

## CHAPTER 19

### PRISONERS OF WAR IN ITALY AND GERMANY

#### *1. FROM LIBYA AND CRETE TO ITALY*

**D**URING the retreat from Cyrenaica at dusk on Sunday 6th April 1941 the traffic was packed in some confusion on the desert road to Tobruk. The Headquarters Company of the 2/8th Field Ambulance, ordered to retire with their patients, packed up their main dressing station and moved on, taking even patients who had just had operations and blood transfusions. Unable to remain together on the road in the darkness many vehicles took the road to Derna airfield. About midnight at the cross road to Mechili a man dressed in Australian uniform and hat directed Major R. T. Binns and others along the aerodrome road. In Chapter 9 a brief description has been given of how the convoy turned into a basin in the Wadi El Fetei where all were taken prisoner by the Germans. During the next day or two hundreds of cars were captured there, including those carrying Generals Neame and O'Connor and their staff, other detachments of the A.I.F., and of the R.A.A.F. and of the 2nd British Armoured Division. Major Binns, Captain G. Gilbert and men of the 2/8th Field Ambulance had twelve vehicles of their unit with them, and the Germans at once gave permission to open a dressing station for the treatment of the wounded. Additional Australian casualties, three fatal, occurred when Germans fired on vehicles; next morning several British officers and men were wounded, one of them, Brigadier Remington, seriously. Binns and his men treated all these: the brigadier was sent by air to Benghazi but later died there. On 8th April the members of the field ambulance were taken with the wounded, both British and German, to Derna hospital. Here there were ample supplies and equipment left when the 15th British C.C.S. evacuated the hospital, and ample accommodation and facilities were available. Many British patients after their capture were treated in the hospital at Derna until they were transferred by Italian and German ambulance or by air to Benghazi; some were flown direct to Italy.

At Derna Binns was joined by Captain E. W. Levings, R.M.O. of the 2/3rd Anti-Tank Regiment, who had been captured at Mechili. Together these officers worked in this hospital for five months. Their patients were of several nationalities, and included men from British units, soldiers from the 9th Division A.I.F. and Australian airmen. Some of those wounded in counter-attacks were admitted from time to time and from them an idea could be gained of the events in the Tobruk and Salum areas. Some of the British troops who arrived in Derna had contrived to reach the African shore after adventurous journeys from Greece and Crete, only to be taken prisoner. Numbers of men with severe battle injuries were in hospital; at first many of the sick came from the prison camps with dysentery, but could be treated only by the old sodium sulphate method. No

Red Cross supplies were available at any time. In Derna seventeen patients died, chiefly from perforating wounds of the chest, severe gunshot wounds and septic amputation stumps, after guillotine operations by the Italians. The Italians provided medical supplies in addition to those stores already found in Derna. For the first two weeks food supplies came from stocks carried or collected from captured vehicles by permission of the Germans. Later the Italians supplied food from the kitchen of the field hospital. The hospital, formerly under the civil administration, was well built of stone, in pleasant grounds with trees and vegetable gardens; the water supply was good and ample, and the buildings were modern and afforded good facilities for medical and surgical work. Most of the major operative work was performed by Levings.

Derna was frequently bombed, especially on moonlight nights: bombs fell in the hospital grounds, but with only one casualty, an Italian orderly. Binns kept records of all admissions in an admission and discharge book; these with all records of deaths were eventually sent by the Italian Red Cross to the International Red Cross, and so back to Australia. By 23rd August 480 sick and wounded were treated, and on this date the field ambulance detachment was transferred with the remaining sick to Benghazi camp for prisoners of war, where others had been periodically sent. The captives were sent to Tripoli, whence the majority travelled by ship to Taranto in Italy and onwards to Capua. Some, including members of the 2/8th Field Ambulance were kept in Tripoli for several months, where they were most unhappy, and even protected personnel were forced to do hard labour.

*In Italy.* The officers were separated from the men and were sent through Rome north to Montalbo Camp No. 41 near Piacenza. At Montalbo camp were some seventy British officers including seven Australians, and a hundred Greek officers in the same building. The camp was in an old three-storeyed castle surrounded by a moat and standing in very small grounds. After three months Binns and Levings were transferred to Camp No. 57 at Gruppignano in Italy at the foot of the eastern Alps, and later the Australian officers were transferred to the Australian officers' camp at Sulmona. Levings was also at Hospital No. 203 at Castel San Pietro, which was a very good place, but poorly administered and controlled by the Italian officers. Levings was the only Australian there and only some twenty Australians passed through this hospital. He worked also at Spittal in Austria, where most of the important positions on the staff were held by Australians, and where 12 per cent of the total patients were Australians.

Life in these prison camps, in relation to physical and mental well-being, depended largely on the administration and in particular on the commandants. Gruppignano in Northern Italy had been used as a Yugo-Slav camp, but was later used mainly for captives from the dominion forces. Australians came from Bolzano and Capua, and at the end of 1941 there were over 700 Australians. Binns and Levings were joined there by Captain J. J. Ryan, who was taken prisoner in Crete, where he was

the R.M.O. of the 2/11th Infantry Battalion in the Retimo area. Before arriving at Gruppignano, Ryan was in a camp 100 miles east of Rome, where British medical officers were allowed to visit other prisoners, but the Italians assumed the responsibility for their care. Here skin affections were troublesome and formed a large proportion of the medical disabilities. Ryan worked at Gruppignano from the beginning of December 1941 to 1942 when he was repatriated to Australia. Binns worked in this camp till April 1943 when he, with men of the 2/8th Field Ambulance was also repatriated. Levings was then replaced in Camp No. 57 by Captains Lusk and Burns of the New Zealand Medical Corps, and was transferred to Castel San Pietro near Bologna. By January 1942 about 1,000 prisoners were there, mainly Australians, with a few Cypriots and Palestinians: later many New Zealanders arrived. Officers were lodged in a compound quite separate from the men, and their only contacts were during the morning sick parades at the infirmary, during the whole of which they were under heavy guard. After the first nine months the medical officers were permitted to visit the men's compound at will. By 1943 there were five compounds, and an officers' compound, holding in all 4,800, of whom 2,000 each were Australians and New Zealanders; the care of these men rested with the three Australian medical officers under Italian supervision. The men were accommodated in wooden barracks: their sleeping arrangements consisted of two tiers of beds with straw palliasses and blankets.

