

These notes are for your help in the event of a major accident such as a fall or a roof collapse. They are not a substitute for qualified aid. They are designed to help you bring a victim alive to the surface.

DO THE FOLLOWING IN SEQUENCE.

- 1 DON'T PANIC. Be methodical. Don't be rushed into hasty action. Keep your reason.
- 2 MAKE PREPARATIONS TO TAKE THE VICTIM OUT. Unless the injury is obviously trivial, all accident victims should be brought to the surface as soon as possible. Beware those who have been hit on the head but look "all right now". They could be bleeding inside the skull and be unconscious and dying in a couple of hours. GET THEM OUT.
- 3 CONSCIOUSNESS. Is the victim able to talk? If so, ask them if they can feel and move their limbs. IF NOT, ENSURE AN AIRWAY.
- 4 AIRWAY. PULL THE JAW FORWARDS, AND KEEP IT THERE. This stops the tongue lolling back into the windpipe. The ideal position is "sniffing the spring air" - head forwards and chin up. An unconscious patient will die rapidly without an airway. If they puke or look as if they might, roll them on their side and let the vomit come out - BUT SEE "BACK".
- 5 BLEEDING. If they are obviously bleeding, PRESS ON IT with your hand or a pad, for five or ten minutes without peeping. If it doesn't stop, keep pressing.
- 6 PULSE. Compare the victim's pulse with your own. SHOCK - severe blood loss - the victim has a fast, thready, weak pulse; they are cold, clammy and sweaty. If you are in no doubt that the victim looks like this, they need an intravenous line (see below). If you are in any doubt, don't; caves are mucky places and you'll cause more trouble than you'll cure. When you have a line, give all the fluid you've got. GET THEM OUT.
- 7 BACK. DON'T MOVE THE VICTIM UNTIL YOU'VE FELT THEIR BACK, OR IF THEY ARE PARALYSED OR LACK SENSATION ANYWHERE. Feel all the way down the spine. You will feel a row of regular bumps; if there is a gap or step, or the victim has pain at one spot on pressing, they have a back injury. If you're in doubt, treat as one.
- LOG ROLL. With three people, move the victim as a unit without twisting or bending, like a log. Don't forget the head; don't turn, drop or bend it. In this fashion, get the victim out of harm's way on to a firm, flat, horizontal surface. Don't move them again until you've got them on to a Neil Robertson stretcher.

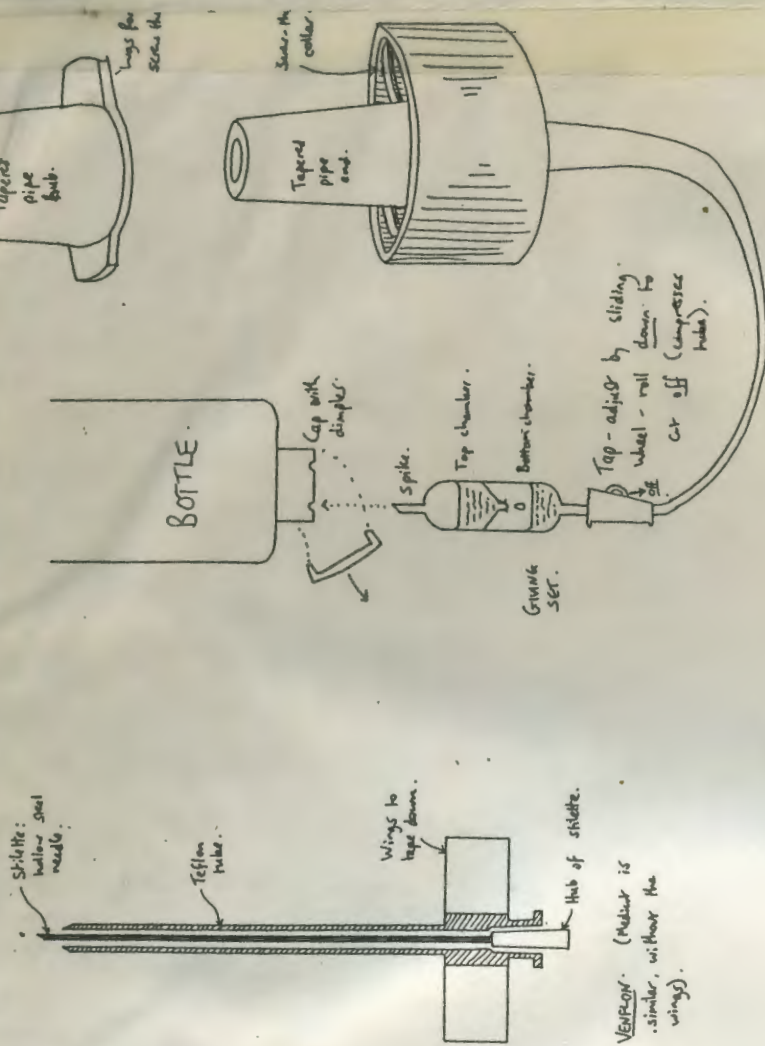
8 CHEST. If the victim has difficulty breathing, or pain on breathing, ENSURE AN AIRWAY and look at the chest (open the clothing; look at both sides). If there is a wound in the chest, PUT A PAD ON IT to stop air leaking in and letting the lungs down. Look at the movements; if one bit goes in while all the rest comes out, and vice versa, PUT A BIG PAD ON THAT BIT to hold it in - that is a "flail segment", a piece of chest wall which has come loose and is moving independently of the rest.

