MEDICAL OFFICER OF A P.O.W. CAMP.

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The following article is based on a short talk given to the Officers and Senior N.C.O.s of a South African Field Ambulance being formed in the Middle East at the time. I am encouraged to publish it in view of the interest aroused. Much first hand experience of the sort of people we are fighting is to be gained from such a post as S.M.O. of a P.O.W. Camp.

War is not a modern phenomenon due to present social conditions: men have always fought whether they liked it or not. May be they did like it or else we would not be having wars, but as long as there have been wars there have been prisoners-of-war. Their condition has changed considerably throughout history and the day is far removed from those unhappy times in antiquity and in the Middle Ages when slavery, the galleys or torture and death were their almost certain fate. Nowadays they are treated with humanity: note one speaks of "prisoners-of-war" and not just "prisoners." Captured soldiers are not criminals. Apart from the fact that the Geneva Convention lays down complete instructions for the treatment of P.O.W., it is obvious that an ordinary soldier, however much we may hate those who inspire and lead him, is carrying out his duties and is in normal times a man of peace, often much more so than a war-like civilian. If this is borne in mind, the correct attitude will be adopted towards captured soldiers, particularly in the case of highly disciplined German soldiers, who are very amenable to tactful but firm handling. They will automatically obey a definite order clearly given provided that it is not one which they are not entitled to obey. German doctors are soldiers first and physicians second (this also applies to padres, etc., as witness the fine stand made by Major Bach at Sollum in January of this year). Doctors can be very regimental indeed and it is a revelation to see a German doctor’s command of a squad of nursing orderlies. One gets the impression that he would cut a very smart figure on the parade-ground; a thing that it must be admitted could be said of few of our M.O.s.

While I am on the subject I had better continue with a very brief description of the German Medical Services. A German doctor, dentist or padre joins the army in the first place as a private soldier and his subsequent promotion depends as much on his leadership of men as on his professional capacity. He may never rise above the rank of Gefreiter—Lance-corporal. In our camp we had a qualified dentist who ranked as a full corporal, and a doctor who was an "Unterarzt," i.e. just less than a second lieutenant. The medical personnel were organized into Sanitary Companies in addition to Regimental Nursing Orderlies, Stretcher-bearers and Assistant Stretcher-
bearers. There were also larger medical units such as field ambulances and hospitals. The M.O.s were mostly under 30 years of age, and were specially keen. The clinical acumen of the young M.O.s I met was in my opinion of the standard of good senior students. Particularly in the case of the Germans they seemed to rely too much on the firm of Bayer at the expense of a good grounding in elementary pharmacology. They seemed to be unfamiliar with the usages of the ordinary drugs but knew the appropriate "patent" preparation produced by the big German firms. One M.O. admitted he didn't know how to use nux vomica as he had always been accustomed to cardiazol or coramine.

This predilection for "patent" medicines applies even more to the Italians who used to order all sorts of fancy preparations and were especially keen on calcium injections as a panacea for all ills. They bought many patent preparations privately.

The young M.O.s were prone to take the most serious view of relatively simple cases, e.g. they frequently diagnosed cases of mild cardiac overstrain as "myocarditis." This happened in several cases submitted as candidates for the Mixed Medical Commission and may of course have been done with the idea of "wangling" somebody through but I think in many cases it was done in good faith and the M.O.s were quite agreeable to accept the diagnosis of the S.M.O. in these as in other cases. There was never at any time serious difference of professional opinion between the German M.O.s and the S.M.O. The German M.O.s examined their own sick personnel and for this purpose a M.I. tent was established in each pen, where daily sick parades were held by the M.O. detailed for the purpose.