The infirmary accommodated thirty patients, for whom some medical supplies were provided by the Italians, but the bulk came from the British Red Cross. There was an isolation block of fourteen beds. In all serious surgical cases and in those requiring special investigation the patients were sent to a neighbouring Italian military hospital at Udine where British medical officers were not permitted to visit. In September 1942 the medical officers were transferred to the infirmary, and were allowed to move freely about the camp under the close surveillance of guards. At the same time British medical orderlies were permitted to carry out all nursing duties in the infirmary in place of the Italians who had performed them previously. Eventually members of the staff of the 2/8th Field Ambulance were allowed to assume control of this work, which was carried out at a very high standard of gentleness and efficiency. Only canvas stretchers were in use in the infirmary, which made handling of sick men difficult. At a later stage two R.A.M.C. and two N.Z.M.C. orderlies were transferred to Udine to do nursing work there: self-trained Australians and a New Zealand orderly also worked there, where previously only Italians were permitted.

*Food and Nutrition.* Physical conditions attributable to malnutrition were very rife, and beriberi in all forms was common. The Italian dietary in Gruppignano consisted of two meals a day, consisting of thin stew containing a very meagre amount of meat, or rice or macaroni soup. Two hundred grammes of bread per day were provided, with a small piece of cheese and a small amount of sugar, but this diet was insufficient to maintain weight and energy. When Red Cross parcels began to arrive in

1942 a parcel per man per week was issued; this helped to restore weight and strength, but it was found that a parcel every fortnight was not sufficient in the cold weather. Very little food could be bought at canteens. There were serious currency problems in Italy: credits were made in Italian currency for messing charges and extra purchases, but the debits on prisoners' accounts were made only at 72 lire to the pound sterling whereas the value of the lira at that time was 480 to the pound. Kitchens were reasonably adequate, but since no facilities were provided for cooking or heating food from Red Cross parcels, hand-made stoves were improvised.

During the period June to August 1942 men captured in Egypt and Libya and kept in poorly organised camps in Libya were often observed to have signs of beriberi and other food deficiency diseases. The quantity of food in these camps was insufficient, and bad camp conditions and dysentery further lowered nutritional standards. Twenty deaths occurred in the camp, about one a month, chiefly among these men, who arrived in Gruppignano in a very exhausted state, but many of the men with beriberi made good recoveries with careful treatment.

*Hygiene.* Hygiene was primitive. Hot showers were provided but break-downs were frequent owing to the aging of the plant. As the camp increased in size no additions were made to the baths and ablutions and these were then grossly inadequate, even a weekly bath being impossible. Water restrictions lessened the value of the rough arrangements made for washing, which provided only one tap per fifty men. Latrines were of the open pit type and were inadequate, and it was only with difficulty that the administration could be forced into emptying overfull pits.

*Dental facilities.* An Italian dental officer was on the staff but he did only occasional extractions, and sent cavity work to Udine where the standard was poor. Dentures could be bought at a price, 1,200 lire. After a great deal of persuasion the Italians put up a small dental unit, where a dentist, Sergeant D. McLeod, serving with the 2/15th Battalion did excellent work with slender supplies. The British Red Cross sent in equipment for making dentures, but this only arrived a few weeks before the Italian armistice.

*Medical Conditions.* Little help could be expected from the Italian medical officers in this camp, whose standard of practice was described by Levings as "extraordinarily low", and their "ignorance appalling". Unfortunately decisions on policy often rested with them.

Malaria was seen in the camp in July 1942, when sixty cases appeared among Australians and New Zealanders from Bari camp in Southern Italy. Supplies of quinine were limited, but the British Red Cross in London sent further stocks, and the patients soon recovered, helped by the cooler climate of Northern Italy. Malaria was also seen in men coming from Greece, and recurrences were common during the ensuing summer. The range of medical work was considerable, owing largely no doubt to unsatisfactory nutritional standards. Skin conditions were common, chiefly due to ectoparasites such as acari and lice. Pneumonia was

common and usually associated with massive consolidation, a striking feature being the high percentage of copious pleural effusions of serous type, which responded well to aspiration and rest. Hepatitis was frequently encountered especially among new arrivals from the desert. Other infectious diseases were common including diphtheria. One feature of the upper respiratory tract infections was the very frequent association of acute nephritis with tonsillitis. The renal complication was the nephrotic type, with massive oedema and a high proportion of protein in the urine. The prevalence of these presumably pneumococcal and streptococcal infections was considered by the medical staff to be due to the insanitary degree of crowding in the sleeping huts, and indeed, in the whole camp.

Psychiatric conditions were few in Gruppignano. There were only about seven or eight recorded cases of definite psychosis in two years. Sergeant Day, a trained mental nurse, was able to move freely about the camp and reported only psychiatric abnormalities. The number of neuroses and transient psychotic states treated in the infirmary and on the sick parades was exceedingly small, in spite of the trying circumstances. Levings considered that the Italian armistice saved numbers of men from a breakdown and was struck by observing how greatly they had improved physically and psychologically when he saw them later in Austria. The incidence of psychological disorder in Wolfsberg area in Austria where there were 15,000 men was less than in Camp 57 where there were 5,000.