9 DEFORMITY. If either leg is bent out of shape, try and straighten it by pulling down on the foot. Support arms by putting them inside the clothing, or applying a sling if you can. Look for wounds on the limbs; these might connect with the fracture, so it is important to keep crap out of them. Put a pad on them, with pressure if they're bleeding. Splint broken limbs; ideally put the victim on a stretcher.

10 HEAT. EXPOSURE IS A RISK especially for immobile victims. Change wet gear for dry if someone else is wearing dryer gear. Cover with a space blanket. Put into an Eskimo or other sleeping bag if you've got one. Give sugary food only if the victim is fully conscious - they might puke and block their AIRWAY. GET THEM OUT.

On the way out - keep talking to them. Keep checking the pulse - if they weren't shocked before, they might become so.

INTRAVENOUS LINES.



- 1 Pull the protective cap off the bottom of the bottle; stick the spike at the top of the giving set through one of the dimples in the bottle.
- 2 Squeeze the bottom bulb of the giving set a few times to get fluid through, then open the tap and let it run down the tube. If you get air bubbles, hold the pipe vertically and flick it or tap it to get them to the end.
- 3 Get someone to squeeze the victim's arm to bring the veins up; tap or flick them if they're reluctant. The biggest ones are in the crook of the elbow, but watch - the artery lurks underneath here. Check that what you're going for is a vein and not an artery: if you feel it pulsing when you touch it, it's an artery. Occasionally you find an artery near the surface.
- 4 Put the skin slightly on the stretch with one hand; with the other, push the Venflon or Medicut into the vein, facing up the arm. When blood comes back into the stilette hub, stop and push the tube up round the stilette into the vein (holding the stilette still).
- 5 Release the arm from your friend's grip. Take the stilette out and connect up the fluid - the tube has a cap on the end which you take off, then push the connector on to the end of the Venflon and twist it to lock it.
- 6 Tape the Venflon and the tube down to the arm.

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Met eteorological measurements.

1) Rain gauge.

[To be set up in same place as last year, so that rim is 12 inches above ground surface]

1) Read at 09.00 h every morning: (LOCAL TIME)

2) Remove upper funnel section

3) Pour water from bottle $\frac{1}{2}$ and from bucket $\frac{1}{4}$ in which it sits if there is any in that, into measuring cylinder. Read amount of precipitation from base of meniscus

4) Record reading in the following table in $m^3 (=cm^3)$
If rain has fallen, or heavy mist has been felt to precipitate, within the last 24 hrs, but this is insufficient to measure in the measuring cylinder, record 'Tr' (trace) in the table. Otherwise, if there is no water, write '0' to show that you have checked that morning

5) Shake out ~~any~~ any last drops in the bottle and bucket before replacing

6) Replace bucket and bottle in the outer shell of the rain gauge. Make sure that the ~~top~~ spout of the funnel really is pointing into the bottle.

N.B. If something goes wrong and you have spilt the contents before measuring, BE HONEST and record this. If you can still put an estimate

down, all the better, ~~but~~ but make it clear that this is an estimate only.

Similarly if you are late recording one morning please put the actual time down and whether any extra precipitation was gained as a result.

2) Observations

Feel free to put any remarks about the weather you like, but you might like to include

- 1) Average cloud cover over last 24 hrs
- 2) Whether + for how long there was mist and rain
- 3) Temperature (eg 'blazing hot', 'on the chilly side' etc)
- 4) Wind (eg 33 1/3% tents blown down)

~~Perhaps~~ Perhaps you were somewhere other than top camp for most of that day. For instance you may have suddenly disappeared into cloud on the walk up and can remember the altitude and time. Do put down details like this but note if the location was not top camp itself.

3) No thermometers this year.

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Many many thanks - as you may know
it is likely that Stephen and Hilary will get
a paper out of this - that will certainly impress
future sponsors NOT ME IT FUCKING WON'T
PAUL GETTY III

Table begins next page. Nor me. Not a load of unscientific shit. No wonder
the weather men always get it wrong.

