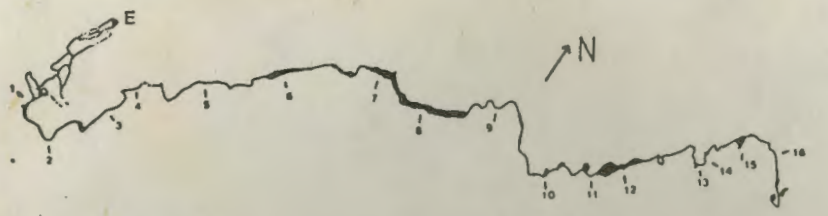
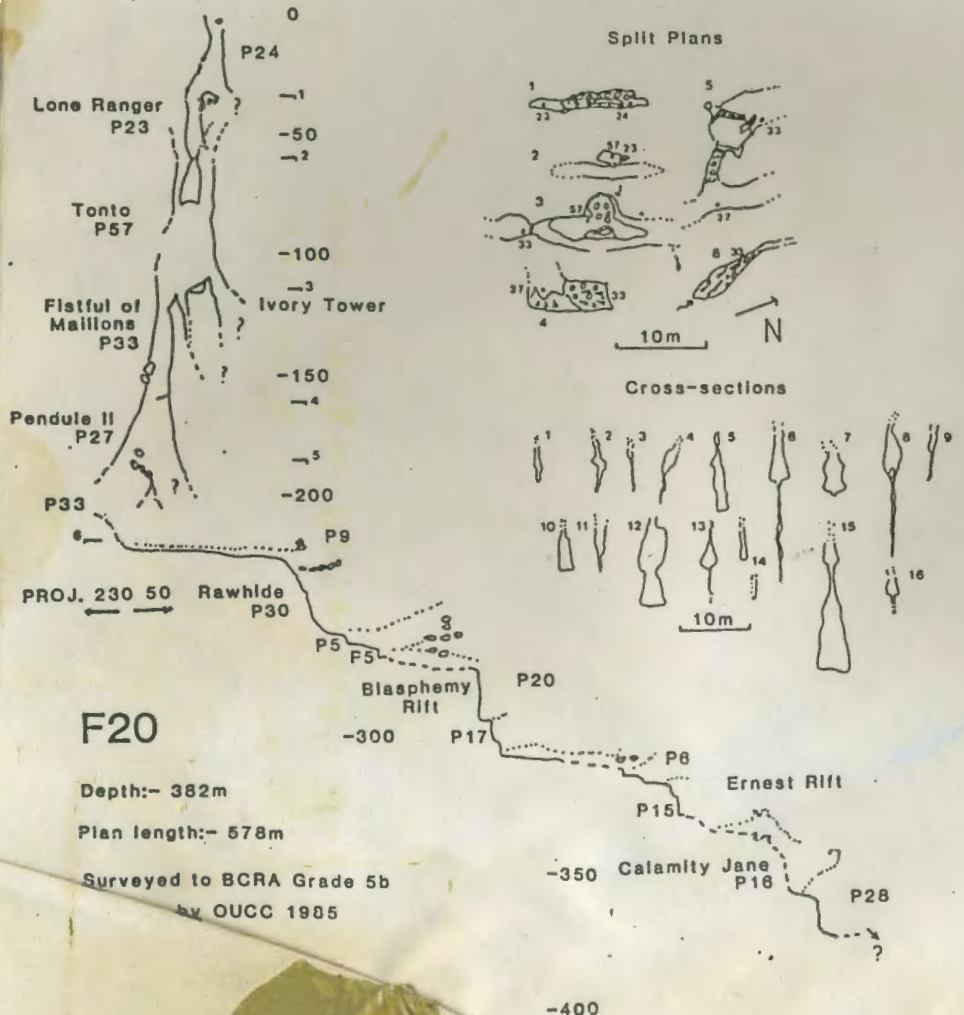




Split Plans

Cross-sections

F20

Depth:- 382m

Plan length:- 578m

Surveyed to BCRA Grade 5b
by OUCC 1985

EXPEDITION MEMBERS:

The Expedition will consist of a team of approximately 25 members, a majority of whom have experience of previous OUCC expeditions to Spain.

Committee:

Leader: Martin May (20), Engineering Science undergraduate, Worcester College, Oxford. One previous OUCC expedition.

Secretary: Duncan Gilchrist (20), PPE undergraduate, Merton College, Oxford. One previous OUCC expedition.