As regards the general health of the P.O.W., I would say the following. The Italians taken in the original 1940 push, when we unexpectedly captured Graziani's army, were I understand a very miserable and scruffy looking lot and pictures taken at the time undoubtedly bear witness to this fact. I did not see them at the time but when I took over the medical arrangements of the camp in July, 1941, they were already looking fit and bronzed and very well fed! Mussolini might have felt justly proud of his gallant army boldly marching past—to the shower-baths! A few "enemy" escorts with tommy-guns might have clouded his brow, but unquestionably being captured and fed on good British Army rations will undoubtedly benefit the future Italian nation. Many of the poor fellows had never seen so much food before and the meat was a bit too much for some of them. The few taken early in 1942 were an extremely ill-assorted looking lot compared with the Germans. The latter were on the whole in an excellent state of fitness as would be expected of a picked body of men such as the Afrika Korps. Those taken early in 1941 were very fine specimens and those taken late in 1942 were also very good. The Germans captured in the November, 1941, offensive were mostly very young, scarcely out of their 'teens, and many of them were very white, having obviously only recently arrived in Libya. The average age of the German soldiers was
between 20 and 30. Few were over and those who had served in the last war could have been counted on the fingers of one hand. The Italians were of all ages, many of them having been civilians in Libya, and included old men of over 60. On the whole they were of smaller stature and less clean-looking than the Germans, but the latter were by no means models of hygiene. I sometimes discovered latrines soiled by Germans who had squatted on the top of the structure! The environs of the cookhouses were not always what they should have been but, when horror was expressed that German soldiers were not as clean as the Italians (whom we had well trained by this time), the matter was quickly put right.

Owing to the fact that Graziani’s army was taken practically intact, there were relatively fewer casualties amongst the Italians as compared with the Germans. Frequently the Germans (and Italians too) tried to get away with minor trifling complaints and there were the inevitable “lead-swingers.” In this connexion the agreeable working arrangements with the P.O.W. M.O.s came in most useful for, whereas a M.O. might encourage the malingerer with the inevitable waste of time and material, a M.O. whose confidence has been won will co-operate most heartily in eradicating the pest. There were a number of diseases which prevailed amongst the P.O.W. both before and after capture. Diphtheria was prevalent in Libya during the period preceding the Allied offensive of November, 1941. Serum had been scarce and, in addition to a number of fresh cases which occurred among recently captured P.O.W., there were several cases of post-diphtheritic complications.

There was also a considerable epidemic of infective hepatitis amongst the same group of German P.O.W. Amœbic dysentery was prevalent amongst the Germans captured at Halfaya Pass in January, 1942. A large number of disorders of the urinary tract developed amongst the P.O.W. whilst in this camp. The cases were divided into three groups. Group I, renal colic and nephrolithiasis (32 cases during the first six months of 1942); Group II, “nephritis” (44 cases) and Group III, pyelitis, cystopyelitis and cystitis (48 cases). Group II included, besides genuine cases of acute or subacute nephritis, cases of an obscure ætiology that might easily be classed in Group I. These latter cases had a fairly constant symptomatology and were characterized by renal pains followed in a day or two by the sudden onset of generalized œdema with ascites and dyspœnea and in some cases by marked hæmaturia. The majority of cases occurred between the end of March and the beginning of June. Calcium oxalate crystals were present in a few cases. In most of the patients there was no previous history of renal trouble. They had been in Libya about a year. The matter was brought to the notice of the A.D.H. of the area as it was thought that perhaps there might have been some nutritional disturbance in spite of the fact that the rations of the P.O.W. were adequate and they had access to a well-stocked canteen whence they could buy eggs, fresh fruit, etc. Two R.A.M.C. specialists were brought by the A.D.H. and after examining the
cases it was agreed that there was no question of food efficiency. The condition cleared up fairly quickly in hospital on a salt-free diet only. Unfortunately the visit of the specialists was followed shortly after by the fall of T—— and events moved too rapidly to permit of further investigation in a bigger hospital. I personally have not seen so many urinary disorders in British troops and nothing of a similar nature occurred amongst the camp staff. There were nine cases of malaria during the period under review, two being malignant tertian (Italians). The latter had already been in the camp six months but were probably not primary cases: one had a hydatid cyst of the spleen in addition. The remaining seven cases were benign tertian malaria, three being primary. Two of these were in a couple of German soldiers who slept side by side in a tent and developed malaria the same day. A malarial carrying mosquito, \textit{A. pharoensis}, was caught on several occasions in the camp and it was known to breed in the neighbourhood. Culicine mosquitoes readily bred in the grease-traps if given a chance and I found experimentally that if fresh water was left standing with a little nutritive material in the form of powdered biscuit added, small culicine larvae were visible to the naked eye on the fifth day.