I suggest you think in terms of
the RGS who failed to give us
our usual £400 this year

in net's poisoning these
workers

The Queen

Fantastic! Have \$1 million! Smasherong!
Top-class work

Kenny Falgout

make for better
view

Observations.

to previous 24 hours.

gauge

8:30 pm Sunny
Clouds in layers

- sunny all afternoon with only occasional breaths of wind.

~~are~~ are very far mountains.

Very windy on Saturday night.

- Clouds mist come higher up as the day went on - Top Camp in mist by 6ish.

Verdeluenga itself in mist or haze or so later. Very still, calm evening.

In thick cloud all day. Occasionally rising but on the whole can't see a thing.

DL Drizzling all day.

8.36 all clouded in again. (Bloody typical.) Very cold night last night.

Richard snored in the night.

Sheep destroyed tarpaulin.

Clear sunny afternoon - cloud level above Arrio ^{a few} scattered high level clouds. Cloud level rose during late afternoon / early evening. Totally clogged in by [^]6.30ish.

the pika must be due to rain at about 5am. I hear this as I was in an unideal living site at the time. Weather claggy & awful but not cold after sunrise.

peaks)

scattered high cloud this morning sunny, 1/8 cover cumulus -
below

10 on. - very windy - came out from canopy at 11 pm - clear - quickly
thin but cloud
5/8 cumulus high cloud
some fluffy

Date	Actual time of Day that you arrived	ml of Rainfall	Remarks and Observations refer to
Tue 9/7/85	8 pm ish	-	Cloud slightly higher than Lagos, gradually rose during evening. Bloody cold evening! Set up rain
Th 11/7	9.42 am	0	Cloud level about Lagos or lower and only patchy. Blue sky at T.C. No thermometer up here yet
F 12/7	7.30 pm	0.	Very clear sunny day. No cloud cover at all. Cloud level not visible - only distal haze
Sat 13/7	11.30 am (but nothing had fallen so you could say it was 9 am)	0	Very sunny but high level wispy clouds. Hazy/misty over Los Lagos height
Sun 14/7	10.15 am	0	Clear blue sky up at Camp level but large big cumulo nimbus clouds over Arro level
M 15/7	9.00 am.	Tr + ladybird.	Clagged in lat afternoon + still in. YUK. Not too so
Tu 16/7	9.00 am NB to be converted mm	40 ml + drowned ladybird.	8 am clear at Top Camp level but by
W 17/7	12.30	0	scattered high cirrus
Th 18/7	9 am	0	nice and warm warm night too. Scattered high cirrus; light winds + hazy sun. Thick cloud at sod 2 level
F 19/7	9 am	not even a beetle	Clear hot morning with solid cloud 500' below.
Sat 20/7	1.14 pm	7.5 ml to be converted	Sorry to be late, due to carrying junk up. Most of
Sun 21/7	9.15 am	zero	Clear morning + evening. Low clouds in am.
M 22/7		zero?	} v. hot and sunny
Tu 23/7	4.21 pm	zero	- few scattered cumulus: High (above the
W 24/7	8.45 a.m.	zero	yesterday we were sunny with mist/cloud \approx 1000 m
Th 25/7	9.00 am	zero	Sunny - clouded over about clouded over - some lightning

Wetness referring to previous 24 hours.

Precip. from morning cloud.

cloud rapidly becoming Cumulonimbus. Depression approaching.
no wind. Later wind rose again, clearing skies. Windy all night.

bright periods. Heavy rain from 1900 - 2300 and also at night.

mostly stratocumulus/cumulonimbus. High cirrocumulus at 0900 30/7/85.

Chilly

visibility way below @ 1200m(?)

10am + sunny, lovely.

clear down but getting cloudy now (09/85)

clear cloud. Too thin to obscure hot sun. Mist well below base layers. Wind light.

Wind gusting force 5 overnight. Rain started ~ 0800. Now wet & misty.

all day 5/8/85

Wind force 7 gusting 8. (6/8/85)

very high level clouds. Very sunny - beautiful sunrise.

No rain.

