another stoker developed abdominal pain, malaise, a temperature, dysuria and occasional diarrhoea. Stool examinations were negative and the case was treated as an atypical heat exhaustion and responded to treatment. He had been taking salt tablets in sufficient quantity for normal circumstances. During the time this patient was sick one of the Royal Marines was employed in the boiler room to avoid closing down one boiler from lack of men. One other stoker was only just fit having had recurrent boils for the last three months without cause. Urine contained no sugar - penicillin cleared the infections but was not used unless necessary because it was very probable that the staphylococcus involved had become resistant. This man was eventually cured by heavy doses of Ascorbic Acid, vitamin tablets and sunbathing.

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