

## EXPERIENCES OF A BATTLE CASUALTY AT EL ALAMEIN.

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THESE notes are written in the hope that they may be an encouragement to members of the R.A.M.C. by showing from personal experiences how satisfactory is the scheme for evacuation and treatment of battle casualties. They are compiled from memory some six months after the recorded events took place, so that accuracy of some of the minor details cannot be guaranteed, but I am satisfied that there are no major misstatements of facts.

As Regimental Medical Officer to a Battalion of the Royal Tank Regiment, I was returning to my unit headquarters in my Daimler Scout Car after taking two casualties to the A.D.S. a few miles west of El Alamein at 08.30 hours on November 3, 1942. I noticed about twenty Stukas in the sky and at the same time a formation of our fighters appeared so, from the security of my scout car, I settled down to enjoy a good air battle.

I saw some bombs falling and thought, from previous experience, that I was in a safe spot when suddenly my left arm went numb and I had a sharp pain in my stomach; I was not really conscious of any explosion. My driver, who had been hit in the leg and the head, noticed that the car had caught fire and so we decided to evacuate it, scrambled out and lay on the ground a few yards away. I do not know even now where the bombs fell but at least one of them must have been within a few yards of the car. Unfortunately an ammunition truck about twenty-five yards away had also caught fire and the ammunition began to explode.

I must then have had a temporary "black-out" for I received two minor flesh wounds in the foot and two in the leg though I knew nothing about them at the time (a small piece of shell case was later removed from one of them). My driver subsequently told me that "something" then hit me in the stomach and that I got up, ran about 30 yards and laid down beside another truck, though I remember nothing about this. A passing ambulance picked us up about half an hour after we were wounded. I have been told that, during the journey of about three miles to the A.D.S., I soundly cursed the ambulance driver for the rough ride; but on arriving at the A.D.S. I astonished him by thanking him profusely for the careful way he had driven!

On the way, I imagine we must have called at a R.A.P. for a Medical Officer got into the ambulance and had a look at me. I remember asking him to see what was wrong with my abdomen. He had a quick look and told me there was nothing there. I felt perfectly certain that I had an abdominal wound but, in spite of this, I asked for and obtained a drink of water from the wagon orderly; an action which earned me a severe reprimand from my driver and deservedly so! It is difficult to appreciate the overwhelming desire for a drink, even though I felt at the time that I was disregarding one of the elementary principles of First Aid and Surgery.

I made a nuisance of myself at the A.D.S. by insisting on someone examining my abdomen thoroughly to see just how much of my abdominal contents had prolapsed—to my great relief all that was found was a small second degree burn! I was immediately moved to the Resuscitation Tent and, within an hour of being wounded, was receiving two pints of whole (stored) blood. In my opinion this very early and massive transfusion is the most important advance in modern war medicine; certainly I had a very different outlook on life after I had received that blood! I was given a fairly stiff dose of morphia, I imagine, and was extremely grateful for it and plenty of "hot sweet tea"—how good it was!

When I was wounded I was wearing a fair amount of clothing—including a great-coat,

golf jacket and pullover—it had been cold that night! Though, at the time, I was very thankful to be left in peace and not have the wound in my arm examined thoroughly, I think it was possibly a mistake, as subsequently I had to have another transfusion that evening; presumably because I had gone on bleeding. No tourniquet was applied and I rather think no dressings.

I remained at the A.D.S. about four or five hours and then, after another injection of morphia, I was evacuated by ambulance car to the M.D.S. near Alamein Station where a surgical team was working. They were so snowed under with work, however, that I was not moved from the ambulance but sent straight on to the C.C.S. some 40 miles back.

I remember little of the journey; the morphia had taken good effect; but I do remember the rather grimly amusing conversation on my arrival at the C.C.S. between the wagon orderly and the orderly who met me.

The C.C.S. was of course a very temporary affair under canvas but, thanks to the attention of all, from the O.C. and Nursing Sisters downwards, was amazingly comfortable. I was taken to the operating tent within about two hours of arriving and my left arm was removed just below the shoulder by the guillotine method just about eleven hours after being wounded. I gathered that the Stuka pilot had done most of the amputation for me in the morning and that the brachial artery had been severed. No attempt was made to fashion any flaps as the surgeon was anxious to preserve as much of the short stump as possible, and he felt that they could best be made at some later date when any sepsis which might arise had been controlled. No sutures were put in. The wounds in my right foot, left leg and chest (all of them superficial) were cleaned up and not sutured.

While on the table I was given a further two pints of blood. Loath as we are to use a tourniquet, and rightly so, I think that this was a case where, if one had been used, that second two pints of blood might have been saved for someone else. On the other hand it shows how very rarely a tourniquet is really essential for I was in reasonably good condition some eleven hours after my brachial artery had been severed without any artificial aid to hæmostasis. Admittedly my condition would not have been so good had I not had that initial two pints of blood.