Though accommodation in Gruppignano was tolerable, and facilities were given for outdoor diversion, nevertheless this was in general a poor camp, and much below the average standard of German prison camps, but even worse was the atmosphere of cruelty. The commandant, Colonel Vittoria Calcaterra, had painted on the wall above his desk a motto from a speech of Mussolini "The English are cursed, but how much more cursed is any Italian who treats them well". He and his staff carried out this principle in their dealings with the prisoners. Men were subject to being gaoled for trivial offences or none at all, and were given thirty days in cells, the first half in irons, and on half Italian rations, with no supplements, books, cigarettes or writing material. Most men lost a stone in weight during this period, and the whole camp was pervaded by a fear of similar harsh treatment. The representative of the protecting power was able to help at his monthly visits, but was never allowed to interview officers without witnesses.

*Repatriation.* The selection of the sick and wounded to be evacuated from Gruppignano was made by a mixed medical commission, consisting of one Italian and two Swiss doctors representing the International Red Cross who chose nineteen out of thirty men as suitable in addition to seven others with mutilations and six with various medical conditions. British medical officers, however, considered that at least sixty more men merited repatriation.

*Red Cross Activities.* The value of food parcels sent by the Red Cross was very great; this was exemplified in 1942 when for some months the supply was interrupted, and the deterioration of the men's condition

became obvious. The timely gifts of the British Red Cross helped the medical officers greatly in their work, and the supply of British battle dress, underclothing and boots by the International Red Cross, and medical supplies enabled the men to withstand cold and disease.

## 2. FROM GREECE TO GERMANY

On Easter morning, 14th April 1941 the 2/5th Australian General Hospital landed at Piraeus in Greece and began to establish a hospital at Ekali twelve miles north of Athens. The necessity for the force to leave Greece made the period of the complete unit's activity disappointingly brief, and on 23rd April most of the officers and about 100 men were sent out. On the 24th the commanding officer, Colonel W. E. Kay, was also ordered to leave; it had been decided that the nurses should not remain, and during the night 24th/25th April the last of the nurses were safely evacuated and 250 walking wounded. Major Brooke Moore was left in command, with six other officers, two warrant officers and 148 other ranks to carry on the work of a 1,200 bed general hospital, which then held 112 patients, all too ill to be moved. Most of the equipment was unpacked, and rations were held for 20,000 men. Six Greek nurses voluntarily came to help, and remained while the hospital was at Ekali. One member of the staff spoke German fluently. On the morning of 27th April the Germans arrived and peaceably put the hospital under military guard, allowing the medical and surgical work to go on without hindrance.

The German medical unit which took over the hospital was a mobile version of a casualty clearing station with excellent equipment. Their portable X-ray machine had its own power plant, and could be unpacked and brought into use in a few minutes. Unfortunately the X-ray unit was not working and the 2/5th Hospital portable unit was taken to replace it, leaving the fixed unit which could be used for screening, barium meals, *et cetera*, as well as fracture work. The members of the German Medical Corps were all armed with pistols, owing, they said, to the danger of snipers in Poland. Their professional standard appeared to be high. On 7th May, after twenty-four hours' notice, an advance party under Captain J. E. V. Barling was sent to Kokkinia, where the hospital was transferred, and two days later the unit was settling down in its new location. The new site was a new and very large building on the west side of Piraeus, with good running water, sanitation, and electric light. There were four blocks each of four storeys, and one of three floors. This provided eighteen wards, holding twenty to forty beds each, and all the usual special departments. On 10th May the first convoy of wounded arrived from the south, twenty-nine men with nine New Zealand medical officers and four dental officers.

Meanwhile the 26th British General Hospital had been working independently at its site at Kephissia two miles away, but now the Germans decided to disband it, and by the middle of May had transferred about 200 patients to the 2/5th A.G.H., with some rations and equipment. The staff of the 26th British Hospital was then distributed to prison

camps in the Peloponnese, and some officers were sent to 2/5th A.G.H. From this time onwards the staff of the hospital was continuously increased by attachments of Australian, British and New Zealand medical and dental officers, chaplains and other ranks, gathered in by the Germans from other captured units. By 20th May there were 28 officers and 188 other medical personnel and 621 patients.

Following a warning of the arrival of large numbers of casualties, on 23rd May the first casualties came by air from Crete, and within a fortnight 1,500 sick and wounded from Crete were admitted. All these patients were brought in returning *Junker 550* troop carriers, mostly by night. The majority of the wounded had had no more than first aid, often given a week earlier; they were extremely exhausted and suffered severely from hunger and thirst. Very few were dressed; many wore only a shirt, or a pair of pyjamas, or even only a surgical dressing.

By the middle of May the food problem was pressing, and the Germans provided 300 extra rations. There was little supplementary food for the very ill, but milk, up to eighty quarts a day was bought from the Greeks until the high price and its high water content made the purchase no longer practicable. The first care at this time was the wounded from Crete, and the orderlies voluntarily gave up much of their own food to them. A small canteen was opened at which were sold, cigarettes, toilet requisites, fruit, especially melons and grapes, and such other commodities as could be bought from the Greeks. The financing of these arrangements was made possible by payments of protected personnel by the Germans and by the gift of the International Red Cross of about £3,000 in Greek money. All this money was spent in amenities, bought from the workers of the Greek Red Cross, who made weekly visits and were most helpful.

By the end of May the hospital was full, with 1,220 patients, and the Germans opened a new hospital 500 yards away in a draughty Greek barracks. This place was run as an annexe for walking wounded, and was in the capable charge of a New Zealand medical officer, Captain Moody. The accommodation was poor, with wooden benches for beds and very bad sanitation. The number of patients soon rose to 1,590, with 39 officers and 256 other ranks to care for them. When patients were fit to travel they were taken by the Germans by ships to Salonika and thence to prison camps; occasionally seriously ill men were sent away, but they travelled by a German hospital ship, and were transferred to a hospital train for the final journey to Germany, thus being saved the usual trials of travel by horse truck.

