A R.A.M.C. HOSPITAL IN CRETE.

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A deliberate attack on an Army General Hospital must be a rare occurrence and suddenly presents unexpected problems in an acute form. It is evident that the enemy do not respect hospitals if the site is of strategic importance to them and a short description of the experience of a 600 bedded General Hospital in Crete may therefore be of value.

It was seven o’clock on the morning of May 20 when the attack on the island and hospital site was launched with intensity and suddenness; the tented hospital was bombed repeatedly and raked with machine gun fire from many aeroplanes. Free movement in the hospital was paralysed and everyone who was in any way ambulatory was soon in a slit trench which affords excellent protection against such attacks and reduces casualties to a minimum. Dug-in tented wards are of considerably less value; but are helpful. The aerial attack lasted for about two hours and was followed by the appearance of many large troop carrying planes from which about 300 parachutists descended on to a piece of ground a few hundred yards from the hospital. Most of the parachutists never reached the ground alive, or were soon accounted for, but a number of them came into the hospital, replaced the Red Cross Flag by a Swastika (this was soon rectified) and impounded all up-patients and personnel who could be found. These were collected together and were marched off down the road out of sight. (In point of fact, they almost all returned twenty-four hours later.) Any movement from the slit trenches was followed by the whizz of a sniper’s bullet. This state of affairs lasted for some time until the parachutists had been satisfactorily accounted for by the New Zealanders who re-occupied the area and during the rest of the day all was quiet on the ground though enemy planes paid frequent visits.

It was quite evident that the hospital area as such was a dangerous spot so, when all was quiet and dusk had fallen, all remaining patients (i.e. those who were bad cases and those who had not been discovered by the parachutists) were removed to safety into caves which were fortunately not far distant by the sea shore. From that time onwards the hospital became a “Cave Hospital” and work was carried on there.

Fortunately there were several good caves along the rocky coast; our faith in the protection afforded by the Red Cross had temporarily disappeared and it was decided to give the enemy no clue to the whereabouts of the new hospital. This made proper work very difficult; movement by day was hampered by the sudden and frequent appearance of aircraft and all major activities such as
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removing necessary equipment, collecting rations and so on had to be carried on under cover of darkness. The blackout also had to be considered.

The cave hospital presented new problems all of a sudden; the state of the floor needed attention as it had been frequented by goats and other animals. The irregular surface and strange slopes did not help the arrangement of patients though the slopes were useful when Fowler's position was indicated. No beds were available but patients can be made surprisingly comfortable on stretchers or mattresses. Such cooking as was necessary was done on primus stoves in a corner of the cave. There were five "surgical" caves and one "dysentery" cave. Each cave was responsible for its own cooking. Rations were distributed beforehand and a central dump or Quartermaster's Stores was established in a convenient spot under an overhanging ledge of rock.

The severely wounded patients and the new cases requiring operations were collected into the largest and best cave and here an operating table was set up and necessary surgery carried out both for our own people and for wounded German prisoners. The patients were magnificent; they never grumbled though it was difficult to give them a fair deal. Cramped space, poor light, awkward slopes, and lack of proper hygienic arrangements made work difficult. Water was carried from a well some distance away and had to be carefully conserved. There was fortunately plenty of sea water a few yards away, and the sea was useful for the disposal of excreta. Incidentally a corpse which had been laid outside the cave till burial could be effected at night was fired on by machine gunning from the air.

On May 23 a New Zealand Field Ambulance, falling back with the Division, formed a Main Dressing Station in a building nearby which had previously been used as the Hospital Officers' Mess. They reported that their Red Cross Flag had been completely respected and from that time onwards a large Red Cross was displayed over the caves most of which were conveniently near together and all the work was carried on in an ordinary way, quite openly, irrespective of the presence of enemy aircraft; the Red Cross was absolutely respected except when one of the trucks belonging to the Field Ambulance and bearing the Red Cross was deliberately attacked by cannon from the air and destroyed.

The Field Ambulance M.D.S. and the Cave Hospital thereafter worked in complete co-operation; wounded were evacuated and new cases admitted; at least 500 patients were housed in the caves. It was most unfortunate that, during the first hour of the attack, both the Hospital Medical Store and the Dispensary were completely destroyed by fire so that equipment was short and many important drugs were unobtainable. It is interesting to note that, in spite of the impossibility of giving A.T.S. (it had been destroyed), the subsequent incidence of tetanus was negligible no doubt due to the previous administration of toxoid. The lesson to be learned is that two medical stores are safer than one.

The cave hospital was improving day by day as it became more organized and as more equipment was brought in under cover of darkness; but the enemy
was advancing and was not far away when orders came to move on May 25. In the subsequent trek across the island, during which time a surgical team worked with the Field Ambulance, the need for improvising became even more insistent. Army tin hats are excellent as drinking cups, as wash hand basins, or as bed pans; if all strapping has been expended a 6-inch nail removed from a wall will make a good improvised extension for a fractured femur if driven through the sole of the boot. When elaborate treatment is impossible it is surprising how well patients get on if they have rest, food and drink and some simple wound treatment.