

Random Jottings



The stubby aerial on top of the mizzen mast of the fishing boat whipped between my legs for the fourth of fifth time - what on earth am I doing here hanging on an incredibly thin piece of wire underneath a single engined, underpowered helicopter, thirty feet above a very cold and angry looking North sea and an incredibly small and lively fishing boat!!



As a newly qualified Royal Air Force Medical Officer, fresh from both final qualification and the Royal Air Force Initial Medical Officer training course, I had given little thought to where I might be posted. It was surprising therefore to be asked if I had any preference on posting. "Oh, what about air-sea rescue" I said

Four weeks later and here I am. Damn, that aerial just whipped past me twice again!!

I had arrived at Royal Air Force Leconfield, home of B Flight 202 Squadron just 5 days earlier. A week of practical instruction by my Senior Medical Officer and three nights on call and by Friday all seemed well. "I'll do Friday night" my boss said "and you can do the weekend. I'll see you in the Mess after work on Friday and we will see how you cope over the weekend"

Five past five saw us both in the Mess, me with a pint, my boss with an orange juice, and I had just put the pint to my lips when the phone rang,

"The squadron, sir" said the steward handing the phone to the boss.

I heard only one side of the conversation. " Fishing boat" "Twenty miles off Spurn" "Arm in the winch"
"Up the elbow" "We'll be with you"

He put the phone down. " Look, " he said " The squadrons' been scrambled. There's a fisherman got his arm caught in a winch twenty miles off Spurn Point. Do you want to go?"

I must be mad! I could have said no and continued with the pint. Put it down to youth, stupidity, what you wish - but here I am on a cold spring evening hanging like a sack of potatoes under a Whirlwind while the crew work out how to get me onto the miniscule stern deck of a very tiny fishing boat which is moving up and down and from side to side like a plastic duck in a really boisterous two year olds' bath.

The aerial whipped past me again - I swear it's getting closer!!

Don't get me wrong - this was not my first decent from a helicopter - I had been on the Station for a week - we had done three training sessions - but all over land. Down, up, down, up, even in and out of hazardous situation, - in this case through the roof of a disused farm building on the edge of the airfield - and with success - mostly, but this was the first boat!!!

Some discussion must have taken place on the aircraft, because as the boat rolled once again I dropped twenty feet - a combination of rapid down on the winch cable and ten foot drop by the pilot, and as the mast whipped back I slid down the sail onto the stern deck of the boat. Am I pleased that fishing boats don't have booms on their mizzens!!!

Out of the strop, clear the cable and here I am facing my first major air sea rescue trauma!

At that moment I formulated the first of "Eley's Rules for Air Sea Rescue"

Rule One. " The severity of the injury is inversely proportional to the distance from the scene ". Or in plain English " The further away from the patient you are the worse the injury will be "

I should say that experience obliged me to add Rule Two later

Rule Two " Rule One is not invariable"

And later Rule Three " Expect the Unexpected"

These Rules have always stood me in good stead but I am ahead of my self!

Rule One. I looked at the patient. I had come prepared to amputate the arm if needed - ah, the folly of youth - but it was clear that this would not be required (deep sigh of relief) . The patient was sitting beside the offending winch, in obvious pain, but it was clear that his arm, if indeed it had ever been in the winch, was not now!!

Bruised, bleeding, but attached to him and out of the grip of the winch. First aid, immobilisation, pain relief and rapid evacuation.

Within minutes the winchman had him secured and whisked up into the aircraft and then it was my turn. Going up was much easier than going down. Cable down, into the strop and I launched myself off the stern of the boat. It must have been some unlucky downdraft that caused the aircraft to drop another six feet and trawl me through the water. Surely not anything to with dunking the Doc just for fun!!

The patient survived!

Rule Two " Rule One is not invariable"

The casualty registrar in the A&E Department was clearly unimpressed with me - and with good reason. I was standing dressed in a green, rubberised Royal Air Force dry suit suitable for flying over the North Sea and a flying helmet, dripping gently onto the floor of his department. My clothing was entirely appropriate for the task I had just carried out - and quite inappropriate here. I had just delivered a new patient into his care and had proffered some advice - advice which was clearly not going to accept from some overweening overanxious airman. I had explained that I was the Medical Officer from the local RAF base but he seemed to feel that all that that qualified me to do was deal with coughs and colds and malingering servicemen. Argument and common sense appeared futile!