Clear down to hags all day. Foggy at moonrise at Aris (3.00 am)

clear visibility below. Short shower yesterday evening 9-10³⁰ pm after mega front had come

above in morning. In top of cloud later (warm). Evening (Aliseda). V.V. windy night

Date (BB)	Local time	Actual time	Rainfall / mL	Remarks and Observations
F 26/7/85		0855	Tr	Sunny yesterday with cloud top ~1000 m. Cloud level rose ~1800.
Sat 27/7		0905	Tr	Cloud cover at grd level most of yesterday. Clear sunny morning.
Sun 28/7		0900	Tr	Sunny all day. Clear sign of front approaching by ~2700 - Windy and some r/f at night. Dull then
M 29/7		0900	10.5 mm	Force 7 gusting wind, very dusty air. High Cumulus 1700 - 2100 four hours continuous heavy rain,
Tu 30/7		0900	9.5 mm	Misty all day, with very occasional wind force 4, gusting 5. 7/8 cover
Wed 31/7				
Thur 1/8		5-18 pm (first arrival)	Tr	completely clouded - misty. Very moist. (Thursday weather)
F 2/8		0900	0	Bright sunny morning. Wind 2-3 SW. Clouds
AR10		10-00	0-01 inches	Mega misty. yuk all day. clear by
Sat 3/8		0943	Zilch	Hot, sunny, clear blue skies all day. Light breeze. clear starry night. e d
Sun 4/8	AR10	0932	Tr.	Beautiful sky 6/8 cover with very light & thi
		0900	0	Beautifully clear day. No clouds. Scorching hot
M 5/8		0950	2.5 ml	Lovely day yesterday with fine starry night. Rained all day, some hail, zero visibility
Tu 6/8		0925	13.3 ml	Snow, heavy rain, zero visibility.
W 7/8		8.55	8.6 ml	See Very clear Cirro alto cumulus 1 m. hld - Clear even at Lago level
Th. 8/8				Hot, clear, sunny, wonderful. No
F 9/8		10.55	0	Fuckin' ot. High cirrus in afternoon. When Margot went for a crap)
Sat 10/8		10.20	0.4 ml	Freezin' cold, 8/8 clouds @ 2150 m with over the ridge with strong gusty wind.
Sun 11/8		8.45	0	Freezing Clouds cloud below us. Ein Vega

at 4 hrs ...
spread ... behind us
in evening ...
across the ridge. Strong gusts of wind. Dense layer of clouds below 1700m.

Clear above.

Windy night.

Almost rained tangibly.

after clear & mild night. Clouds receded since yesterday afternoon from a high level
in the distances. All yesterday ☉ clouds and blazing hot.

almost our level and a thin mist engulfed us. Stormy night with gusts of wind 4-5.
blowing E under wind SW. Cold. Looks like it's about to start raining any minute.

[Faint handwritten notes, including some underlined text and a large scribble at the bottom.]

Date (B/D)	Actual time	Rainfall/mtr	Remarks + Observations
M 12/8	9.30	6.2 mm	Hot & sunny morning. High clouds to at Ario 6.30 pm. Cloud cover but not
Tue 13/8	10.30 <i>(Ario reading 9.55)</i>	0 0.17"	Hot & sunny morning with cumuli sailing NE Clouds all the way down west of EL Jito, bursting over into the Vega
W 14/8			
Th 15/8			Sunny with occasional mist. claggy thin morning.
F 16/8	2030 ARIO 0830 ARIO 075 1330	ON ITS SIDE 0-0.3 inches 0.75 mm	Slutty or mde miserable all day Clear & sunny by thin morning
Sat 17/8	9.53	0 ml	Clear & sunny morning without wind to ~ Arriondas.
Sun 18/8	9.45	0 + 1 live ladybird	Sunny & hot with wind 1-2 SW and haze
M 19/8	9.45	0	After a hot day yesterday evening clouds rose to this morning dark grey cumulus layer @ 2500m
T 20/8			
W 21/8			
Th 22/8			

INFECTED OR RED EYES are usually due to a conjunctivitis caused by a bacterium. Optrex is not very useful. Use Polyfax or tetracycline eye ointment 3 or 4 times a day. Put a little snake oil cream on the turned down lower eyelid. Put the upper eyelid over it and massage gently. This should clear the infection in the course of a couple of days.

ATHLETES FOOT This can be particularly tiresome if you have sweaty feet. Wash your feet thoroughly and dust the feet and socks with Mycil or some similar antifungal dusting powder.

FLEAS AND LICE Dust your clothes and sleeping bag with flea powder (kills pests on pets and undergraduates!). Go to the nearest pet shop and ask for dog flea powder. Hunt for fleas and lice on you. If badly bitten use Betnovate or Synalar cream or Eurax cream.

TAPEWORMS AND ROUNDWORMS For tapeworm take Yomesan (niclomaside 500 mg) four tablets, chew well and wash down with water. A cascara tablet should be taken as a purgative. For roundworm take Vermox (mebendazole 100 mg) one night and morning for three days.

AMOEBIASIS If you think you have got amoebiasis (bloody diarrhoea) take tinidazole 2 gms (four tablets) every morning for three days and then Furamide, one tablet (of 500 mgs) three times a day for five days.

