With great sadness we report the death aged 62 of Surgeon Vice Admiral Alasdair Walker from recurrence of a brain tumour. He was our third distinguished TSS member from the Royal Navy (Sir James Watt was Medical Director Royal Navy and Ian Jenkins was Surgeon-General). All three were keen attenders at our TSS meetings, to which they contributed significantly.

Alasdair was educated at Glasgow’s grammar school, the High School of Glasgow, following which he studied medicine at the University of Glasgow, graduating MB ChB in 1979, a year after being selected for a Short Service Commission by the Royal Navy. He spent a year as the Occupational Health Medical Officer at HMS Neptune before being appointed to the 6th Frigate (Type 12) Squadron as its Medical Officer. He deployed during the Falklands War with HMS Plymouth which
was hit and damaged on 8 June 1982. He helped to manage and evacuate the wounded, with Rick Jolly. His formal surgical training started in 1983 at Royal Naval Hospitals (RNH) Plymouth and Haslar, and he completed his FRCS in 1985. He was detached to Basingstoke Hospital in 1988 for a year, and to the Vascular Unit at Edinburgh Royal Infirmary in 1990 - 1992 for specialist training, returning to RNH Haslar during the Gulf War as an attached consultant.

Between 1999 and 2007 at Derriford Hospital, Plymouth, he was the first military Consultant to be appointed to clinical management posts in a civilian unit, when he took up the role of Clinical Director in Surgery in 1999, followed by Divisional Director of all Surgical Services (with responsibility for 1500 staff and a budget of £60 million) and then Assistant Medical Director for Service Improvement. In 2006 he became Military Clinical Director for the Medical Defence Hospital Unit at Derriford, and in January 2007 Defence Consultant Advisor in Surgery.

He has deployed to Bosnia, Kosovo and Sierra Leone as a military surgeon, serving not only with the Royal Navy and Royal Marines but also the British Army and American Forces. He led Commando Forward Surgical Group 2 during the Iraq War in 2003, treating coalition and Iraqi casualties, and has conducted a clinical tour in Afghanistan. He was an acknowledged experienced General Surgeon skilled in medical devices, emergency medicine, clinical administration, organizational leadership, and international relations. He published over forty papers relating to military medicine, surgery and trauma and was appointed OBE in 2005. His priority was always the clinical care of patients and the support of those attending them. As Joint Medical Command Surgeon Commodore and Medical Director Joint Medical Command (July 2009 - December 2013) at the ICT Centre, Vincent Drive, in Birmingham, he used this new position to give clinical leadership, develop expert and innovative clinical guidelines and to ensure a wide ranging research programme which included national and international links. In 2017 as the Ministry of Defence’s Surgeon General he attended a ceremony celebrating that St. Modwen had invested £300 million into regenerating the former MG Rover site at Longbridge, to provide 400 family homes for military medical personnel, together with a £35 million Retirement Village.

In 2014, he was promoted Surgeon Rear Admiral and Director of Medical Policy and Operational Capability as Medical Director General (Navy) and Titular Head of the RN Medical Service, becoming Medical Advisor to the First and Second Sea Lords. He became Surgeon General on promotion to Surgeon Vice Admiral on 18th December 2015 but his tenure was curtailed by the development of a brain tumour for which he underwent successful initial treatment, enabling him to attend a subsequent meeting of the Travelling Surgical Society.

On the TSS visit in 2012 to Leicester, supper in the Space Centre had been enlivened at the end of the evening by Alasdair’s unexpected appearance in a booth to give a weather forecast off a teleprompter, with his back to a green screen. On a more serious note, in 2013, as Joint Medical Command Surgeon Commodore and Medical Director Joint Medical Command he arranged on
behalf of the military for us to visit the Royal Centre for Defence Medicine (RCDM) on the site of the Queen Elizabeth Hospital, Birmingham. Here we learnt of ongoing research and rehabilitation. When the TSS visited Toronto in 2016 he gave presentations on two conflicts he had been deployed in. He described remote warfare, *The surgical challenges of the Falkland’s Campaign of 1982*, stressing the distance from the UK (and thus the long supply chain), the loss of helicopters, and the horror of ‘Burns Night’ (7 June) when the Sir Galahad landing ship was bombed and set alight. He then discussed *Camp Bastion – an evolution and revolution*. Occupying 23 square kilometres, the facility benefitted from various advances since the year of the Falklands Campaign, particularly in regard to the surgical training of staff (Military Operation Surgical Training), the use of thromboelastography, transfusion and blood product support, tranexamic acid and a number of innovations. A second CT scanner was in use, and the radiologist could come to theatre to perform ultrasound examinations. ‘Right turn’ resuscitation was an accelerated transfer to theatre, where five consultants might work on the same patient simultaneously. Local enhancements included an expanded ITU and laboratory facilities, general wards for run-of-the-mill medical problems, a research lab, a pharmacy, primary medical and dental care, mental health and welfare support, surge capacity beds and a mortuary. This was the world in which he was most at home, to which he made major contributions. As to relaxation, back in Britain he found time to indulge his love of gardening, genealogy and rugby.

He died peacefully at home on Saturday 1 June 2019, surrounded by his family and within sight of the sea. He is survived by his wife Chris and their three sons.

Tim Williams