On 22nd June the hospital staff heard from the Germans that they had attacked Russia; by this time the captive Australians had acquired a radio set, and thereafter they were never without news, even in Germany. The Germans in the camps found it as hard to understand how this was done as to comprehend what absolute faith their prisoners had in ultimate victory.

In July still another camp was established in Athens to take the overflow of casualties: it was staffed by members of the 26th British General

Hospital and the 1st New Zealand Hospital. A number of patients were sent from here to the 2/5th A.G.H. During this month twenty-five patients made a concerted escape, which appeared to be successful: the principal result was an increase in the vigilance of the guards. At the end of the month the quality and quantity of the food ration deteriorated badly; its caloric value did not exceed 1,350. A letter from the British Red Cross promising help with food parcels was welcomed, though it was the middle of September before parcels arrived.

A number of patients were selected as suitable for repatriation on medical grounds, and these were taken from the hospital, though they were not finally sent home till September 1943. The traffic of patients to Germany increased in September 1941, and the convalescent depot was closed. Many civilian internees arrived from Crete at this time, men, women, and children. Fortunately the main building now easily accommodated all the patients, and enough clothing was in store to enable every one to be issued with a minimum of garments, and two blankets. The Greek Red Cross made a useful gift of 400 pairs of socks. The addition of Red Cross parcels made a great difference to the physical condition and spirit of the patients, and consequently the amount of medical work decreased. The patients improved sufficiently to be sent to Germany and by 4th December the hospital was empty. The end of the Grecian episode for the 2/5th A.G.H. came when on 14th December a last party of 120 members of the staff left for Salonika.

*Medical Work of the 2/5th A.G.H.* The standard of work remained high in spite of difficulties. Not more than one trained orderly was available for each ward, but some of these were professionally trained in nursing and discharged heavy responsibilities in caring for the sick and training others. Surgery was done in a large and a small theatre, near which was a small post-operative ward. At Ekali Hospital 516 patients were treated, and including 91 admissions from Ekali and 50 civilians, 2,511 were admitted to Kokkinia. The total number of deaths was 79: 109 patients were discharged from Kokkinia as invalids, the remainder of 2,334 were cured or relieved.

In a kitchen designed for 500, meals were cooked for 1,600 men daily. The rations probably never exceeded 1,800 Calories, with very little protein, and the fat was derived from Dutch margarine only suitable for cooking.

There were shortages of some medical supplies, such as strapping and syringes, but reasonable amounts of necessary drugs were supplied by the Germans, and with such stores as could be taken from Ekali and from the 26th British General Hospital when it was closed, most urgent needs were filled. The fixed X-ray machine did excellent work, though films were later hard to obtain. Pathological work was carried out; a total of 1,534 tests was performed.

Fortunately the New Zealand dental mobile unit was attached to the hospital, and four officers and three mechanics, using equipment from Australian, New Zealand and German sources, did excellent work. In



addition to the routine fillings and extractions, the dental surgeons did valuable facio-maxillary and prosthetic work. Twenty-one vulcanite artificial eyes were made, and over 200 dentures.

Brooke Moore has summarised the surgical work of the hospital as being chiefly the treatment of advanced sepsis, owing to the delay and unavoidable neglect that were the lot of numbers of the wounded. Plaster was used only to a limited extent, because of shortage of supply, and also because of the prevalence of the voracious local bed bugs which invaded the casts. Eusol and acriflavine dressings were commonly used. Cramer wire splints were used for shoulder fractures, and fractured femurs were treated with Thomas or Hodgen splints with wire extension through the tibia, as Steinmann pins were prone to break. Sulphapyridine was used with advantage for sepsis. Secondary haemorrhage was not uncommon, even from main arteries, but there were no deaths from this cause. Fortunately dressings were always obtainable in sufficient quantities, occasionally augmented by the Germans from their neatly wrapped stocks. Some of the packages, sterilised in greaseproof paper, had not been touched since the previous war in 1917.

Resuscitation was well provided for; the hospital's supply of soluvacs of glucose and saline was used, and blood for the 100 transfusions given was derived from convalescent Australian patients, whose blood typing was always found to be accurate.

Records show that the following conditions were treated:

Head injuries: 88 cases treated, with 13 deaths, 11 due to perforating injury.

Chest injuries: 100 cases treated, most of which were not severe; the 5 deaths were mostly due to other severe injuries.

Abdominal injuries: Of 39 patients 6 died of perforating injuries. It is obvious that men with the most serious thoracic and abdominal injuries never reached hospital.

Injuries of jaw and face: These were extensive, and many of the 30 men treated would later require plastic procedures.

Fractures: 68 simple and 349 compound fractures were treated, with 11 deaths among the latter. The lack of a portable X-ray machine made it difficult to prevent deformity.

Joint injuries: Some of these were severe: 9 deaths out of 132 were due to sepsis and bleeding.

Lesions of nerves: 153 were treated, but neither primary nor secondary suture was possible in the circumstances.

Soft tissue wounds: Only 15 patients died out of 658; most of the results were good: a few needed skin grafting.

Out of 46 eye injuries 16 enucleations were necessary.

Vascular lesions were seen in 13 instances.

Finally, a review of the work of this hospital emphasises how fortunate Greece, and that a detachment of the original staff remained to make so outstanding a contribution to the work of the A.A.M.C. in Greece.