HIGH ALTITUDE Note that above 8-10,000 feet the contents of full tubes of ointment will shoot out under pressure. Unscrew cap with care. You may be given Diamox 500 mgs twice a day to counteract mountain sickness.

GENERAL NOTE

It is important that drugs not used are handed in to me for use of future expeditions, or burnt. They could be dangerous particularly for children and in foreign parts any expedition refuse is often avidly collected by the locals.

Bent Juel-Jensen.
University of Oxford.
Trinity, 1984.

(112)

Remember use with Care in rubber

ECZEMA With irritating skin conditions, use ~~Hydrocortisone cream~~ locally or Vioform and hydrocortisone cream. Both contain steroid and an antiseptic.

DISINFECTANTS For cuts and scratches use tincture of iodine unless you are hypersensitive to iodine. Bigger cuts may be washed out with Savlon. A sachet of Savlon concentrate will make a pint of disinfectant ready for use.

MOTION SICKNESS Marzine tablets, 1 every two to four hours, or Dramamine tablets, 1 every two to four hours, help most people.

SORE THROATS Most are not due to bacteria and a soothing gargle with some soluble Aspirin (Disprin) usually takes the worst agony away. If the throat is dark red and very sore it is possible you may have a bacterial infection and if you have a fever, take clindamycin (150 mg capsule) or erythromycin 1 four times a day for five days.

SLEEPING TABLETS You have been given ~~Mogadon~~ *Rohypidol* (nitrazepan) 1 mg. One will send the average adult off to sleep. If one does not work you can safely take two or even three.

N.B. Keep these tablets safely and ensure that they do not fall into the hands of children or irresponsible people.

HEADACHES AND OTHER PAINS AND ACHES You have been given ~~Parasolol~~ *Parasetamol* (paracetamol and ~~codeine phosphate~~) tablets. ~~Each tablet is in tinfoil.~~ Dissolve 2 tablets in a little sterilized water and swallow. Do not eat tablets dry, the tablets will fizz all the way down if you do.

As an alternative use soluble aspirin, 2 tablets, which may be taken every four hours. Cut the dose if you get ringing in the ears.

INDIGESTION Use ~~Algin~~ *Gaviscon* tablets, chew or suck one or two as often as necessary.

SUNBURN Avoid going into blazing sunshine or working by the sea unless you have used Uvistat ointment on the exposed part of your body, and pomade on your lips.

MOSQUITOES AND FLIES If you are in an area where there are tsetse flies, black flies (simulium damnosum), or a lot of anopheles or aedes, you must use a mosquito net. Both in the Tropics and Arctic and Antarctic mosquitoes can be a nuisance. They will descend in their millions from nowhere and you should have a good mosquito repellent. The best is a mixture of 2-ethyl-1-3-hexandiol (94 G/l), 56.4 ml and N,N-diethyl-m-tolumide (99.7 G/l) 6.3 ml and industrial methylated spirit 66 O.P. to 1 litre. It can be bought in America and Sweden. The Swedish variety is known as Djungel Olja 3 x 6. Do not put it in the eyes or in the mouth.

In some parts of the Arctic tiny flies can be a great nuisance, crawling into the ears, eyes, mouth and nose. Insect repellent does not work on them, but the local population usually will be able to advise you. In Greenland you should go to the Royal Greenland Trading Company (KGH) and buy a very fine mesh shopping bag, put it over your head and wear mittens. This works. Do not put a polythene bag over your head: you stand a reasonable chance of asphyxiating very rapidly.

TYPHUS If you are going to areas where you are likely to encounter rickettsial disease (epidemic typhus, tick typhus, scrub typhus, Rocky Mountain spotted fever) you may be given a supply of tetracycline. If you get a fever (particularly following a tick bite) take two, 4 times a day for a week, and then one 4 times a day for a further week.

IMPORTANT INSTRUCTIONS

DIARRHOEA. Much of the diarrhoea encountered in foreign parts is due to change of diet. Some is due to infection. Prevention is important and half the battle is won by taking simple precautions. Travellers often show a remarkable lack of common sense. Spanish pears may be luscious, but if a Spaniard eats 8 large Spanish pears he will get diarrhoea, so eat fruit in moderation. If you do eat fresh vegetables or fruit make sure that these are washed in water purified with Sterotabs (or Puritabs). Salads that include green lettuce are particularly hazardous. Vegetables are often manured with human dung, and those with a large surface (such as lettuce) are particularly dangerous. You have a little free acid in your stomach, it will cope with a few nasty germs, but not with a lot. Cucumber and tomato salads are relatively safe. If you get diarrhoea, take codeine phosphate, two 30 mg tablets, every 4 hours until the diarrhoea has stopped, or take Lomotil, 4 tablets at once, and then 2 tablets four hourly until the diarrhoea has stopped. You may have been given Imodium (loperamide): take two capsules at once, and then one every time you have a motion until you seize up. If none of these stop the diarrhoea and you are feeling ill, and particularly if you are passing stools with blood and mucus, take Septrin or Bactrim (cotrimoxazole) ~~two~~ tablet, twice a day for five days. You may have been given Amoxil (amoxycillin) 500 mg capsule. Take ~~two~~ ^{two}, four times a day for five days. If this does not clear the diarrhoea you must seek medical help. Septrin or Bactrim should not be taken by people that are hypersensitive to sulphonamide. Amoxil should not be taken by people who are hypersensitive to penicillin.