We had been scrambled a couple of hours earlier in response to a request from one of the oil companies accommodation platforms which, at that time were springing up like mushrooms all over the North Sea. A discussion had turned into an altercation and then into full blown violence and we were requested to transport a man with a serious chest wound to safety as swiftly as possible

On this occasion there was no aerial trapeze work required. We landed on at the platform and within minutes I was examining the patient. Rule One comes into play. He appeared not only disgustingly fit but almost overanxious to rejoin the fray and give back as good he got (which at this stage seemed precious little) All his vital signs were normal, pulse, blood pressure normal, certainly not out of wits and vigorously and angrily active. But he had certainly been stabbed. There was a minute puncture wound over his left chest about half way down, and although it had clearly bled a little even that had now ceased.

The rig medic - and the helicopter crew were astonished when I insisted on putting in an IV line and setting up a drip - even more astonished by the urgency with which I ordered our hasty departure and at that they were not half as astonished as the patient who was still keen to return to the fray, but I had seen a wound like this before and I would never forget it.

The briefest passage of time had brought us to the A&E Department and my abrupt dismissal by the Registrar who clearly knew more about his job than any jumped up Royal Air Force MO.

The registrar had looked at the patient, checked my findings and decided to "Keep an eye on him"

I made one last attempt.

" I've only seen one wound like that before in my life" I said, " and we had to take him to theatre to put a couple of stitches in his heart and drain a tamponade " but it was like talking to a brick wall

" We'll make sure we keep an eye on it " he said, and I was dismissed.

I remembered the first time. It was a busy Saturday in the A&E department - not A&E departments in those days but Casualty, and no specific A&E Consultants or medical staff either the Casualty department was covered in rotation by the surgical team on call and tonight it was our team, one surgical registrar and two housemen (one year qualified) to cover all the surgical emergencies inside and outside the hospital, and it was a bust night.

The man whose wife had thumped him in the chest with a knife during the course of a domestic disagreement was one of our least problems. He wasn't particularly bothered, his wife was with him and they appeared reconciled and he was fine. All his vital signs were normal, pulse, blood pressure normal, sitting talking to his wife and quite calm. But he had certainly been stabbed. There was a minute puncture wound over his left chest about half way down, and although it had clearly bled a little even that had now ceased.

" Put a stitch in that" the registrar said " oh, and you ought to put a probe in to check how deep it is"

I set to. I remembered just in time about the probe and slipped in gently into the wound. Without any pressure it slipped deeper and deeper. With about two inches of the probe in the wound my nerve broke and slowly, slowly I removed it.

"Call the registrar" I said (calmly I hope) " he needs to know about this"

He was very swift. We revised the plan. AN IV was set up xrays called for and a theatre prepared. Very swiftly we were in theatre. By this time the patient was less well but we were prepared. The registrar explored the wound. The knife had just nicked the heart and blood was beginning to collect the pericardium. The small cut to the heart was repaired, the blood round the heart was drained and the patient made an uneventful recovery.

Yes, I remember stab wounds.

For this second patient at this stage I could do more. We had collected him, delivered him in good order and I had done my best to ensure he was properly investigated. I made one more attempt.

" It really could go quite deep --"

"We'll take care of him."

I phoned the hospital next morning

"This is the medical Officer from Leconfield " I said. "We brought you a chap with a stab wound last night. How is he??"

"He's not with us " the sister said. Difficult phrase that "Not with us" it can mean somewhere else or can carry a worse prognosis. I pressed the point

"We had to transfer him in the middle of the night to the local cardio-thoracic unit" she said, "you wouldn't believe how deep that stab wound was"

Oh yes I would, I thought.

He survived.