### 3. THE AUSTRALIAN HOSPITAL GROUP IN POLAND AND GERMANY

The members of the 2/5th Australian General Hospital after handing over their equipment intact to the Germans went to Salonika, but stayed there only thirty-six hours. Descriptions of the medical conditions in the prisoner-of-war camp at Salonika were very unfavourable. Medical officers described the frequency and intensity of the malnutrition existent there. Famine oedema and beriberi were common, especially during the summer of 1941. Lieut-Colonel Le Souef found the accommodation in old Greek barracks to be very poor. The quarters were crowded; each pair of beds was kept in contact, vermin abounded. Captain Cochran, R.A.M.C. stated that there were hundreds of cases of beriberi and famine oedema. The diet was very bad, only about 1,200 Calories, with some supplements from the Greek Red Cross, but from November 1941 onwards the position was bettered by the arrival of Red Cross parcels.

From Salonika the 2/5th Hospital party travelled by train to Poland and arrived at *Stalag XXa* at Thorn after twelve uncomfortable days in horse trucks. There were about 7,500 British troops in this camp from all over the Empire. Brooke Moore's party was lodged with 700 warrant and non-commissioned officers who had, after a bitter struggle for their rights under the Geneva Convention, successfully resisted attempts to make them work for the Germans. The weather was intensely cold, and during a stay of eight months in this camp the food value dropped from 1,850 Calories on arrival of the party to 1,550 Calories. Conditions in general were bad. A British hospital of 150 beds was working a mile away and Brooke Moore, who acted as medical officer to the N.C.Os. was allowed to visit there once or twice weekly. Major surgery was performed by a German surgeon in a German military hospital in the town of Thorn, who treated the patients with care and skill. In several German military hospitals in the town amputations were common, chiefly due to frost-bite suffered by the German soldiers on the Russian front, who were apparently insufficiently protected against the bitter cold. Only a few cases of frost-bite were seen among the Australians in Poland.

The most serious condition seen in *Stalag XXa* was tuberculosis of bones and joints among the working parties, which was thought to bear some relation to a combination of cold, deficient diet and exhaustion. It appeared to be relatively common among New Zealanders, and cases were observed to occur among several members of the same group. There was a hospital for tuberculosis in the Black Forest, and to this patients were transferred from time to time after immobilisation of the affected part in plaster. They were given an improved diet so far as this was possible.

Brooke Moore also had experience of an *Oflag* in Westphalia. Here too the surgical work was carried out by German surgeons in their own hospitals, and the medical work in the camp was only of the R.A.P. type. Conditions were strict here, but the spirit of the officers was always high. In December 1942 Brooke Moore and five other medical officers

were sent to *Stalag* 383 in Bavaria in the neighbourhood of Regensburg. Here they stayed until their repatriation. In this camp were 5,000 non-commissioned and warrant officers; conditions were better than in some other camps, for the food was reasonable, and there were facilities for sport and educational and diversional activities. Equipment for the care of the sick was obtained from the British Red Cross by permission of the Germans, and in this way surgical work was made possible, and medically the camp was self-contained.

In the spring of 1943 the medical officers made a complete physical survey of the men, and took all steps possible to bring them into a satisfactory condition. During the next fifteen months 80 operations for hernia were performed, 40 for appendicitis, 50 other major operations and some 2,000 minor procedures, with good results. Local anaesthetics bought from German sources were used as a rule, but the Germans supplied ether for abdominal operations. One curious feature in this camp was the frequency of salivary calculi. The nutrition of the men was fairly satisfactory, but towards the end of the period many men were noticed to suffer from sprains and bruises which were slow in resolving. Operation wounds were also slow in healing unless vitamin C was given. A small supply of the concentrated vitamin was obtained from England, and rations were supplemented with green vegetables grown from seed procured locally. Only three deaths took place in twenty months. As mentioned above, a group of men had been previously selected as suitable for repatriation on medical grounds: these were returned after a considerable delay. Amongst them was Brooke Moore.

Clothes were supplied by the British Red Cross, apparently discarded army battle dress and boots: shirts and other items were sent in clothing parcels which were distributed every three months. At a later period difficulties in transport prevented the arrival of Red Cross food parcels, and deficiency diseases, including severe forms of beriberi, again appeared.

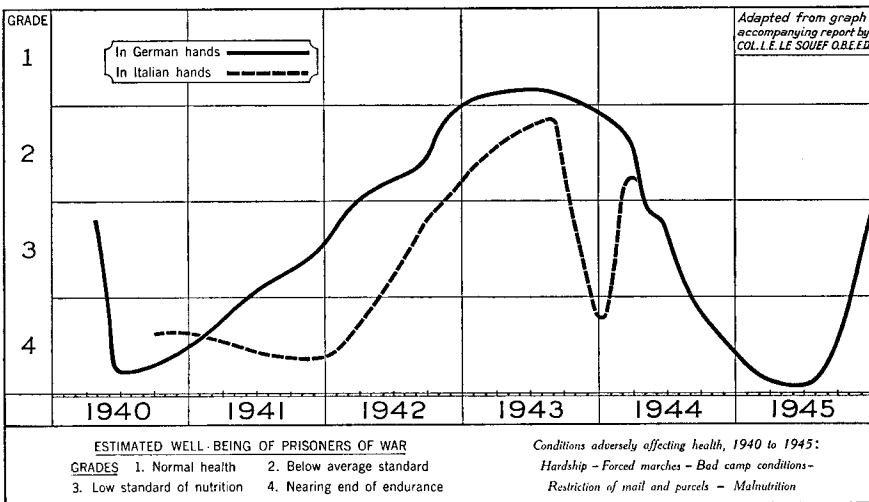
Captain N. H. Rose had experience in working a hospital for prisoners of war of mixed nationalities. With a British medical officer he went in October 1942 to a newly established hospital of 500 beds on the Oder River in Upper Silesia. In this industrial area there were large numbers of prisoners engaged in labouring work, such as mining and road construction. Many of them, especially the Russians, showed evidence of gross malnutrition; practically all had oedema due to lack of protein. The ward accommodation was not arranged according to types of disease, and patients with respiratory infections, even tuberculosis, were in the same wards and in the same double or treble tiers of beds as those with surgical diseases or accidents. The sick were sometimes treated with physical violence and their death rate was high.

