

## *Clinical and Other Notes.*

### MEDICAL SERVICES FOR PRISONERS OF WAR IN THE MIDDLE EAST.

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THE captive's lot is not a happy one. The story of his fate and fortune down the ages would form an interesting strand of history. Never before in the annals of war have the numbers approached those in the present conflict—incidentally, perhaps, the most redeeming feature of modern warfare. As a consequence, the department whose duty it is to collect, provide for, treat and dispose of them has no small task. The Medical Services play an important part in this organization.

The following is an account of those services in the Middle East, viewed from the standpoint of the Base Hospital, which, since the earliest campaigns, has been the principal P.O.W. Hospital.

It is a desert hospital, in appearance like a small township, with 1,200 British and 1,000 P.O.W. beds. Built in 1941, it comprises no less than 138 separate buildings and 130 tents of various kinds. The standard ward takes 24 beds and they are arranged in pairs with an intervening annexe. The tented wards are Hospital Extending Marquees with five sections, cement floors and surrounding walls breast high. The water supply is ample, of excellent quality and each annexe has shower baths. Electricity is installed throughout and most wards have fans and refrigerators. By means of four central steam boilers and calorifiers outside the wards, hot water is available on tap in every building of the hospital. Medical and R.A.S.C. supplies are excellent and the Contractor delivers vegetables and perishable goods every day. Daily consumption includes 2,200 eggs and 160 gallons of milk.

The P.O.W. Section shares these amenities and supplies equally with the British Section. It is mainly tented, only ten of their forty-two wards being hutted. Except during extreme heat, however, tents are in many ways preferable. The section is self-contained except that the Operating Theatres and X-ray Department are within the British Section and are used by both.

In the early days both Germans and Italians were admitted, the staff being Italian. In the summer of 1942, the Germans, being a minority, were moved to another hospital. Five months later, in consequence of a change of policy, it became in turn the German Hospital. Nearby there are two large P.O.W. Camps with whom we co-operate closely.

The question of security is the only novel aspect in administration. While the Italians were here, the measures adopted were largely "token." For the Germans, the usual double fence with sentries and lights has been provided.

With the close of the African campaign a chapter has ended and a few facts and impressions seem worthy of record.

The staffing of the hospital was the chief preoccupation in the preliminary stage. On October 22, 38 patients were transferred from the other hospital and with them came two Officers and 92 Other Ranks, a satisfactory nucleus. The battle of El Alamein had begun and by November 30, the occupied bed state had jumped to 933, mostly severe battle casualties. It should be mentioned that each P.O.W. Camp has its own hospital and that only the more serious cases are admitted here. The establishment was very quickly increased to 13 Officers and 210 Other Ranks, at which figure it has remained. Care was taken in the selection of Medical Officers. Their conduct and attitude had to be strictly professional. Any who showed signs of disregarding this rule were immediately replaced. On the other hand it was necessary to produce a working team and avowed anti-Nazis were obviously misfits.

The running of the hospital has been left largely to the prisoners themselves. As regards equipment they have the normal British Scale. Through the Swedish Legation and International Red Cross they obtain supplies corresponding to those we get from the British Red Cross. Organized on Divisional lines, their methods are little different from ours. The absence of Sisters accounts for the lack of that humanizing influence so markedly present in British Hospitals.

The whole-time British Staff consists of one W.O., 4 N.C.O.s and one Private, all engaged in clerical or Q.M. Departments. The services of our Specialists are available when required and in case of need the full resources of the British Hospital are placed at their disposal.

A weekly inspection is carried out by the O's i/c Divisions and myself. The interest of these inspections is twofold, psychological and clinical.

The average physique of the Africa Korps is good though quite a number are lads under 21. Their hospital discipline is strict. One's progress on these inspections is punctuated with "Achtung" at every turn. The patients lie to attention in bed, all eyes riveted on the inspecting officer throughout his tour of the ward. Their Medical Officers salute all patients of a higher rank than themselves. The wards and surrounds are well kept but they have not the artistic sense of the Italians. Nor have we. Generally speaking, they appear a dull crowd. There is a sameness of expression and feature and little of the saving grace of humour.

The main thing to find out is what they are thinking and saying amongst themselves. This is not easy but tell-tale straws are not lacking. Some we know as strong party men. They are the dominant personalities. But that there is acute dissension amongst themselves there is not the slightest doubt. From the neighbouring camps cases are occasionally admitted, men who have been severely beaten up by their colleagues. They are admitted to the British Hospital.