When I came round after my operation I felt fine and asked for a drink. I was given a large mug of tea which I drank and enjoyed but vomited immediately after!

I found my sole possessions were my tin hat, a pair of boots, my wallet containing 30 piastres (about 6s.), a pair of stretcher bearer's scissors and a prismatic compass. I was given a "Dorothy" bag containing a shaving brush, razor, soap, face flannel, toothpaste, toothbrush and some cigarettes and matches. I had no inclination to smoke the latter then or for some ten weeks later though I had been smoking quite heavily before being wounded.

I was given sulphapyridine by mouth for the next five days; I do not know what the dosage was. During this time I suffered from severe nausea (though not much vomiting) and some headache. I do not know whether I was running a temperature but I imagine I must have been.

I was rarely in any severe pain but had a good deal of discomfort with pins and needles and occasional violent "electric shocks" in my "phantom" hand. I felt as though my hand and arm were being twisted behind my back all the time. I knew, or felt I knew, exactly the position in which my hand and arm were and I felt I could move my fingers. It was an odd experience to feel for where I was sure my hand was and to find nothing there!

The following day—about forty hours after operation—my arm was redressed. The intention was to do it under morphia and I was given half a grain; I am afraid I must have proved very unco-operative; it was rather painful and I had to be anæsthetized with intravenous pentothal. This had to be given through a vein in my ankle as my elbow had been "blown up" by the transfusion at the A.D.S.; it was a delightful anæsthetic from my point of view and I did not wake afterwards for twelve hours! The stump was dressed with sterile vaseline gauze and packed around with a good deal of wool. This wool had to be changed

twice daily for the next fortnight as there was a profuse and rather foul-smelling sero-purulent discharge.

I left the C.C.S. on the fifth day—it was being emptied and moved forwards. I was extremely sorry to go for everyone had been very kind and efficient there even though the conditions under which they were working were far from ideal.

I was moved by motor ambulance car to rail head about a mile away and there was put into an ambulance train which took us some 200 miles to a hospital in the Canal area. It took eighteen hours and was rather a miserable journey. The train always seemed to be starting and stopping with that lack of smoothness characteristic of Egyptian trains. It was impossible to think of sleeping for one was being jolted from one side of the stretcher to the other all the time and there were moans from other casualties—and probably from me as well! Eventually we arrived at our destination at about 09.30 hours. It was a General Hospital in huts. It had, I believe, been constructed in the last war.

It was very comfortable and the food was good though, at this time, I was not eating much; however we were given a bottle of beer daily which was very acceptable.

On the second day there I was told that I should be transferred to South Africa shortly and I duly appeared before a medical board which made this recommendation. My dressing was done again under pentothal about five days after the previous one. While here I was able to dispense with my evening injection of morphia; even with this I had not been sleeping much (at least I do not think I had!) but it did relieve the ever-present discomfort.

It was during the latter part of my stay in this hospital that I had my bowels opened for the first time after being wounded—I was completely constipated for eleven days! I, like most of the others, have a mild horror of the bedpan and a greater one of enemata; during the whole time no one inquired into the well-being of my bowels. On three occasions I took aperients when they were offered, the last one having the required effect. It is, I think, worth remembering that few patients will ask for an enema!

After six days I was again moved by ambulance train; before I left I was supplied with a pair of socks, a shirt and shorts, all too small as they could not be tried on! This time the journey was not so bad; it took about twelve hours to go seventy miles but it was during the daytime and one was able to pass part of the time in reading.

We had thought (everyone on the train was bound for South Africa) that we should be put straight on to a hospital ship but, on arrival at the port, we were sent to another General Hospital. At first I was put in a tented ward but later was moved to a hut. Here my wound was dressed twice, the first time again under pentothal when a piece of shell casing (about 2 inches by  $\frac{1}{2}$  inch) was removed from a wound just below my knee. The second time, just over a fortnight after being wounded, it was dressed without an anæsthetic; I was not looking forward to it but was surprised to find how comparatively painless it was. This was the first occasion on which I saw anything of the stump myself and I was amazed to see how clean and healthy it was and how quickly the skin was being drawn in over the raw area.

While at this hospital I was put on another course of sulphapyridine but this time the only unpleasant feature was an increased anorexia.

Most of us in hospital were awaiting evacuation to South Africa and we were all impressed with the care and trouble taken by the Quartermaster and his staff to rescue kit which we had left in various depots throughout Egypt. My own arrived the day before we embarked. It was a not uncommon experience in my unit for officers and O.R.s to lose their kit on their way to, or during their stay in, hospital. It was, therefore, most encouraging to see the trouble that was taken with mine.