The medical staff after strong representations succeeded in establishing that beating of prisoners should cease, and that administration of the hospital should be a medical responsibility. The lack of orderlies and other technicians was overcome by selection and training of intelligent patients, and these did excellent work. The sick were placed in wards

appropriate to their condition and an immediate improvement in results followed. Diet was a serious problem in this hospital, owing to the usual lack of protein and fat, but parcels from the British Red Cross were applied to the purposes for which they were most needed, the well-being of the sick regardless of nationality. Vegetables were grown in special gardens, tilled by voluntary labour of convalescents, and funds obtained by canvassing the British prisoners, were used for the purchase of extra food and useful articles of many kinds. With this fund and the help of voluntary labour, buildings were erected and equipped, providing facilities for surgical and medical diagnostic work, and amenities for the patients. Rose performed in fifteen months 375 major operations of most types; the results were good, and no deaths occurred among the British patients during this period. The progress of this hospital over the period of captivity illustrates what may be done by sustained enthusiasm and effort, provided that the detaining power cooperates reasonably and does not interfere with the work.

4. THE CRETE GROUP'S EXPERIENCES IN GERMANY

The British and Australians captured in Crete who did not pass through the 2/5th A.G.H. had less favourable experiences. Lieut-Colonel Le Souef, the senior medical officer among the Australians in the groups sent from Crete to Germany, has described the conditions encountered in



a number of prison camps. These camps included those at Salonika, Dulag 183; Dieburg IX B, Muhlberg IVB, Königswarthe, Elsterhorst IVA, Anneburg 4D, ZW; Fallingbostel Stalag 11B; Ludwigsburg VA, Weinsburg Oflag VA, and Brunswick Oflag 79. The conditions encountered in these camps appeared to vary according as the camp was in occupied territory or within Germany proper. Some prisoners in occupied territories were refused registration numbers until they entered Germany, and in

consequence suffered certain disabilities. The specific conditions in the camps are described under different headings as follows.

*Clothing and Bedding.* Many of these men were in the same straits with regard to clothing as the patients flown to Greece, and numbers left Crete without boots and wearing only shorts and shirt. In Greece some clothing was obtained, but it was impossible to stop men from trading garments for various commodities. A few civilian coats were procured as the winter approached, but many men left for Germany without protective clothing.

The Germans tried to assume complete control of clothing in the camps, but by vigilance and insistence a fair distribution was usually maintained. The same applied to blankets. The Germans tried to insist on rigid regulations limiting the number of blankets each man should have, despite the fact that extra blankets were supplied by the Red Cross for sick men with tuberculosis. The superior quality of the British blankets ensured the men greater comfort. Trouble was experienced also in obtaining enough covering for the Indians who felt the cold keenly. This problem was specially acute during the severe winter of December 1941 when supplies were being concentrated on the Russian front. In Dieburg Rumanian Red Cross clothing became more plentiful and from this source white coats for surgical work were obtained. Influx of prisoners, for instance from the Western front, imposed a severe drain on supplies. Boots were repaired, usually within the camps; when sent outside they were seldom seen again.

*Accommodation.* There was a tendency for the Germans to overcrowd all hospital accommodation used for military prisoners throughout the war, and conditions in transit camps, such as Salonika were very much worse, as regards both accommodation and hygiene. The system of placing beds closely together in pairs was one the Australians found hard to break, but two-tiered and even three-tiered hospital beds were even worse, especially when used for patients suffering from tuberculosis. Infectious blocks for tuberculosis were provided in some camps, such as Muhlberg IVB. Le Souef protested against double-tiered beds for patients with tuberculosis in Königswarthe, but in spite of an admission by a senior officer that this was not used as a standard method in Germany, the system was still retained for Serbian and Polish prisoners of war. The International Red Cross sign was seldom marked on the roof of hospitals for prisoners of war, although slit trenches and shallow shelters were permitted. The numbers in the hospitals in several camps constantly rose above the official bed states, and even spirited protests were not always successful. Anneburg was a repatriation centre with a well equipped hospital; the patients awaiting repatriation were well treated, though overcrowded, and the place was regarded by the Australians as a propaganda camp. In Ludwigsburg VA the hospital accommodation was good, with

excellent surgical facilities, though the transit camp was unkempt and neglected. The German administration here was sympathetic and allowed capable French and Polish medical officers to work there for upwards of four years.

*Rations and Nutritional Defects.* After the surrender of the troops in Crete and in the early days of transit from Crete to Greece and thence to Germany the food was scanty and often of very poor quality, though the meagre German ration was supplemented through the voluntary help of the courageous Cretan people. As already mentioned, the food was very poor in Salonika; it was at practically starvation level of about 1,200 Calories. Matters improved there when a number of prisoners were moved farther on to other prisoner-of-war camps, and when food parcels arrived the position was less strained. It appeared to be the policy of the Germans to undernourish the prisoners in occupied territory so as to reduce their will to resist, since few facilities were allowed them to make the best of such food as they had.

In Germany rations varied. At Dieburg the 1,500-1,700 Calorie diet was supplemented by weekly Red Cross parcels and the products of a vegetable garden, and was reasonably satisfactory. Pine needle tea was supplied as a source of vitamin C; it was used empirically, but its value could not be estimated. In Königswarthe the dietary was good, and tuberculous patients were given extras such as puree, milk, jam and white bread and vegetables were plentiful. These extras were very difficult to obtain in Germany; white bread was almost unprocurable for men with gastric ulcers, and the Germans claimed that their own men had to revert to black bread after three weeks.