The hygienic arrangements of the camp were highly satisfactory and full use of P.O.W. labour was made. The Italians were generally willing enough to work. As a matter of fact the enforced idleness of a P.O.W. camp is one of the greatest trials P.O.W. have to contend with and they often beg to be put on some job or other in order to have something to do. The original drainage system of the camp was, I understand, largely designed and constructed by Italian Engineers and a Sanitary Squad of Italians carried out the most useful and essential work in connexion with latrines, grease-traps, etc., under the supervision of R.A.M.C. personnel. Since I have been at the camp deep trench latrines have been in use and have always worked satisfactorily, being easily made fly-proof. An annoying habit of both Germans and Italians was the insertion of stones under the hinged edge of the drop-lid covers in order to keep them open while in use. These stones were frequently left in situ causing loosening of the hinges and eventually the lids came off. They seemed to be abnormally sensitive to the pressure of the lids in the small of their backs—probably disturbed the peaceful trend of thought! We never had this bother with the latrines used by the British troops who were far more fly-conscious.

The P.O.W. taken in December-January, 1941-42, Allied offensive were naturally enough pretty dirty and lousy after their life in the Western desert. Many had already been bathed and disinfested before reaching our camp but the majority were heavily louse-infested. They were washed and deloused by a M.B.U. attached to the camp for the purpose. The bathing arrangements of the camp were eminently satisfactory for, apart from the great amount of individual bathing that took place in all the pens under the taps (and latterly we had fixed up a few extensions to the taps with shower-bath roses attached), every P.O.W. had a hot bath once in
ten days when the camp was full, and once every seven days or less when there were fewer numbers. There was generally little difficulty over this but there were occasionally some "artful dodgers," especially amongst the Italians, and a register had to be kept to make sure everybody was bathed. Once one German soldier refused to join the bathing party on the plea that it was undignified for a German to be marched under escort of "black troops," as he described an Indian guard. It was pointed out that the racial history of the Indians was centuries older than that of the Germans. Delousing a pen can be a heart-breaking job unless it is seen that absolutely everybody and all clothes are cleared out and that the disin­fester is working properly. Otherwise, just as a pen is finished, somebody cheerfully produces a live louse and the whole lot may have to be redone. As a routine, patients' kits were thoroughly deloused on admission to the camp hospital and stored till their discharge. A T.O.T. box steam disinfester was used for this purpose. Bugs were destroyed by kerosene and the whole hospital was de-bugged by swabbing the tent walls, especially the pockets for the poles where the bugs hid. This work was superintended by the German M.O.s and was done very thoroughly.

The Germans are born organizers and, as soldiers are models of discipline, being collectively like sheep, are easily directed. Their collective standard of intelligence is that of average schoolboys and like schoolboys they can be sulky, cruel and stupid. They seem to be very prone to be governed by the mob instinct and showed remarkable harshness in taking "justice" into their own hands as in the following case. A young fellow who was beaten up by his comrades was brought to me one morning. He was literally a mass of bruises and abrasions with both eyes swollen and blackened. Bruises were especially noticeable in the lumbar regions where he had been savagely kicked after being knocked down. The reason for this unwarranted treatment was that he was prone to petty theft and was dirty in his personal habits. He had been thrown out of the tent and made to sleep in the open. He was definitely a case requiring psychiatric treatment and had he been reported in a normal way the matter could have been dealt with in a proper manner. This was not the only case in which German soldiers had to be rescued from unpleasant treatment at the hands of their brethren but it serves as a typical example. One evening the P.O.W. were given a kind of fatherly talk by the Camp Commandant in which they were advised to behave themselves and not to make so much row, etc. This was followed in some instances by rude noises and cat-calling. Im­mediately the order was given throughout the camp (through the loudspeakers) "The C.O. directs that the P.O.W. will instantly cease to behave like children and will go to bed quietly like German soldiers!" The noise stopped at once and they all went sheepishly to bed. The Germans organized themselves into separate companies, kept themselves fighting fit by sports, gymnastics and other exercises (presumably waiting for Rommel to relieve them!) and when on one occasion the senior N.C.O.s were sent
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to another camp, the junior soldiers stepped into their places and carried just as much authority.

