

Scarborough

Caving Club



1994

November/December update.

Sprogs Wedding, all welcome to the evening do at Amotherby Village Hall, near Malton on December 10th from 7.30pm

There will be a Disco and Bar etc.

A seperate route map is enclosed to help you find it.

The Club now has several new ropes and hangers, We have purchased 5 new 9mm Edelrid ropes for the "experts", which will free up some of the heavier 10mm ropes for other trips, the new ropes are all between 50 & 80ft and are to be used on shorter pitches.

We also have a brand new rope from Bluewater, called BW2000 which is the only rope of this type currently in the UK.

It is 305ft long and 7/16" dia. (or 11mm) and is highly flexible, but hardwearing. It will remain as one piece for the time being. Eddie brought it across with him recently, so thanks to him and his contacts at Bluewater, we got it at about 2/3 normal price. (oh! by the way, Its RED).

The new hangers are 6 of each Petzl standard and Petzl twists, all with 7mm long Maillons.

Nial is to set up a practice area in the trees at Sewerby Hall, and the club is supplying some semi retired ropes for this, details soon.

Jerrys new Phone number is Scarborough (0723) 354193

Trips round up.

Recent trips have been to Stream Passage pot, near Gaping Gill, A through trip from Brandy Bottle Incline to Hard Level Gill in the Swaledale Lead mines, which was a good turn out for such a wet trip, indeed so wet that one section of mine tunnel, 5ft high and 4ft wide was filled with water to within 2-3" of the roof for 135 yards, we must have looked like frogs going through the passage with just eyes and nostrils out of the water!

The week after, several pots were descended by various groups, including Meregill by Keith, Jamie, and Eddie on holiday from the States, and by Lee and friend.

Also Mick and John did Bull Pot and Heron with Mark, Tony and Steve, finishing off with Alum on Sunday.

After the trip to Swaledale mines, I suffered a bout of flu, but the symptoms were remarkably like those of Weils Disease, Which, thankfully it was not, but it highlights the potential problems of exploring old mines, so we have included some info on Weils Disease, for your awareness.

Secretary, Lyn Ward, 87 Caledonia Street, Scarborough, North Yorks, YO12 7DP Telephone 0723-377443

Scarborough Caving Club is a member of the Council of Northern Caving Clubs

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03-Dec-94

PERMITS LIST FOR 1995

This list is not yet complete and additions will be advised as they arrive.

| | |
|------------|------------------------|
| Jan 14th | LOST JOHNS POT |
| Jan 22nd | BAR POT |
| Feb 18th | FLOOD ENTRANCE POT |
| March 18th | GAPING GILL MAIN SHAFT |
| April 15th | COUNTY POT |
| June 17th | BIRKS FELL CAVE |
| July 15th | PSILOMELENE POT |
| Aug 12th | NOTTS POT |
| Aug 26th | MONGO GILL HOLE |
| Sept 16th | PENYGHENT POT |
| Oct 14th | BAR POT |
| Nov 19th | JUNIPER GULF |
| Dec 16th | HURNELL MOSS POT |

Others to follow

Non permit list will follow shortly.

WEIL'S DISEASE

The national rat population is increasing and between 50% and 60% of rats carry and excrete the organism *Leptospira ictero-haemorrhagiae* in their urine. Infection of humans with this organism causes an illness (commonly called Weil's disease) which has been known to result in death in 10% of cases.

There has been a recent increase in the incidence of this disease: 32 cases were notified in 1986, 68 cases in 1987 and 133 cases in 1988.

Formerly the disease occurred mainly among sewage or abattoir workers, farm workers and miners but recent records show that the majority of deaths are now related to water activities. In 1989 there were 19 deaths and 13 of these were associated with water users.

"Water users" of course includes cavers and, although there have been no deaths of cavers attributable to this disease recently, there have been a number of cases of cavers becoming infected, some of whom became very ill.

ABOUT THE ILLNESS

The organism enters the body through breaks in the skin such as cuts, blisters and abrasions, or via the lining of the nose, throat or alimentary tract.

The incubation period is 7 - 13 days and the disease starts with a fever, muscular aches and pains, loss of appetite and vomiting with prostration. Subsequent bruising of the skin, sore eyes, nose bleeds and jaundice may occur.

The fever lasts about five days and may be followed by significant deterioration.

It is vital that the doctor be told that the patient may have been in contact with a source of infection. The symptoms can easily be mistaken for those of flu and, if the patient has a clean occupation, the possibility of Weil's disease may be overlooked in the early stages.

Laboratory testing of blood will confirm the diagnosis but this may take undue time in an ordinary hospital lab. If Weil's disease is suspected the samples should be sent direct to:

The Leptospirosis Reference Unit,
Public Health Laboratory,
County Hospital,
HEREFORD
HR1 2ER

Tel: 0432 277707

where they will be tested within 24 hours. Treatment is usually by Penicillin Antibiotic.

RATS AND THE ILLNESS

Rats commonly live near water and in areas where there are sources of food such as animal feed, grain, or food residues from human habitation or other animals: farms, stables, high density animal husbandry units, around canteens in such places as quarries and along river and canal banks.

The leptospira organism is passed in the rats' urine and, while it does not live long in dry conditions, can survive some time in water.

Salt water soon kills off the organisms but there is a significant risk in tidal waters such as the lower parts of the Wye in the Forest of Dean and other rivers. The risk increases upstream and is greatest in canals, ponds or areas of slowly draining water; thus there is a significant risk in caves carrying drainage from farm land, stables or quarries.

PREVENTION

Cavers on Mendip and in the Stoney Middleton area are known to have contracted the disease. Others have suffered a mild dose which was not diagnosed at the time, but which has been detected in subsequent blood tests.

Any skin wound or blister, old or new, may be infected if immersed in water polluted by the organism. By the nature of their sport it is difficult for cavers to avoid cuts and abrasions on their hands, particularly when "digging." Wearing gloves probably provides the most effective protection since waterproof surgical plasters on their own are unlikely to stay in place. Clean, fresh water should be used to wash wounds as soon as possible.

BE AWARE

The disease is curable if recognised in time, but many doctors in urban areas will never have encountered it. If you have any reason to suspect that you may have been infected, you may need to draw your doctor's attention to the possibility that the symptoms could be Weil's Disease.