At Weinsburg the cooking was good, but the quantity was not enough to relieve hunger, and most of the 960 men in the camp lost 2 to 3 stone in weight. At Brunswick 79 also there was for a time a starvation ration, especially in March 1945 when Red Cross parcels were stopped by the Germans, and officers and men ate peelings from the kitchen. Emaciation was obvious among the prisoners when they were released. Even one-third of a parcel distributed to each man right at the end of his imprisonment made a substantial difference to his physical and mental state.

The German daily ration at *Oflag* 79 in March 1945 was computed to contain 46 grammes of protein, 22.6 fat and 233.7 carbohydrate, yielding 1,324 Calories. Only 7.1 grammes of the protein could be regarded as of first class type, the remainder was derived from vegetable sources. This ration did not supply the basal requirements of an adult man. A special report by Captain B. Kenrick N.Z.E.F. pointed out that continuation of this dietary would cause an outbreak of famine oedema.

A comparison of the scale of the German ration and the British ration as supplied to prisoners of war is given in the following table:

## MIDDLE EAST AND FAR EAST

	Weekly Ration supplied by the British to German POW	Supplied by Germans to British POW
Potatoes . . .	1,500 Grammes	2,800 Grammes
Bread . . .	2,520	1,750
Margarine . . .	525	120
Sugar . . .	280	140
Jam . . .	420	130
Meat . . .	1,260	210
Sausage . . .	420	—
Oatmeal . . .	200	—
Cheese . . .	240	25
Tea . . .	78	—
Milk . . .	682	—
Tinned Fruit . . .	135	—
Cooking Fat . . .	—	50
Dried vegetables . . .	—	20
Peas . . .	(see below)	75
Barley . . .	(see below)	100
Turnip . . .	(see below)	1,800
Flour . . .	—	—
Total Daily Calories	2,700	1,324

German prisoners of war were allowed 5,000 grammes of vegetables a week on the same basis as issued to British depot troops.

The complaints about *Oflag 79* are important, because they illustrate the necessity for vigilance of medical officers in securing an adequate diet for prisoners of war. Even the right of the men to receive and use Red Cross parcels to the best advantage was not recognised without a struggle. The same applied to cooking which of course has a very important bearing on the palatability and value of a diet. In general the prisoners were given facilities only for what may be called boiler cooking. It was with the greatest difficulty that medical officers obtained stoves for invalid cooking for patients. The meat ration was usually cut up and boiled with all the vegetables, and loss of palatability sometimes meant the virtual loss of the meat ration.

At Elsterhorst two A.A.M.C. officers, Captain Gallash, and later Captain Holt, took over the dietetic arrangements of the hospital with excellent results. One improvement was the cooking of meat without mincing, for when minced its valuable protein was available only in the form of soup. Many protests were made about underweight issues of meat, adulterated sugar, hard mouldy bread and bad potatoes. These complaints had effect, and eventually better food was obtained, and communal cooking became a great success by reason of the better cooks and better methods. Vegetables and fresh food were frequently lacking, but extra food for the sick was obtained by impartial distribution of the contents

of parcels. In 1942 and 1943 special efforts were made at Christmas time, and good dinners were prepared.

At Ludwigsburg VA medical supervision was benevolent, but a communal kitchen run by French and Russian prisoners of war produced unpalatable food which was unsuitable for the sick. Parcels distributed by the Red Cross were a great blessing, particularly in the welcome food they contained. The contents of these parcels met with various fates in different prison camps. In certain camps the Germans, claiming that illegal material was entering the camps through the tins supplied in Red Cross parcels, used to empty everything into a bowl, meat, sugar, milk, vegetables *et cetera*, without regard to the recipients. In other camps all the tins were punctured, so that they could not be stored. There was evidence too that the official camp ration was altered in accordance with food received by the prisoners from other sources. Thus it was sometimes observed that an increase in the British Red Cross ration led to reduction of the German ration; this even occurred in certain hospitals where tuberculous patients were receiving extra food under directions of the International and British Red Cross. Protected personnel in the camps were entitled to the same food as the corresponding German personnel but this was disregarded.

During 1942 and 1943 only half a parcel per week was distributed from the Red Cross: some of the officers felt hunger, but the patients did not suffer, though some lost weight. Late in 1944 a German order severely limited Red Cross reserves of food in prison camps, and the reduction of one parcel to half a parcel in the weekly distribution then produced a definitely adverse effect. As the end of the war approached the distribution of Red Cross extra ration dwindled and disappeared in many places, and it was then evident that without this help malnutrition became manifest. This had been observed in 1940, and again in 1945, and illustrated the insufficiency of the basic ration. That malnutrition occurred was undoubted. In *Oflag 79* progressive loss of weight was noted in inmates following reduction of food supplements, and with the later withdrawal of these extras a further rapid loss of weight took place.

After five months of the German ration with half a Red Cross parcel per week a number of officers had swollen feet and puffiness of the eyes. When the Red Cross ration failed several patients were seen with generalised oedema, most marked on the ankles, legs and face, and definite ascites. They were weak and short of breath, and felt mentally confused and were unable to concentrate. With increased protein intake and limitation of salt these symptoms were relieved. Nephritis was excluded from the diagnosis, which was undoubtedly malnutrition. As a final commentary on the standards of nutrition in European prison camps it may be stated that the nutritional value of diets in Italian and German prison camps was on the whole inadequate, and in the opinion and on the evidence of Australian medical officers and others often gravely deficient: the threat of malnutrition was never really absent, and often became a clinical reality. This is evidenced by an analysis of a week's



rations at *Stalag XXI A* Germany, which shows the daily ration per man to be as follows:

Protein 51 grammes, fat 41 grammes, carbohydrate 275 grammes, giving 1,803 Calories. This is much below the 3,000 Calories necessary to supply the requirements of a man doing ordinary work.