The psychology of the German and Italian P.O.W. is a subject too big for a talk of this nature but one or two points of interest may be mentioned to show certain differences. The Italians are of course more artists than soldiers and all facilities were accorded them to develop their artistic talents. In the pens they made beautiful architectural models from sand-bricks made by themselves, and a row of tents with finely constructed garden walls, gates, archways, model churches, parks, etc., looked for all the world like an elegant suburban district. The German constructional instincts were in most cases directed to warlike subjects—"sand-table" models of a battle terrain, aerodromes, etc. The Italians were excellent modellers in stone and here again the subjects chosen were chiefly non-military unless they were commissioned to make ashtrays and other objects with British or Allied Army badges chiselled out. One Italian made a fine model of a horse and pyramid with the words "Viva il Duce" and the Fascist symbol at the side. Also recorded was the fact that this model had been the work of ("lavoro ricordo") so-and-so, a Blackshirt. The artist in question was complimented on his work of art but it was suggested that if he took it back and chipped out "Il Duce" and the Fascist symbol, and substituted the words "Il Re" and the arms of the house of Savoy, the beautiful piece of art would be preserved. The man took the piece away and carried out the suggestions in front of his Blackshirt comrades. While mentioning this story I may as well tell you of another amusing incident in connexion with the words "lavoro ricordo," which, briefly translated, simply means "the work of," and was frequently written on many of their models along with their names. Many objects in stone such as ashtrays, decorative shoes, pyramids, sphinxes, etc., were made, and some of these found their way to New Zealand when a New Zealand guard was stationed in the camp. One day a remarkable letter arrived at the camp from a New Zealand lady addressed to "Lavoro Ricordo," congratulating him on his beautiful workmanship and hopeing he was well and could he do some more things for her for which she was willing to pay? The Germans were excellent chorus singers and seemed to sing best without music, whereas the Italians had to have musical accompaniment. The Germans are naturally very serious about everything connected with military matters and do not realize when they are having their legs pulled. A certain German officer air-ace was in the habit of walking about his pen at night apparently examining the wire. When asked why he did not sleep, he said he suffered from insomnia. He was requested to remain in his tent from the hours of 10 o'clock at night till 6 o'clock next morning and not be wandering about at night otherwise the sentries would not get a wink of sleep! He was not amused but kept to his tent. A P.O.W. will try to get a bit of false propaganda past the censor if he can. One day a letter was received from the P.O.W. censorship department for information and investigation. A German soldier had written that they were fed on
"lentils, rice and beans," and sometimes for a change, on "beans, rice
and lentils." He was brought before the Camp Commandant to explain
and it was suggested that he added as a P.S. that in addition they got meat,
egg, milk and a variety of other vegetables and that they had a well-
stocked canteen where they could get on credit such things as eggs, fresh
fruit, more vegetables and cigarettes. The letter was accordingly amended,
but it would have served him right had he been fed for a while as he
had mentioned!

I have rather wandered from the point of the strictly medical. There
are several other things I should like to talk about. I mentioned earlier the
German Medical Services. With customary thoroughness nearly every man
who claimed to be protected had a Red Cross Geneva Convention card. In
some cases, though, these cards were not in the possession of the protected
personnel for one reason or another, a circumstance which led to a great
deal of extra work on the part of the P.O.W. camp staff to establish the
bona fides of such personnel. It should be explained that such documents
as Red Cross Cards and Paybooks are the personal documents of soldiers,
and are the only real proofs they can offer of their identity.

One of the most important experiences one has in connexion with
P.O.W. is the direct dealing one frequently has with representatives of
Neutral Powers representing enemy countries. They are naturally
interested in the state of health of the P.O.W. A Mixed Medical Commiss
sion consisting of Neutral and Allied Medical Officers periodically examines
candidates submitted by the S.M.O. as suitable for repatriation in exchange
for our own wounded held by the enemy. These contacts with representa
atives of other countries add greatly to the interest of looking after
P.O.W.

I hope I have given you a fair picture in the time at my disposal of
the sort of things one is up against in dealing with P.O.W. It is work a
little out of the ordinary but is full of interest and calls for not a little
ingenuity in the intelligent handling of some of the situations that may
arise. A knowledge of the German and Italian tongues naturally makes
the job a hundred times more interesting but it is certainly not essential as
one nearly always finds a M.O. who speaks English fairly well. At one time
we had an Italian officer patient who had been educated at a well-known
Public School and spoke English better than Italian! With a little tactful
handling the M.O.s were generally very helpful not only in a professional
capacity but in quelling any tendency to mutiny on the part of the P.O.W.
If they understand you are not going to put up with any nonsense from
them and, at the same time, you are obviously doing the best you can to
assist them to carry out their professional duties with as little hindrance as
possible, they are only too willing to reciprocate in any way. This applies
equally to Italians and Germans.

My thanks are due to the Camp Commandant for his kind help. It is to
his ready wit that credit must be given for the happy solution of many of
the ticklish situations that arose.