Treasurer: David Horsley (21), Biochemistry undergraduate, Hertford College, Oxford. Two previous OUCC expeditions.

Tacklemaster: Paul Brennan (20), Chemistry undergraduate, Oriel College, Oxford. One previous OUCC expedition.

Medical Officer: Dr. Thomas Houghton (27), qualified doctor. Three previous OUCC expeditions.

Transport Officer: Dr. Steven Roberts (30), postdoctoral metallurgist, Oxford University. Three previous OUCC expeditions.

Members:

Ursula Collie (23), Outdoor Activities Instructor; three previous OUCC expeditions.

David Rose (26), Journalist (the 'Guardian'); six previous OUCC expeditions.

Steven Mayers (25), Caving Instructor; eleven previous expeditions.

Frederick Wickham (23), Trainee Teacher; two previous OUCC expeditions.

Geoffrey Hogan (24), Graduate Medical Physicist, Biochemistry Dept, Oxford University; one previous OUCC expedition.

Ian Houghton (25), Polymer Technologist; six previous OUCC expeditions.

Dr. Sarah Gregson (27), Paediatrician; three previous OUCC expeditions.

Dr. John Singleton (25), Junior Research Fellow, Wadham College, Oxford; five previous expeditions, leader of the 1981 Expedition.

Dr. Richard Gregson (29), Eye Surgeon; 6 previous OUCC expeditions, Secretary to the 1982 and Medical Officer to the 1983 expeditions.

Philip Rose (22), Graduate Geologist; 3 previous OUCC expeditions; Secretary to the 1983 expedition.

B2

SIMA CONJURTAO

(1/6, F30) (RIDGE CAVE)

Depth:- 452m

Plan length:- 756m

BCRA Grade 5b Survey OUCC 1985

B3.

USTEDES

¿IRA L A CANARIAS EN EL MAÑANA

¿ES POSIBLE IREMOS EN SU VEH
POR VISITAR LAS
TIENDAS !

¿ES POSSIBLE VOLVER CON USTEDES - O

VOLVER EN AUTOBUS ?

¿ TIENE PAN ?

¡ VUELTA, POR FAVOR !

¿ TIENE HUEVOS ?

¡ UNA CARTA, POR FAVOR !

(B4)

QUOTATIONS

Jonny " That's why (he'd just drunk 3/2 bottles of wine) the room is spinning round Tombes.
↖ Ha - can't spell my name!

Dan : THINGS BELOW THE WAIST I'M LACKING IN !

(15.)

To be taken up to Top Camp tommorow

2 tents
medical kit
1 gaz bottle
1 gaz cooker & 1 petrol stove.
3 sets cutlery bowls etc.
light food.

Trimethoprim / no sulphur in it

(R6)

OXFORD UNIVERSITY EXPEDITIONS

IMPORTANT INSTRUCTIONS

1 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 tablets twice a day for five days. You may have been given trimethoprim instead of cotrimoxazole. You should take 200 mg twice a day. You may have been given Amoxil (amoxycillin) 250 mg capsules. Take 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. (Trimethoprim)

2 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 capsule 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.

Some of you may be given flucloxacillin (Floxapen). This is also useful for infected wounds and 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.

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

4 ANTIHISTAMINES. 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 may have two drugs, Pro-Actadil and Phenergan. Each tablet of the former is of 10 mg, the latter 10 mg or 25 mg. Some may be given Piriton.

a 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.

PIRITON 4 mg tablets. A useful drug for moderate allergy. Take one every four to six hours.

ECZEMA. With irritating skin conditions, use Betnovate 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~~ three times a day for five days.

SLEEPING TABLETS. You have been given Mogadon (nitrazepan) 5 mg or Rohypnol (flunitrazepam) 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 paracetamol tablets. Take one or two tablets every four hours.

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.

For severe pain: take Feldene (piroxicam) one a day.

INDIGESTION. Use 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 (lipscreen) 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 litres. 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.

B (88)

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.

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 of 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 Daktarin 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, or Flagyl (metronidazole) 800 mg three times a day for four days instead of tinidazole. AVOID MILK AND MILK PRODUCTS FOR SIX WEEKS. No alcohol whilst you are taking tinidazole or metronidazo

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 mg 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. If you have a deserving local medical centre, by all means give remaining drugs to them. We want the drug cases back.

Bent Juel-Jensen.
University of Oxford.
Trinity 1986.

remember * stiff to make you shit!!