They have frequent sing-songs in the evenings. Every defeat seems to be a signal for excessive boisterousness. To many of them, one imagines, this must have a hollow sound.

A revealing light on their mentality recently emerged. Excellent bathing is available two miles away. Permission was obtained for their Officers to avail themselves of this, once a week, provided they signed a statement that they would refrain from any sabotage or subversive activity. The Medical Officers, although they can move about at will in the British Hospital, refused to take advantage of this privilege. The methods of the Gestapo extend even into P.O.W. Hospitals!

So far as skill and competency of the Medical Officers are concerned it would be unfair to generalize. Most of them are young, recently qualified, intense, with a narrow outlook. The senior surgeon and physician are men of experience, of a calibre equivalent to that of an O. i/c Division.

The Hospital opened with a bang in November when we received convoys direct from the forward areas at El Alamein. Indeed at one time it had to overflow into the British Section. During the first few weeks it was almost entirely surgical. Later, battle casualties were transfers from other hospitals where urgent treatment had been carried out. The total number of surgical admissions from October, 1942, to June, 1943, was 1,100. Not all are battle casualties. Many are normal surgical cases from the local Camps. But as regards the volume of work involved this figure is not comparable with a similar number of admissions to the British Hospital—for two reasons. Firstly, only severe cases are sent here and secondly, for the Germans, there has so far been no invaliding or further evacuation.

A brief analysis gives some idea of the nature of the cases.

Amputations performed in forward areas, including 45 through the thigh ..	114
Total number of fractures, including 79 Femurs, 43 Humeri ..	413
Number of operations ..	622
Plasters applied ..	654
Deaths ..	13

A large number of these were amongst the early admissions. This hospital has retained all serious and chronic cases. Circumstances have provided the opportunity for continuous observation of these battle casualties over a period of eight months and from the date of

primary treatment—a rare occurrence in Army medicine. Cases requiring special treatment are sent to the British Centres, e.g. Facio-Maxillary, Plastic, etc.

Many dramatic stories could be told. A German airman, shot down into the sea off Malta, was rescued by a British Destroyer. He was admitted to Hospital on the Island with G.S.W. abdomen. Eight tears of the small bowel were sutured, one a rent involving three-quarters of the circumference of the gut. He arrived here practically convalescent within a month of his wounding.

Less dramatic but more significant is the record of the Medical Division in the early weeks.

The total number of medical admissions during the eight months period was 1,850. These included 770 dysentery, 95 enteric group, and 70 cases of pellagra and other deficiency diseases.

The dysenteries and typhoids constituted a serious problem in November and December. During these months 276 cases of chronic bacillary dysentery were admitted. Many had had chronic diarrhoea for several months in the German forward areas. Some had protein deficiency oedema their serum protein levels being subnormal. Four dysentery cases died. The spectacle these cases presented was even worse than the severe battle casualties—men reduced to scarecrows because their medical services had failed to cope with the dysentery problem. The high incidence of pellagra was the result of failure of absorption due to prolonged diarrhoea.

In addition to the deaths from dysentery there have been on the medical side eight others, five being due to typhoid.

The German Medical Officers deserve well of their country. Their attitude has been courteous and correct and co-operation in medical matters has been cordial.

The Geneva Convention is the sole surviving plank of international morality. Across it some day a bridgehead to normal relations may be established. This article has been written to confirm that on the British side it has been sustained and observed in the letter and the spirit.

## STRETCHER PHYSICAL TRAINING.

BY CAPTAIN G. J. G. KEYS,

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STRETCHER Physical Training is designed to develop the muscles used in carrying wounded men and in the equally arduous task of loading and unloading ambulances.

The most strenuous physical work in a Field Ambulance still devolves upon the stretcher-bearer and it was with a view to increasing the endurance of stretcher-bearers and lengthening the time that they could work without undue fatigue that this series of exercises was evolved.

### ADVANTAGES.

- (1) No equipment needed except that carried by the unit.
- (2) Any piece of ground large enough to contain the squad is suitable.
- (3) Can easily be performed in ordinary working clothes.
- (4) Physical Training is applied to the actual work men will be called upon to do

### GENERAL PRINCIPLE.

Each exercise is designed to develop muscles used in a particular act of carrying or lifting. Each exercise is followed by a stretching exercise as a counteraction to the weight-lifting.

I would like to express my thanks to Staff Serjeant Sale, R.A.M.C. for his assistance in arranging this series of exercises and to Private Chinn, R.A.M.C., for his drawings in the original.