WIDE SPEC
PART 1: - 12

TIF
P.
W.
FOUR

Wounds first clear
the wound get pus
out, dress it & rest.

OTHER INFECTIONS Do not use antimicrobials recklessly. If you have boils and a raised temperature, or infected wounds, or you think you have pneumonia or bronchitis it is reasonable to take a drug. For boils and infected wounds use first clindamycin. The capsules are 150 mg. Take one tablet four times a day. If you are no better at the end of 72 hours, take Septrin (or Bactrim) two tablets (or capsules) twice a day for five days. (Remember that the latter must not be given to people who are hypersensitive to sulpha drugs). Do not give both drugs at once. If you are in doubt you must seek medical advice.

Don't use
clindamycin
it's not
nice
really

Some of you may be given flucloxacillin (Floxapen). This is also useful for infected wounds, boils. Take one capsule (250 mg) four times a day. If the infection is not better after three days go on to Septrin or Bactrim as above.

HEAT EXHAUSTION AND SUNSTROKE. Keep your water and salt requirements in balance (see other sheet).

ANTI-HISTAMINES These drugs suppress allergic reactions of various sorts and are useful in suppressing nettle-rash, itchy skin conditions, hay fever, and to some extent mild asthmatic wheeze. Remember that they all, but to a varying extent, tend to make you sleepy. Do not drive if you are at all drowsy. You will have two drugs, Pro-Actadil and Phenergan. Each tablet of the former is of 10 mg, the latter 10 mg or 25 mg.

PRO-ACTADIL is suitable for use in the day time. One once a day may be adequate but one may be taken at night and morning if necessary.

PHENERGAN The most powerful antihistamine, is likely to make you sleepy, so take preferably at night. Do not take if you are driving. The 25 mg tablet is very potent.

DRUGS - HOW TO USE THEM

ACROMYCIN Tetracycline eye ointment. Only use this if your eye is actually producing pus (ugh). Apply to inside of eyelids 3x /day.

AMOXIL Chest infections, with green or yellow sputum only. 500mg 3x /day for five days at least. Might also work for cystitis but Trimethoprim/Septirin is better. Also use for cellulitis (red, v. inflamed & sore skin patches around cuts or grazes).

BACTRIM Septirin. For Cystitis. One tablet twice daily, FOR FIVE TO SEVEN DAYS. Two tabs for bad goes.

BETNOVATE and BETNOVATE-C Powerful steroid ointment. DO NOT USE except under qualified supervision. Do not use for rashes. Do not use for burns.

CODEINE PHOSPHATE For shits. As Lomotil. Also - it's a good painkiller - better than aspirin / paracetamol (but it bungs you up!).

DAKTARIN For really nasty jock-rot & skin rashes which can't be cured any other way (ie by leaving them alone). Use as per leaflet in box.

DALACIN An antibiotic. Broad spectrum, effective but can cause unpleasant colitis (bloody shits+). Use other antibiotics (eg. Amoxil/Septirin) rather than this.

DIORALYTE For the shits. Make up and drink to replace lost fluid.

If you run out, make your own:
1 litre boiled water
1 tablespoon sugar
1 teaspoon salt

Cheers!

EVRAK Use for itchy rashes, NOT if they're oozing or blistered.

FASIGYN Tinidazole. For amoebiasis - chronic, really appalling bloody foul shits which won't go away any other way. Take as per directed on JJ's sheet.

FLAGYL Specialised antibiotic, qualified use only. One tablet 3x /day, for 7-10 days. NO ALCOHOL. For:- certain types of diarrhoea or vaginitis (thrush).

FLOXAPEN Antibiotic for use only for Amoxil-resistant infection, under qualified supervision. Weaker than Amoxil but works on more bugs. One or two capsules, 3x /day, for 5-7 days.

CAVISCAN Makes a sort of raft on the contents of your stomach, which plugs up your gullet and stops honk coming up when you lie down. Use for Heartburn. Also said to be good for hangovers, though I (Tom) haven't tried it and can't imagine why it might work. (ps. I now have and it doesn't!)

IPRAL See Trimethoprim.