~~89~~ 39

Medical Kit

	Top Camp	Base Camp	Spare Box (Base)
Uvistat 10	2	3	—
Uvistat 4		1	—
Uvistat Lip	6	6	13
Dioralyte	6	5	—
Lomotil	100	200	—
Maxalon	—	—	all
Betnivate	—	—	all
Phenergan	—	—	all
Bo-actidil	—	—	all
Floxapen	—	—	all
Septrin	—	—	all
Gaviscon	3	2	—
Amoxil	1	—	1
Bactrim	—	—	all
Mycil	—	1	—
Soprin	7	5	rest
Dress pack	2	1	6
Bactigras	4	3	—
Benadet	1	1	—
Imethapin	—	—	2
Dalan	—	—	4
Immodium	1	1	—
Dexatrin	—	—	1
Achromycin	1	1	—
Prickly Heat Pdr.	1	1	—
Savlon	10	10	rest
Insect Spray can	—	—	2
Insect repel. gel	1	1	—
Swabs	—	—	2
Piriton	20	/	/
Erythromycin	30	/	30
Feldene (severe pain)	20	—	—

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.

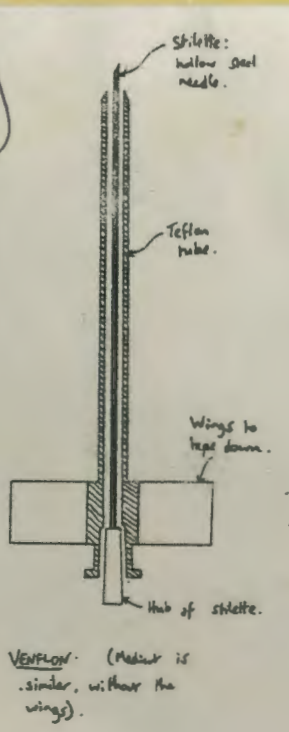
9 DEFORMITY. If either leg is bent out of shape, try and straighten it by pulling down on the foot. Support arms by putting them inside the clothing, or applying a sling if you can. Look for wounds on the limbs; these might connect with the fracture, so it is important to keep crap out of them. Put a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

Splint broken limbs; ideally put the victim on a stretcher.

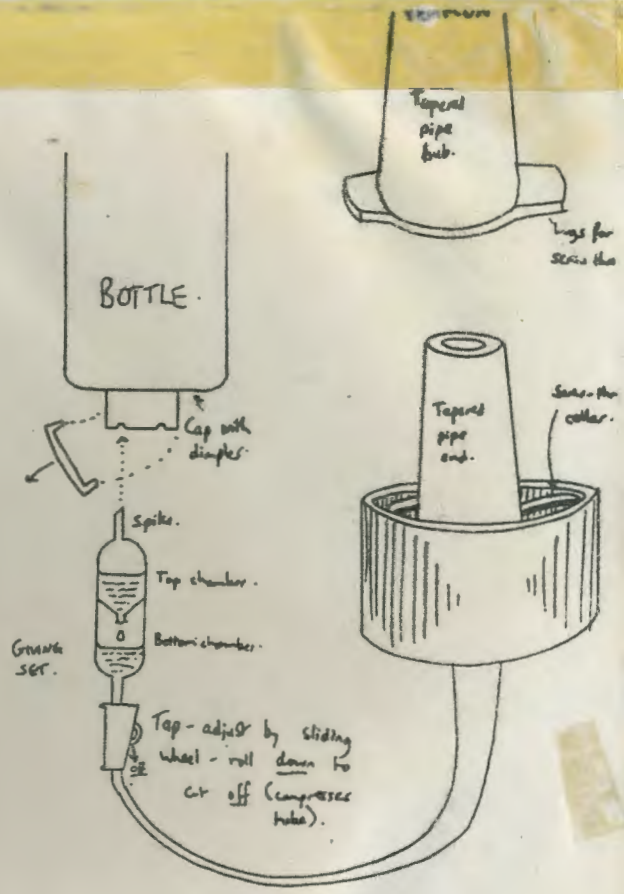
10 HEAT. EXPOSURE IS A RISK especially for immobile victims. Change wet gear for dry if someone else is wearing dryer gear. Cover with a space blanket. Put into an Eskimo or other sleeping bag if you've got one. Give sugary food only if the victim is fully conscious - they might puke and block their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



VENFLON. (Medicut is similar, without the wings).



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 ...