THE VISIT OF SIR HARRY PLATT TO THE BRITISH MILITARY HOSPITAL, CYPRUS

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During the last ten days of October, 1953, Sir Harry Platt visited Cyprus as part of a tour of the Middle and Near East arranged under the auspices of the British Council.

By a fortunate coincidence, Sir Harry was staying at the same hotel as the D.M.S., M.E.L.F., who was also visiting Cyprus at that time, and they literally walked into each other in the foyer of the Ledra Palace Hotel.

At the invitation of Major-General W. A. D. Drummond, Sir Harry visited the B.M.H. on the following evening (23rd October, 1953) and made a short informal tour of the hospital. Sir Harry looked in at the reception department and wards, and later saw winter training lectures in progress, but could not with advantage at such a time make detailed examination of our orthopaedic cases, so a further and more formal visit was arranged. Sir Harry did, however, visit the Officers’ Mess, where he met the medical officers and proved to be most entertaining.

Sir Harry gave a formal lecture at the British Institute on the following day, which was well attended by representatives of the medical profession throughout the island. He spoke on “Low Back Pain” not only as an authority on the subject, but also as a late sufferer.

Two days later, Sir Harry made his second visit to the B.M.H., when he was escorted round the surgical department and was shown the cases in the orthopaedic ward. He gave a brilliant exposition of the cases demonstrated which was of the greatest value and was most highly appreciated by all the staff.

The following are brief histories of the cases presented, with illustrations:

CASE 1.—Male, U.K.-based civilian, aged 44. Compound comminuted fracture of right olecranon sustained while travelling in a car when his elbow, outside the driving window, was hit by a passing vehicle. Wound toilet was carried out. Excision of fragmented olecranon with reconstruction of triceps tendon was performed six days later. Patient had been on physiotherapy as from date of operation and had had sutures removed two days before being demonstrated.

Note.—Sir Harry forecast a good result and this is proved by photographs taken three months after injury (Figs. 1, 2, 6 and 7).

CASE 2.—Male, U.K.-based civilian, aged 20. Multiple injuries, including simple fracture of right humerus and compound comminuted fracture of right tibia and fibula. The humerus required open reduction and plating in order...
that apposition of the bone ends be maintained while the patient was nursed in bed for his other injuries (Fig. 3).

Authors' Note.—Eight weeks after plating, and while still a bed patient, the humerus was refractured at the old site, partially tearing the plate and screws from their position. This refracture was an accidental injury caused by the patient. Deformity and reduced function now exist—a disappointing result.

Case 3.—Male, British (sergeant, R.A.). History of three previous attacks of low back pain treated conservatively. Radiological changes present, muscle wasting and persistent pain in right leg. Straight leg raising on the left side only ten degrees. Sensory changes marked. Examined by Sir Harry, who considered that this was a true case of prolapsed nucleus pulposus. In view of the patient's rank, age and mental outlook, he advised laminectomy.

Authors' Note.—Patient evacuated to the U.K. Laminectomy performed; now doing well and quite pain-free.

Case 4.—Gunner, aged 19. Admitted with low back pain following a "strain" of his back at gun drill. On examination, there was no deformity of the lumbar spine, no muscle wasting in thighs or legs and no difficulty in straight leg raising. X-ray examination (Fig. 4) showed a bilateral accessory sacro-iliac joint.

Sir Harry's Comment.—Patient pain-free after short rest in bed. Advise physiotherapy. If, in future, a recurrence becomes evident which does not respond to conservative treatment, arthrodeses of the supernumerary joints should be considered. Advised down-grading to P3 L3.

Case 5.—A sapper, aged 20, who had been engaged on demolition work in the earthquake area, was injured by a large piece of falling masonry causing a compound fracture of his right tibia and fibula (Fig. 5). The fracture was unstable, a large butterfly fragment was present, so open reduction and plating were carried out. The plate was placed on the medial aspect of the tibia so as not to interfere with the periostial hinge.

Sir Harry's Comment.—Correct decision, excellent reduction. Plate should be removed in one year's time, full function to be expected.

At the conclusion of this teaching round, Sir Harry visited the operating theatre, the physiotherapy department and the maternity block.

He made two comments which are well worthy of note:

1. Regarding physiotherapy, he stated that he viewed with concern the falling off of massage as a form of treatment and strongly advocated a boost to re-establish massage, especially in post-operative orthopaedic cases.

2. That the care given here to nursing mothers and their infants, despite difficulties and staff problems, was as good as any given in the U.K., outside the most modern teaching centres.

On Thursday evening Sir Harry dined at the R.A.M.C. Officers' Mess. In reply to a speech of welcome by the Commanding Officer, who stressed the value to the Corps of a visit such as had been made, Sir Harry replied in most polished vein and paid tribute to traditional Mess custom and ceremony, which
FIG. 1. **COMPOUND COMMUNTED FRACTURE OF OLECRANON BEFORE OPERATION**

FIG. 2. **AFTER EXCISION OF FRAGMENTS**

FIG. 3. **CASE 2 AFTER PLATING. A LARGE BELLY OF BRACHIALIS WAS FOUND BETWEEN THE FRAGMENTS, THUS PREVENTING CLOSED REDUCTION**

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FIG. 4. Case of Low Back Pain: Note Accessory Sacroiliac Joints

FIG. 5. Case 5 after open reduction and plating
he considered of great importance in present times. Mr. Arnold Rose, F.R.C.S., an ex-officer of the Corps, now the leading surgeon on the island, was also present.

The visit of Sir Harry Platt to the B.M.H. was undoubtedly of great value not only by virtue of the teaching round and the opportunity afforded to medical officers, both Regular and National Service, of meeting him, but it also gave Sir Harry an opportunity of seeing for himself the quality of the work done and the responsibilities of the R.A.M.C. in a small medical unit overseas.

![Fig. 6](image1)

**Fig. 6.**

![Fig. 7](image2)

**Fig. 7.** Same Case as Figs. 1, 2 and 6 Ninety Days After Operation