LOMOTIL For shits, if it's really inconvenient. If you've got the shits, something in there wants to come out. Use with caution and not for long periods (ie. more than a few days).

MARZINE Prevents Travel sickness.

MYCIL First remedy for athlete's foot. Use as directed, with the prickly heat powder. Use for foot or Jock - rot. If doesn't work after a few days, try Daktarin.

PIRITON, PROACTIL, PHENERGAN Antihistamines (for hay fever). Use piriton first, then (if it doesn't work) proactil, then (ditto) phenergan. Phenergan is also good for a night's sleep, if you don't mind sleeping the day after as well. DO NOT MIX WITH DRINKING OR DRIVING

POLYPAX Eye ointment. For milder nasties than acromycin; apply to inside of eyelids 3x /day.

ROBYPNOL Sleeping pills. Don't work for pain.

TRIMETHOPRIM(IPRAL) As Bactrim (but if you start on one, don't change to the other). One tablet twice daily for 5-7 days.

VERMOX For worm infestations, not very likely in Spain.

B14

(815)

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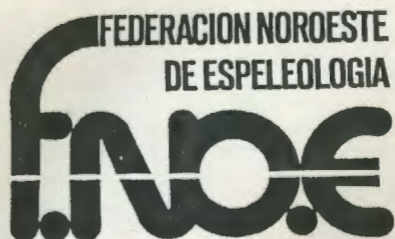
CAVER - HEAL THYSELF !
A guide to the medicines herein

WARNING- A lot of the stuff in this box is powerful juju indeed. Refer to the "Drugs - how to use them" sheet BEFORE taking anything other than aspirin ! Items marked ** are quite drastic and should only be taken in dire emergency, after consulting a doctor. If it's that bad, maybe you should be in hospital.

AILMENT	DRUG
SHITS	Codeine Phosphate Lomotil Dioralyte (replaces lost fluid) Fasigyn **
CHUNDERS	Gaviscon Marzine (?)
PAIN	Aspirin Paracetamol Watch it ! Aspirin causes gut bleeding and overdose of Paracetamol is VERY NASTY indeed. Codeine Phosphate (?)
FESTERS	Try Savlon FIRST Mycil Daktarin **
RASHES	Try Savlon FIRST Evrax
BURNS	Cold water, use burn bags, or leave exposed to harden. Keep clean (Savlon).
NASTY EYES	Polyfax Acromycin
HAY FEVER	Piriton Proactil Phenergan
ANTIBIOTICS	None of these to be used trivially. Amoxil Bactrim Trimethoprim Ipral Dalacin ** Flagyl ** Floaxapen **
ECZEMA	Betnovate ** (see Urs if no Doc.)
CAN'T SLEEP	Alcohol ? Oh, all right, try Rohypnol Phenergan ?
WORMS !	Vermox



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OXFORD UNIVERSITY CAVE CLUB
Steven G. Roberts
OXFORD
INGLATERRA

FEDERACION NO. DE ESPELEOLOGIA
c/ Foncalada, 15, 8ª izda.
33002 - OVIEDO

24/6/85

Examinada la solicitud presentada por el O.U.C.C. para la realización de trabajos espeleológicos durante 1985 en la provincia de Asturias, dentro de los concejos de Onís y Cangas de Onís, la Asamblea Territorial de esta Federación celebrada el 25 de Mayo del presente año ha acordado la autorización para los mismos.

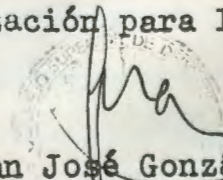
DURACION: todo el año 1985 (Campaña de verano del 10 de Julio al 22 de Agosto, y cualquier otra posible actividad dentro del período anual indicado).

ZONA : Delimitada topográficamente en fotocopia adjunta del plano 1/50.000 del IGN, dentro del Macizo Occidental de los Picos de Europa y Parque Nacional de la Montaña de Covadonga. Al N. de la divisoria provincial con León, entre las cumbres de la Punta Gregoriana y Cabeza Llabria, cerrando el contorno la Pica la Jorcada, Conjurtao, pico Gustuteru, Cabeza la Forma, Cabeza Julagua y Cabeza Verde.

La Entidad solicitante debe cumplir las normas administrativas relacionadas con el Parque Nacional, en todo lo tocante a acampadas y respeto del medio exterior y subterráneo. Asimismo, en el plazo de seis meses tras la finalización de los trabajos, remitirá a esta F.NO.E. un informe completo de los estudios realizados, que incluirá:

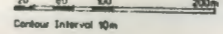
- Coordenadas geográficas de cada cavidad, y/o localización precisa de las mismas sobre un plano 1/50.000 o más detallado.
- Plano topográfico (cuando se haya realizado) y descripción de las cavidades, junto a cualquier otro dato o estudio complementario de interés para la elaboración del Catálogo de Cavidades y un mejor conocimiento de la zona.