At an earlier period a curious phenomenon was seen in Königswarthe. Some of the sick actually wasted food, throwing away the German ration of cheese and biscuits, and maintaining themselves on the extra British ration together with other special foods such as bread and potatoes. Bread was given to tuberculous patients uncut to avoid others taking it after it had been handled, but knives were obtained so that it could be sliced before issue so as to save waste. On the contrary, hoarding of food, even mouldy bread, was practised by some, apparently owing to a deeply rooted fear of starvation.

*Hygiene.* In Crete sanitation in the camps was primitive and only the efforts of British medical officers established reasonable hygiene there and thus prevented spread of infection. In Canea this was made worse by the harshness of military guards who forbade patients to use the latrines at night. As numbers of patients had dysentery this rule caused risk and inflicted hardship.

All the ships leaving Crete for Greece had most insanitary arrangements for prisoners, who were battened down with no other provision for hygiene than an odd bucket, or if access to the deck was allowed, a flimsy structure over the side of the ship, almost inaccessible to debilitated men. In the transit camps sanitation was most primitive and in Salonika soap was not seen till it appeared in British parcels. In some camps water-borne sanitation was available, but nuisances arose in several camps with blocking of tanks and pipes. Water shortages necessitated the construction of deep trench latrines in some places, but on the whole the German camps had an adequate water supply which was only restricted on occasion in hot weather.

*Amenities.* Walks and games were usually permitted to patients and protected personnel, except in some camps such as Brunswick where a harsh commandant forbade walking. Books were usually available though subject to censorship, which was often slow and vexatious, and in some camps German radios provided German news and music. Recreational and occupational amenities were welcome when available; in the later period of the war many men were too thin and too tired to expend the necessary energy for pursuits involving exertion or even for those designed for treatment. Canteens were organised in some camps and hospitals. In Anneburg the Germans controlled a canteen and returned profits on luxury articles for the use of the inmates.

Red Cross comforts were available for at least part of the period. The lag period after capture before this help arrived was usually about six months. Clothing was also supplied, though difficulties arose with sizes.

At Elsterhorst supplies were received in sealed waggons: this enabled the medical officers to give priority in food supplies to patients needing extra rations, especially the tuberculous. In this camp after collecting evidence that British Red Cross drugs were being controlled and distributed by German authorities, and used in other hospitals without reference to British authority, Le Souef protested to the *Chefarzt*, with the result that he was given custody and control of these supplies. Mail was received only irregularly, at times owing to a lack of sufficient censors and at others to reprisals.

*Relations with the German Administration.* The Australian medical officer prisoners of war did not hesitate to criticise the administration where it was at fault, and laboured to secure and retain those privileges which are the right of prisoners of war by international law. Le Souef in particular consistently upheld the rights of medical personnel in various camps, and especially championed the patients. British and Australian medical officers throughout Germany made every endeavour to visit working camps in their areas, and in many instances they succeeded in obtaining permission to do so.

Questions of dietary have been touched upon already. It was of course recognised that dietetic problems in Germany were considerable, and at some times and in some places serious, but there were many other subjects on which the senior officers among the prisoners clashed with the German administration. These concerned the rights of the men under the Geneva Convention. Some of these are given as examples.

In Crete on one occasion officers in one camp were made hostages because the commandant expected trouble from a commando attack. In *Dulag* 183 the transit camp at Salonika, and other transit camps officers and men passing through suffered both indignity and hardship at the hands of the guards, who were rather encouraged in *Blutlustigkeit* than otherwise. In Elsterhorst Reserve Lazaret *Stalag* IVA where the tuberculous patients were housed, officers and men doing outstanding work with the sick and in administration were completely ignored in the repatriation move made in October 1943. Le Souef remonstrated to the Protecting Power, alleging that the Germans had broken an agreement with the British Government. General Lohse, D.M.S. of the area, sent two officers to investigate this who asked that in the future communication should be made direct to the German general.

This unusual situation benefited the patients and prisoners in the area, owing to the benevolent views of Lohse; previously little could be done if the local commandant was harsh or unfair. Again, protests were made to the Protecting Power about the state of the tuberculosis hospital at Königswarthe; these condemnations apparently resulted in a transfer of all the patients to Elsterhorst, and an improvement of Königswarthe was made. Later protests against members of the German administrative staff in this hospital were effective in having them removed, but in other areas well-based complaints against harsh or inefficient administrators were

only too often ineffective. Complaints were also made of the poor transport facilities for sick patients, but no redress was obtained until a list was sent of elementary principles of hygiene for application to the trucks employed. Rather to the surprise of the British these suggestions were commended, and improvements were at least promised.

Finally, the attitude of the Germans to medical or protected personnel gave rise to much trouble. Recognition was often denied, certificates were withheld, identity cards were taken, pay and other privileges were refused, and even as late as March 1944 N.C.Os. and medical orderlies were forced to work as prisoners of war. Le Souef states from his experiences that "prisoners did not get their Convention rights until such times as they were able to find out what they were", and it may be added that even then the granting of these rights did not always follow. Le Souef himself was sent as surgeon to care for seriously wounded men from Arnhem at the Lager Hospital Fallingbostel, *Stalag XI B* in December 1944, and in a letter to the Protecting Power for British and American prisoners of war made complaints about defects in hygiene, facilities and equipment in the hospital. In this letter he contrasted the work of British officers and medical personnel with "the apathy and neglect shown by the German medical administration". There is reason to believe that the Protecting Power was able to exert effective pressure in these matters when the Allied force of arms outside Germany became insistent, and the threat of German defeat became more obvious.