Rule Three " Expect the Unexpected"

From hundred, well quite a few, examples here are just two

Don't get me wrong, I love the Whirlwind, some of my happiest hours have been spent inside, underneath or waiting for a Whirlwind. But for rescue work over the North Sea the aircraft did have a few disadvantages. First, only one engine. In a modern helicopter if one engine stops you have a sporting chance of getting some where, with the Whirlwind if the engine stopped it became a glider. There was, and still is a posh word for it - autorotation - you let the aircraft fall out of the sky with the rotor windmilling in the hope that you could grab enough air with it just before you reached the ground, let the aircraft flare and settle gently as thistledown onto the earth. To be fair it does work - but we would usually be over the sea!! Oh I forgot, we are talking some years ago, no-one had ever thought of floatation devices!!

And then there's the Dunker. If you are unfortunate enough to land your helicopter on the sea - it sinks. The crew and passengers need to get out, quickly!! Somewhere there is a man with a warped mind because he designed a training aid for just such an occasion. Clearly it is better to have a training aid rather than waste helicopters for the purpose, and so the Dunker.

Take a frame much like a helicopter cabin, fit it with seats and then strap the victims, sorry aircrew and potential passengers (ie the Doc) into the seats and drop it into an oversized swimming pool and see if they can get out. Actually perhaps we ought to have a couple of chappies from the Navy around who understand water in case the flying chappies can't get out!!

So far so good - but helicopters often turn over when they land on the sea, so back to drawing board. Fix the frame to a big wheel so that when it goes into the water it turns upside down. Now that's better. The victims now are strapped to their seats upside down in the water and have got to wait for the water rushing in to stop, unfasten their safety belts swim down towards the doors and windows before they can get out. That's much better.

"Oh, they quite often fly late in the evenings, or even at dusk" (and after my time at night as well) " That's no problem, we'll turn all the lights out as well "

In the dark, strapped to your seats upside down in the water all you have to do is wait for the water rushing in to stop, unfasten your safety belt swim down towards the doors and windows and escape

I survived the Dunker

The other problem with the Whirlwind was power. Not enough power, With a full crew of three, a full fuel load and the right, or wrong depending on your point of view, weather conditions the aircraft could struggle to lift a newborn babe. Even in my youth the more charitable would have described me as a big man, the uncharitable may even have used the word overweight and the lack of power of the Whirlwind was brought home to me quite forcibly one balmy summer day

We were out on the airfield, doing what was gently called training, which really meant the crew was getting in the required flying hours and at the same time honing my skills on the wire to avoid a repetition of my first descent.

"Go into the middle of the airfield, we'll get airborne and we'll come and do a few practice lifts"

True to their word within minutes the aircraft was hovering above me and the cable with strop attached was snaking down towards me. I'm an expert now, as soon as the strop was within reach I had it over my head, round my shoulder, under my arms and gave the signal to winch me in.

Nothing happened. Instead of rising phoenix like into the sky my feet stayed firmly on the ground. I repeated the signal, nothing. I stood like Colossus with my feet apart and for all I know with half the

insect world walking between my legs and wondering at this new seventh wonder of their world, and there I stayed.

I looked upwards and all was revealed. Rather than the winch and aircraft lifting me, the aircraft under full power, rotor thrashing in the still summer air, was being drawn inexorably down the winch cable towards me. The winch stopped, the cable slackened, the winchman shouted from the door " It's no good - we'll have to burn off some fuel, we'll be back in about half an hour" and they were gone.

They did return, we did complete the exercise - and half an hour lying in the grass in the middle of an airfield in the summer is not so onerous.

But the second time, that was different.

We had gone to do some wet winching. Obvious really, do it over the airfield, dry winching, do it over the sea, wet winching. And who gets wet. You guessed . "Ask the Doc, he's game for anything" Repeat after me one hundred time " I must learn how to say no!!"



So here we are off Flamborough head and I've been in the sea, out of the sea, down the wire, up the wire when the radio intrudes

"Rescue 165 can you pick up an injured fisherman thirty miles off Flamborough?"