El envío de este informe es condición previa e imprescindible a una posible renovación de la autorización para 1986.


Juan José González Suárez



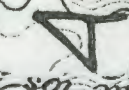
SCALE 1:2000

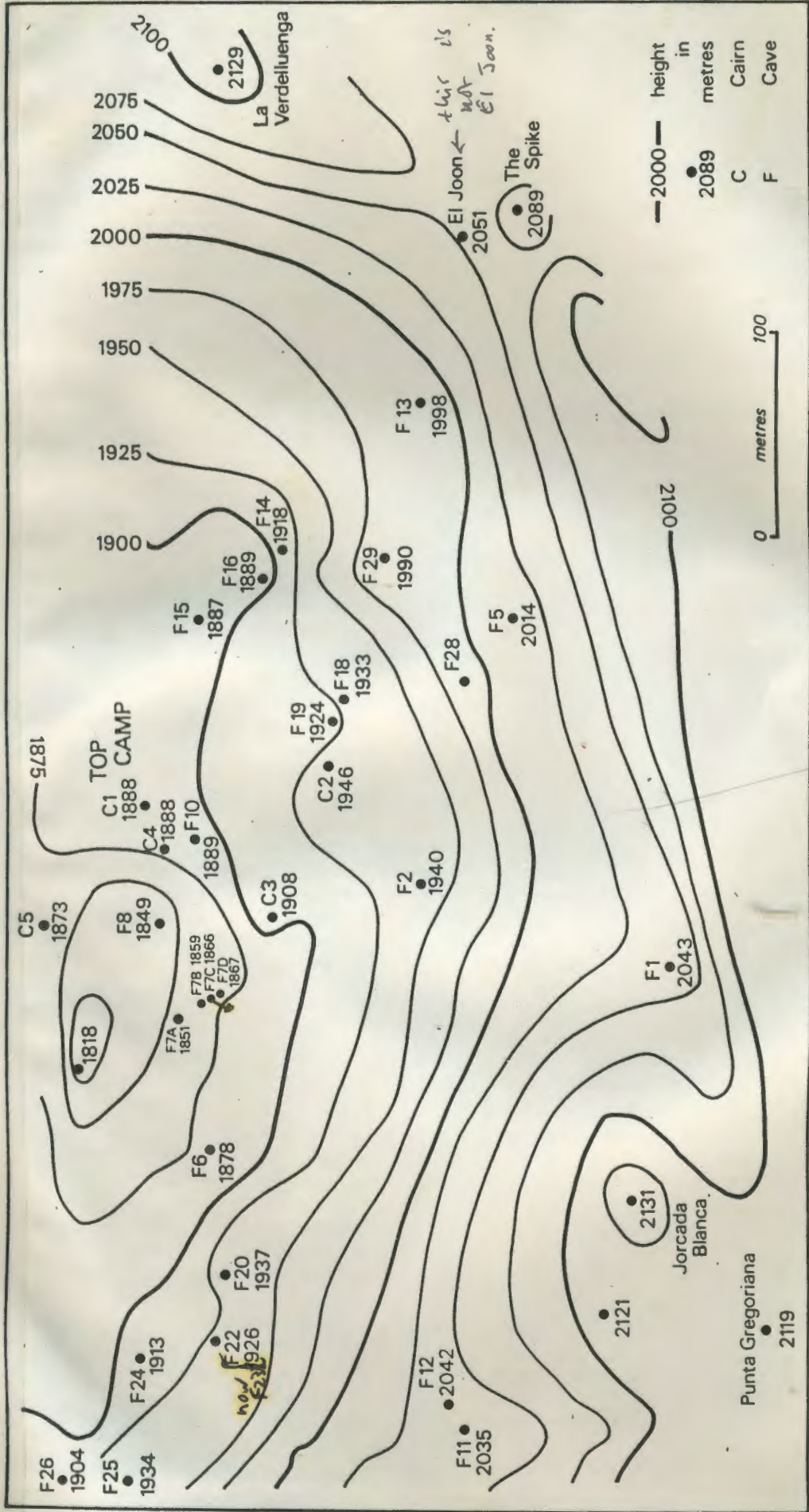


Contour Interval 10m

- Streamway Streambed
- Path (surveyed)
- Path (unsurveyed)
- Boundary of wood
- Contour, Depression
- Slope where contours are inadequate to describe surface features
- Sheer face
- Shale-hole / Sack depression
- Tree
- Cave
- Cave reference number

Note Contours by spot heights, clinometer, sketch maps and photographs





Location of caves around Top Camp