One criticism I have to make of this hospital and that is of the difficulty of getting hold of an orderly in the night to bring a "bottle"! On one night in particular I spent a very uncomfortable four hours calling out at frequent intervals and in no uncertain terms for an orderly—but in vain.

I was eventually put on board a hospital ship and sailed for South Africa. It was a delightful trip, there was plenty of room, good food and no necessity for a rigid black-out. I had my

wounds dressed every four to five days with very little discomfort. I developed a cellulitis around one of the wounds of my leg but it quickly subsided with conservative treatment. I had a blood-count done which showed (I am speaking from memory) 55 per cent hæmoglobin and 2.5 million red cells. I was put on intramuscular Campolon and the noticeable feature was the way in which my appetite immediately improved.

After a few days on board I was allowed to get up and sit out on the deck in my pyjamas. I had my lunch and tea on deck and the whole atmosphere was reminiscent of a peace-time holiday cruise.

On the day we disembarked I got dressed for the first time and walked off the ship under my own power. We got on to another hospital train at the docks and immediately tea, sandwiches, chocolate and cigarettes were pressed upon us. This was a foretaste of the almost unbelievable hospitality that South Africa shows to troops passing through. We travelled up about 60 miles, climbing 3,000 feet, through delightful scenery, with green trees and grass and streams such as we had not seen for some time.

When we arrived at our destination, a representative of the hospital came and gave us chits (while we were still in the train) telling us to which wards we were to go. The only other officer in my compartment happened to be a psychological case and I was rather surprised, therefore, to find that we were both to go to the same ward. When I got there I found that it was a neurosis ward! I made a mild protest but was told that nothing could be done until the morning. I had rather an uneasy night. After breakfast the following morning the psychiatrist happened to see me and asked me if I had any dressings as he had better see them. While he was doing this I asked if I could be transferred from this ward. He asked me why and I had considerable difficulty in explaining that I was in no need of psychological treatment. It was not until he had confirmed my story from my documents that I was transferred!

At this hospital they were great believers in exposing granulating surfaces to the fresh air and sunlight. I did this for about two hours, afterwards having the stump dressed with sulphanilamide powder. It certainly seemed to work very well though they were rather extravagant in the amount of sulphanilamide used for each wound.

Patients here were encouraged to go out into the country and stay on farms when it could be arranged. I was lucky enough to be asked out to a farm for Christmas week and the hospitality I received there was something I shall never forget. I went there again just before I left the country and, in addition to magnificent food, fresh fruit and milk, I was able to go riding, play cricket on the lawn and swim in the swimming pool in the garden. And this was not an isolated experience; most of us had similar ones. I was actually on the farm when I was recalled to catch a boat back to England.

This time it was not a hospital ship but a North Atlantic liner fitted out as a troopship and there was consequently not the same space available that we had enjoyed before and it was rather hot and uncomfortable in the tropics. By the time I left South Africa, less than three months after being wounded, I was able to discard all my dressings.

When we arrived at a port in the United Kingdom we were told we all had to go to hospital; an instruction which did not meet with whole-hearted approval as we foresaw a period of several days doing nothing. However we arrived at a General Hospital and, within less than twenty-four hours, we had all had our histories taken, been examined, had our photographs recorded, been issued with identity cards, ration cards and railway warrants and despatched on leave—a triumph of organization!

Now I have a painless stump, even though the scar is adherent to the bone at one point. I am, of course, still conscious of a "phantom" hand, but this causes no real discomfort. I have been fitted for, and shall be issued with, an artificial limb by the Ministry of Pensions. It is surprising how quickly one accommodates oneself to loss of a limb; it has been said that one arm is a necessity but two are a luxury!—I am entirely in agreement with the second part of the statement and have no wish to disprove the first part.

It only remains to summarize the lessons which may possibly be learnt from my experiences.

- (1) The necessity of carefully examining wounds at the earliest possible moment.
- (2) A further demonstration of how rarely a tourniquet is really essential.
- (3) The necessity for all who have anything to do with a patient to be very careful what they say in his hearing.
- (4) The advisability of inquiring into the action of a patient's bowels daily and of recording such inquiry.
- (5) The necessity for a hospital orderly to be at least within calling distance at all times.
- (6) The great importance of taking every care to see that a patient's kit is not lost; rightly or wrongly the loss will be blamed on the R.A.M.C.
- (7) A further demonstration of the excellent results that can follow a simple guillotine amputation.

I am very grateful to Lieutenant-Colonel G. P. Crowden, *T.D.*, R.A.M.C., for helpful criticism and suggestions in writing these notes.