"Affirmative checking fuel"

Long pause. " Affirmative" Radio off "We can make it - but fuel is going to be tight, we had better drop someone on the beach" Well they are not going to leave the pilot or the navigator so that leaves the winchman or the Doc

There is something quite mournful and surreal standing on the beach at Scarborough and watching your helicopter and your friends speeding off into the distance to do deeds of valour and heroism, and here I standing alone watching them depart

I realise I am not standing alone. I am surrounded by a crowd of young Yorkshire tykes all striving to get close to me to find out what is going on

"Ere mister where's t'helicopter gone"

"Ar the comin back for ee"

I explain that I am the doctor and that the helicopter has gone to rescue some poor injured soul from a boat far out to sea. It sounded pretty daft to me too.

So here I am on the beach in a flying helmet, green all in one rubberised flying suit with boots attached, under which I have a wonderful and excessively warm set of magnificent woollen underwear - and nothing else. I wonder how long they will be?

The afternoon wears on. My patience wears thin. I swear I'll clip the ear of the next little lad who come up and says "Where's t'helicopter then?"

And then faintly on the evening air the welcome woca-woca of that single engine penetrates my brain. The beach is near enough deserted and the aircraft lands on.

"Sorry we were so long" the captain shouts, " the patient was OK, in fact I don't really think he needed us but we took him to hospital and then had to refuel." I scowl, from the look of the crew it wasn't only the aircraft that got refuelled!

Still expecting the unexpected

Pilots are pilots - I can't complain. In my youth, before Air Sea Rescue, before even medicine, the Royal Air Force taught me to fly. So I do understand pilots. Actually it may be one of the reasons I get into so much trouble. I think I had an aptitude for flying. I flew solo after only 6 hrs 30 minutes dual instruction. I know that's right because I checked my log book, but perhaps I should have kept my mouth shut. It must worry them that if push comes to shove I can fly an aeroplane, probably badly, but no way is a pilot going to doctor me.!

Actually I should revise that last paragraph and say I could probably fly a fixed wing aircraft. I can't fly a helicopter. I've tried, oh how I tried, and all I can say is that helicopter pilots must have deranged nervous systems. A stick and pedals like a proper aircraft, and then another big stick for your left hand that goes up and down, but with a twist grip on it as well. I tried. We fell about the sky like a drunk on his worst ever night. I can't fly helicopters. It's like the children's game where you have to pat the top of your head with one hand while rubbing your belly with a circular motion with your other hand - and then change hands without losing pace or rhythm!!

Which has got nothing to do with this tale. Later, much later in my Air Force career I was a sensible MO on a station in Germany. At that time, the height of the Cold War each of the front line Squadrons in

Germany would go to Sardinia for live firing practice on the ranges there, and whenever possible their own Squadron Medical Officer went with them.

The detachment had gone well, no serious medical problems, no serious illness and the Boss in an expansive mood. "You haven't been up the range, have you?" he said. I agreed that this was correct. "Come up tomorrow" he said "Drive yourself up in the ambulance, your medic can hold the fort here. When you get there, check with Range Control, there's a phone at the gate, wait for clearance and then cross in front of the right hand range to get to the control tower"

I stopped at the gate, picked up the phone and was greeted with

"Pronto?" Now here's a problem, the boss didn't say the range was Italian controlled

I did my best, after all my parents were married in Rome, but fluent Italian I do not speak. He said "You are clear to cross" in Italian. I'm sure he did. I know he did.

I opened the gate and climbed into the long wheel base Land Rover ambulance.

"Drive across to the control tower as quick as possible" I thought. I drove steadily towards the little white control tower, the line of targets to my right flapping in the wind a constant reminder that this was indeed a live firing range, that it was active, and I was acting on what I thought some Italian had said to me.

I looked to my left. Four small dots in the distance must be the Squadron preparing to do a run in. I looked harder, the dots were coming in very fast and very low and straight towards me!! Within moments the first aircraft was hurtling in almost as if the Red Cross on the ambulance was the target he had in mind.

With a thunder of afterburner he flashed straight over me followed in a continuous roar by the three other aircraft. The ambulance rocked with their passage and they were gone, turning lazily before lining up leisurely to run back down range to start the real business of the day on the left hand range

Pilots! I understand pilots!



A G Eley

